# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Marvland / Department of Health and Mental Hygiene

27001

	Decedent's Neme (First, Middle, )	ast)		Pertificate	OIL	Jean1	2. Dete of D	Reg. No.		3. Time of Death
Physician			0++				Month	Dey	Yeer QQ6	6:50 pm
/Medical Examiner	Evelyn Loui  4e. Fecility Neme (If not Institution, g		000		48	o. City, Town, or L	Septen			0.30 piii
Examine	Meridian- Brigh		na Cente	r		Lutherv	ille		ltim	ore
Funeral		Sex 7. Age	(In yrs. lest birtho	(ey) If Under 1	Yeer Devs	If Under 24 Hrs. Hours Min.		irth Dey, Year)		lece (Stete or Foreign try)
Director	216-09-9931	1□M 2XF	88 Yr	S. NOTITES	Deys	riouis Milli,	September	er 2,1908	Mary	land
ž \$	Usuel Residence of Decedent  10a. Stete 10b. County		10c. City, Town o	r Location					1	0d. Inside City Limits
al', or items 23a or 28a-f show Examiner must be notified at by Funeral Director		imore	Lutherv							1 ☐ Yes 2 No
be notified Director	10e. Street and Number	TINOTE	Luciter	10f. Zip (	Code			10g. Citizen of V	Whet Coun	try?
T D	515 Brightwood	Road		21	1093			United S		•
niner must Funeral	11. Meritel Stetus	12. Wes Decedent E Armed Forces?	Ever in U,S.			spenic Origin? (Sp n, Mexican, Puert	pecify Yes or N		e - Americ	an Indien,
Fu	1 Never Married 2 Merried		lo	1 ☐ Yes 2			o Hican, etc.)		ck, White,	
Evan d by	3 🛭 Widowed 4 □ Divorced	Yeer or Detes:		10 165 24	Z 140	эреспу.		Specify	Whi	te
edical Examiner in leted by Funer	15. Decedent's (Specify only highest of	Education rrade completed)	16e. D	ecedent's Usuei Give kind of work	done di	tion uring most of wor	king	16b. Kind of Bu	usiness/înd	dustry
rt, the Medical	Elementery/Secondery (0-12)	College (1-4or 5	+)	nter	reureaj			Stationa	ary C	ompany
Be Co	17. Fether's Neme (First, Middle, La	st)		11001		18. Mother's Nen	ne (First, Middi	e, Maiden Sumen		Ollipariy
To B	August	Rimbach				Mary	Benzin	a		
other traumatic event, the Medical	19a. Intorment's Neme/Reletionship		19b. N	lailing Address (	Street a			ber, City or Town,	Stete, Zip	Code)
er tre	Joan M. Bannon/	Daughter	200	Ridge F	Fiel	d Road	Luther	ville, Mo	d. 21	093
to a	20e. Method of Disposition	□Removel from State	20b. Plece of D cemetery,	isposition (Nemo	e of ner plece	9)	Dete	20c. Location -	City or To	wn, Stete
nux	4 □ Donetion 5 □ Other (Spe	4 Donellon 5 Other (Specify)  Most Holy Redeemer Cemetery 9/10/96 Baltimore, M							e, Mar	yland
any injury or other traumatic event, Ita Magnes.  To Be Compl	21. Signeture of Funerei Service Lice Buen a. W.	ensee Brian A. W	illem			LCC		Ruck Funer aryland 2		e, Inc.
	23a. Pert1. Enter the disease, or co shock, or heert feilure. List on	mplicetions thet caused ly one ceuse on each lin	the death. Do not	enter the mode	of dying	, such es cardiec	or respiretory	errest,		Approximete Intervai Between
ician dical	In and the Owner (Fig.)	Λ -	- 1			1			i	Onset end Deeth
iner	Immediete Ceuse (Finel diseese or condition resulting in death)	· 122	: ItEIME	52		1)152	425			10 ASHI
<b>a</b>			Due to (or es a cor	nsequenca ot):						3
as the burial-transit fedical Examin	Seguantially list conditions	b	Due to (or as e cor	sequence off:						
Exa Exa	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Diseese or injury that initieted events									
edical Examiner	Cause (Diseese or injury that initieted events resulting in deeth) Lest	c	Due to (or es e cor	sequence of):						
140	-100-0	d								
1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Pert II. Other significant conditions	contributing to death bu	t not resulting in th	ne underlying car	use give	n in Pert I.	23b. Die	d tobacco use co	ntribute to	the cause of death?
detached							1 [	Yes 2 No	3 Prol	bably 4 Unknow
2 2	à									
page 2 should be completed								s en eutopsy formed?	av	ere eutopsy tindings allabie prior to
mple								/	of	mpletion of cause deeth?
rector, page							10	Yes 2 No	10	Yes 2□ No
Be C	25. Wes case reterred to medical exeminer?	Hospitel:			Otho	26. Plece Dee	th (Check onl)	one)		
E 1	1 Yes 2 No	1 ☐ Inpatie				AU Nursing H		sidence 6 Oth		y)
al Director: Attar ti led in by the funera Certification:	1 Natural 5 Pending 2 Accident investigat 3 Suicide 8 Could not	Year) inju	М		at ? ′es 2 □ No					
od in by the fo	4 Homicide determine	28e. Plece of Inju- building, etc	ry - At home, term . (Specify)	, street, fectory,	office			(Street and Numb own, Stete)	per or Rura	i Houte Number,
n 24 hours after death.  • Funeral Director: After bletaly filled in by the fune cedical Certification	29a. Certifier 19 Certifying I	building, etc.  Physician: To the best of aminer: On the basis of and menner ste	f my knowledge, d	eeth occurred el	the time	e, dete end piace inion, deeth occu	City or T	e ceuse(s) end me	enner as si	ated.

29c. License number

G. Lavin 660 Kenilworth Avenue, Towson, mp. 21204

29d. Date signed (Month, Dey, Year)

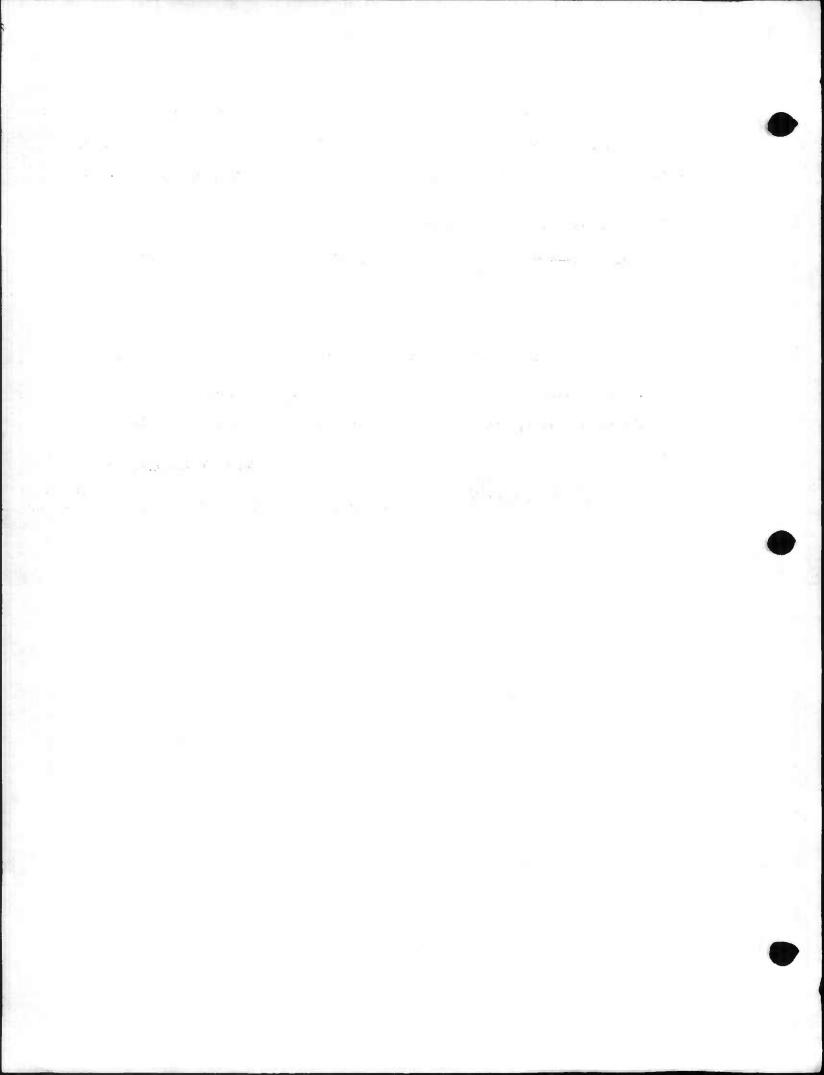
State Registrar 29b. Signature and title of certifier

30. Name end address of person who completed cause of death (Item 23e) (Type, Print)

State of Maryland / Department of Health and Mental Hygiene 96 27002

						Cei	tificate of	Death	В	eg. No.		. 1001
	Dhysisi	an	1. Decedent's Nama (First, Middla, Li	ist)					2. Data of Deat Month	-	Yaar	3. Tima of Death
	Physic: /Medi		Alice T. McDar	niel					Sept		996	12 Noon
	Examir		4a. Facility Nama (If not institution, gh	va streef and numbe	r)			4b. City, Town, or I	ocation of Death	4c. County	of Death	
			Anne Arundel I					Annapolis		Anne		
	Funeral Director			Sax 7. / 1□ M ŽÇXF	Aga (In yrs. Id	4 Yrs.	If Under 1 Year Months Days		8. Data of Birth (Month, Day, Jun, 20	, Year)		ace (Stata or Foreign ry) .nois
	vith the Maryland or 28a-f show	or	10a. Stata 10b. County			, Town or Lo	cation				10	Od. Insida City Limits XIXYas 2 □ No
	28a-	Director	MD Anne Art	undel	Crof	ton	10f. Zlp Coda		1	0g. Citizen of V	Mat Count	
	th with		1512 Elwyn Avenu	10			21114			USA		, y i
	ter death trams 2	Funeral	11. Marital Status	12. Was Decedar	t Evar in U,S	S. 13. \		Hispanic Orlgin? (Span, Maxican, Puart	pecify Yas or No-	14. Rac	e - Amarica	
Maryland 21215-0020	व ठ ह	þ	1 ☐ Navar Married 2 ☐ Married	Armed Forces 1 ☐ Yas 2√3 If Yas, Give Yaar or Datas	No		r Yas, specify Cui		Hican, atc.)		k, Whita, a Whit	
5-0	natural',	Completed	15. Decedant's E (Specify only highast gr	ducation ada complated)		16a. Deced	lent's Usual Occu	pation during most of wor	kina	16b. Kind of Bu	sinass/ind	ustry
121	within ene. than	ldμ	Elemantary/Secondary (0-12)	Collega (1-4o								
d 2	be filed withintal Hygiene. d other than event, the M	ပ္	17. Fathar's Nama (First, Middla, Last	1 yr Coll	Lege	Owner	·/Operato		na (First, Middla, I	Exxon G		ation
an	2 should be filed with and Mental Hygiene. Is merked other ther reumatic event, the M	To Be	Edmond Theobal					Anna He		na our cornair	ω/	
ary	d 2 should th and Mer 7 is marks traumatic	-	19a. Informant's Name/Raiationship			19b. Mailin	g Addrass (Stree	t and Number or Ru		, City or Town,	State, Zip	Code)
Z	1 and 2 Health a em 27 la		William McDani	iel, Son		1512	Elwyn A	venue, Cr	ofton, M	D 21114		
Baltimore,	8027		20a. Method of Disposition  XIX Burlai 2 □ Cramation 3 □  4 □ Donation 5 □ Other (Specia		20b. Pice ce GET	aca of Dispo matary, cren HSEMAI	sition (Nama of natory or other pla NE CEMET	ERY		20c. Location -		wn, Stata
alti	permit. Pag Department Important: if any injury o		21. Signature of Funeral Service Lice		1	22	. Nama and Addr		ept 13 H	ouston,	17	
Ω	88 2 2 8		Datret 1	all	7	11-			0.51	A	1 d a 10	MD, 21054
-	Physician /Medical Examiner		23a. Part : Enter the disease or com- shock, or heart failure. List only Immediate Cause (Final disease or condition resulting in death)	plications that cause on a causa on a ach	1 pof	as a conseq	uf.	Ing, such as cardiac	or respiratory arra	ast,	-	Approximata Interval Between Onsat and Death
	D #	Iner	_	STI	2513							xcl-
	icate be executed physician and s the burial-transit	Examiner	Sequentially list conditions,	D.	Dua to (or	as a conseq	uance of):					
60,	be existent		Sequentially list conditions, if any, laading to immadiate causa. Entar Undarlying Cause (Disaasa or Injury that initiated events	C								
68760,	ntificate ng phy: as the	Medical	rasulting in death) Last		Dua to (or	as a consequ	uance of):				i	
Вох	leath certifica ettending pl			d							I	
0.	the el	Physiclan/	Part II. Other eignificant conditions of	contributing to death	but not rasu	Iting in tha ur	ndarlying cause g	iven in Part I.	23b. Did to	obacco uee cor	ntribute to	the cause of death?
ls, P.0	requires that the death certificate be executed een signed by the eltending physician and hould be detached for use as the bunal-trans!	þ							1 🗆 Y	00 2 NO	3 □ Prob	ably 4 Unknown
ec	28 28	Completed							24a. Was a perform		ava	ra autopsy findings Ilable prior to Iplation of cause eath?
=	T est	50							1 □ Ya	as 2 No	10	Yes 2 No
Vita	ysician: The s certificate director, pag	Be	25. Was casa rafarred to medical axaminer?						th (Check only on	ie)		
to	Physician: this certific ral director,	2	1  Yas 2	Hospital:		R/Outpatien	3LI DOA		oma 5 🗆 Raside			)
sion	ding th.	Certification:	27. Manner of Death  1 Natural 5 Panding 2 Accident invastigatio 3 Suicida 6 Could not b		ay Year)	28b. Tima of Injury	M 1	iry at ork? ] Yas 2 □ No	28d. Dascribe ho	ow Injury occur	red	
Divi	Hospital or Atter 24 hours after des Funeral Director stely filled in by the	Certifi	4 Homicide datamined	ZON, FINUA OF II	njury - At hor atc. (Specify) ——	me, farm, stre )	eat, factory, office		28f. Location (St City or Town	reet and Numb n, Stata)	er or Rural	Routa Number,
	he Hospita in 24 hours he Funeral pietely IIII or	edical	29a. Certifier (Check only one)  1 ☐ Certifying Ph 2 ☐ Medical Exar	yelcian: To the bes niner: On the basis and manners	of axamination	rledge, death on and/or inv	occurred at the t astigation, in my	ime, date and placa opinion, death occur	and due to the cared at tha tima, do	ause(s) and me ata and place,	nnar es sta and dua to	ated. tha causa(s)
	9 5 5 8	Σ	29b. Signatura and titla of certifiar					sa number		9d. Data signed		
(			Malit Ce	. () 3	- 1/1	0	103	3649		9/7	190	
	S		30. Nama and addrass of person who	0			Print)	. 1.4	母/.,	10	,	0.4
	Sta	te	31. Data filad (Month, Day, Year)	32. Regis	trar's Signatu		× Kole	id it be	. 17/2/	MMG	0013	VVII.

DHMH 16 Rev 6/95



		Decedent's Name (First, Mid	Idla Last		061	tificate of	Dodin		Reg. No.		7
Physic /Med		LEON				MAK		2. Deta of Dea Month SEPT	Dey /	996	3. Time of Deeth
Exam	iner	4a. Facility Name (If not institute MILFORD MANOR						or Location of Deeth			)DE
Funera Directo		5. Social Security Number 220–07–9183	6. Sex 1 □ kgM 2 □ F	7. Aga (In yrs. It	ast birthdey) Yrs.	If Under 1 Yaar Months Deys	If Under 24		h v, Year)	9. Birthpiece Country) POLAN	e (State or Foreign
pue		Usual Residence of Decedent  10a. Stete 10b. Coun	tv	10c. City	, Town or Loc	eation					Inside City Limits
death with the Meryland ms 23a or 28a-f ehow	0		TIMORE	,	, , , , , , , , , , , , , , , , , , , ,	BALTI	MORE				1 Yes 2 No
ith the	rec	10e. Street and Number	-			10f. Zip Code			10g. Citizen of	What Country	7
th wit	alD	4204 OLD MILFO	RD MILL RO	DAD		2120	08			USA	
P # E	by Funeral Director	11. Meritel Stetus  1 Never Married 2 Me 3 Modern 4 Divorce	Armed F arried 1 Yes	2X No		Vas Decedent of P Yes, specify Cub		? (Specify Yes or No- uerto Rican, atc.)	14. Rae Bie Specif		
Z I Z I D-UUZU d within 72 hours af giene. r than "natural", or ir Heates Exam	Completed	15. Decede (Specify only high Elamentery/Secondery (0-12)	ent's Education last grada complated, Collage	(1-4or 5+)	16e. Deced (Give I life. D	ent's Usuel Occup kind of work done O NOT usa retire	pation during most of ed)	working	16b. Kind of B		
A 2" B .2	S	8 17. Father's Name (First, Middle	2 ( 001)			BARBEI	T	Name (First Middle		CARE	
MICH YICHOL Z  2 should be filed v h and Mental Hygie 7 is marked other t traumatic avent, tr	o Be		s, Last)		MAK			Neme (First, Middle, ANNA			TNA
ie, Mal yie s 1 end 2 should f Health and Mer them 27 is marke other traumatic	2		nship (Type, Print)			g Address (Street				IGENBAU , State, Zip Co	
end 2 saith ar 1 27 is		MRS. MOSITA FE	LDMAN (DAU	GHTER)	8617	KELLER	AVE. S	TEVENSON,	MD 211	<del>57</del> 21153	3
Deficiency no permit. Pages 1 end Department of Health Important: If them 27 any injury or other the once.		20a. Method of Disposition 1 ☑ Burlal 2 ☐ Cramation	3 □Ramoval from	00	ece of Dispos m <i>etery, cre</i> m	ition (Neme of atory or other pla	ce)	Dete	20c. Location	- City or Town,	Stete
then then then then then then then then		4 ☐ Donetion 5 ☐ O	MOSES MAK Informent's Name/Reletionship (Type, Print)  5. MOSITA FELDMAN (DAUGHTER)  MAK  19b. Melling Address (Street and Number 8617 KELLER AVE.							MORE, M	ID
pemit. Pa Department Important: any injury		1 /2 //				Sol Le	evinson	& Bros.	Inc.		
	-	23 Part L Enter the disease	complications that	caused the death	Do not ente	3900 Reis	stersto	wn Road Pi	kesvil	le, MD	21208
√ Physician		shock, or heaff failure. Di	st only one ceuse on	eech line.	. Do not sinte	the mode of dyn	rig, soon as can	diac or respiratory er	163(,	Int	ervai Between nset end Death
/Medical		Immediate Cause (Finel disaesa or condition resulting In death)	θ	A50.	ratur	- Puen	nanti	5		d	lays
		resulting in death)		Due to (or	as a consequ	uence of):	^				
od de sus it	Examiner	Constant the tipe and distance	b	Gast Dun to for	es e consequ	55 the	hor			d	95
oo/ou, ificete be executed g physician and as the buriel-transit		Sequentially list conditions, if any, leeding to immediate cause. Enter Undarlying Cause (Disease or injury that initiated events		R	Los S	0	NON	A		M	onth
ificete be ex physician as the buriel	edicai	Cause (Disease or injury that initieted events resulting in death) Last	C	Dua to (or	as e consequ		3,40,101	[7			9
E 0 6	-		d								
ettendin for use	clan				-						
that the de detection detection	Physician/W	Pert II. Other significant condit					ven in Pert I.				cause of death?
es that igned t	by P	Premou	1 ceres	val Her	north	age	77.63	_	res 2□ No	3 Probabi	ly 4□ Unknown
aw requir	Completed I						· ·	24e. Wes perfor	en eutopsy med?	availet	autopsy findings ble prior to etion of cause th?
= F # Z								1 🗆 Y	es 200 No	1 □ Ye	96 2 No
	Be	25. Wes case referred to medic examiner?	Hospital:			Ott		Deeth (Check only o			
Phys rrthis eral di	T. To	1 Yes 2 No 27. Manner of Deeth	28e. Dete	of Injury	ER/Outpatient 28b. Tima of	3□ DOA 28c. Injui	40 Nursir	ng Home 5 Resid			
Attending or death. octor: After by the fune	atior	1 Natural 5 ☐ Pend 2 ☐ Accident inves		nth, Day Year)	Injury		rk? ]Yes 2∐No	1110			
al or Attending is after death. It Director: After ed in by the fune	Certification:	3 ☐ Sulcide 6 ☐ Could	mined 288. Piec	a of Injury - At hor ting, etc. (Specify,	me, ferm, stre	at, factory, offica		28f. Location (S City or Ton		ber or Rural Ro	oute Number,
To The respiration of Attending Photos after death.  To the Eurhara Director: After this completely filled in by the funeral	edicai	29e. Certifier (Check only one)	I Examiner: On the b	e best of my know basis of examineti nnar steted.	riedge, deeth on end/or invi	occurred at the tirestigation, in my o	me, dete and population, deeth o	leca, end due to the o occurred et the time, o	ceuse(s) and m data and placa,	anner as state and due to the	d. a cause(s)
2 de 00	Σ	29b. Signetario and 4ltte of certif	Zm			29c. Licens	se number	>	29d. Dete signe 9   8	96 (Month, Day	r, Year)
2		30. Name and address of person PAul Sch	who completed cau		23e) (Type, F	rint) (d Court	Ral C	rite 203	2120	0	er e-marry . I be see some comment companyed an

State Registrar 31. Date filed (Month, Day, Year) SEP 1 0 1996

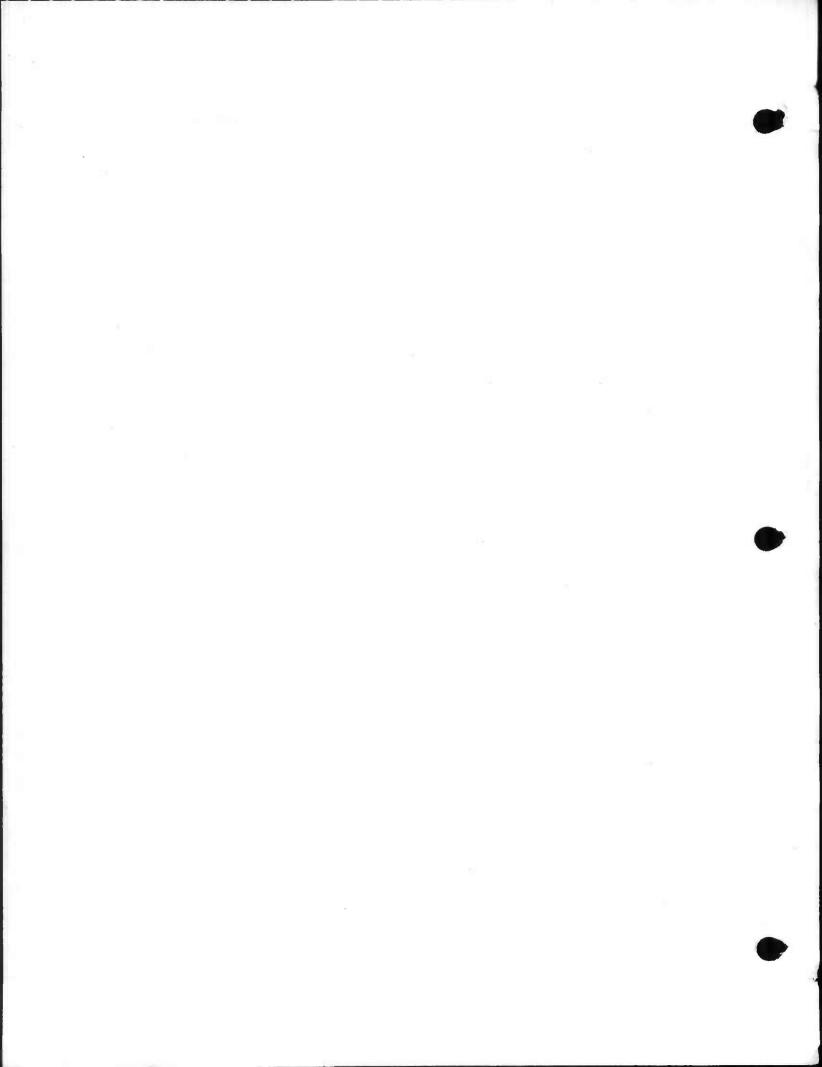
32 Registrar's Signeture
July Shucker Randell

			ANNA MILLER						ξ λ	2. DATE OF C	MBE	k 6,i	YEAR 6	6:501	
	pje		4. SOCIAL SECURITY NUMBER 220-05-4860	1 - M 2/XF	E (In yrs. lee 76	YRS.		AYS	HOURS MIN.	7. DATE OF B (Month, Dep uly	15,1	1920	Country)	ACE (State or Foreign	
	2, 3 should	стов	ea. FACILITY NAME (If not institution, give stitled in the control of the control	net and number)					R LOCATION OF DEA	ТН		NA	Y OF DEAT	гн	
	r. 720es 1	DIREC	10e. STATE 10b. COUNTY Maryland NA			10с. СІТУ, Т Ва	own or i							Od. INSIDE CITY LIMITS? YES 2 NO	
121	insit perm	FUNERAL	700 W. 40th					101.	21211			USA		AT COUNTRY?	
0 2	as the bunal-transit	BY	11. MARITAL STATUS 1 X Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 X	MED	If ye	es, spe	ENDENT OF HISPANIC polity Cuban, Maxican, 2 NO Specify:			or No—	4. RACE — Black, V Specify:	American Indian, White, etc. White	
21 %	ou rise	COMPLETED	18. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12) 1 2	ATION completed) College (1-4 or 8 +)	(G	CEDENT'S US the kind of work Do NOT use n Lepho	done duri kired.)	ng mos	n st of working erator			mess/indus		ions	
Z &.	at once.	BE COM	17. FATHER'S NAME (First, Middle, Last)  Clarence H.	Miller					18. MOTHER'S NAME Eva						
	pendified a	TO B	19a. INFORMANT'S NAME (Type/Print) Frank M. Benson	, JR- att	191	309	Catl	ned	d Number or Rural Activation Ba	ute Number, C	ity or Town	, State, Zip C	212	01	
IMORE Page 6 may	r must be		20e METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Remo 4 Donetion 8 Other (Specify)		ob. PLACE A emetery, cre WO	MODATE OF C matory or other Ddlaw	n Ce	eme	etery			altim			
ALT death.	filled ir		Cremetton 3   Removed from State   Cremetton 3   Removed from State   Cametery, cremetory or other piece   Woodlawn Cemetery   8-11   Baltimore, MD												
2 Hour			23. PART I. Enter the diseases, or canock, or heart feilure. LIMMEDIATE CAUSE (Final disease or condition resulting in death)	Demenya	aach line									Approximate Interval Between Onset and Death	
P.O. BO	Hygiene prior to burial.  or other traumatic er	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEC	BUENCE OF):	zion	na	, surgie	ally	res	nove	d	2/2 yrs	
CORD ires that the	of Health and Mental	MEDICAL	PART II. Other algnificent conditions	contributing to death	but not r	eauiting in t	ha unde	rlying	cause given in Pr		WAS AN / PERFORM	MED?	AM CC OF	ERE AUTOPSY FINDINGS MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?  YES 2 NO	
CC e	2 25 00	SICIAN: N	DID TOBACCO USE CONTR	IBUTE TO CAUSE		TH YES			UNCERTAIN						
F VIT	A ATTENDING PHYSICU RECTOR: After this cert ins after death with the m 28 Is marked, o			HOSPITAL: 1   Inpetient 2   ER/Or	stpatient 3	Q	THER: Allurating	Home	5 Residence 8	Other (Spi		HIM COOK	250		
O N O			1 Netural 6 Pending Investigation	(Month, Day, Year 28s. PLACE OF INJUI	)	INJURY	М	WO!	RK? ES 2 NO						
OR ATTEND			3 Suicide 8 Could not be detarmined	building, etc. (Sc	pecify)	ma, rarm, stree	H, Tactory,	OTTICA		Ofty or Tou	4 (Street ar vn, State)	nd Number or	Rural Rout	e Number,	
D ISPITAL O	hin 72 hours NT: If Item	COMPL		IAN: To the best of my kno : On the basis of examinat										nd menner se stated.	
TO THE HO	be filed within 72 h	TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER M Blackelle hace G	reger 17)	me				29c. LICENSE NUMBI 3 / 3657	ER				onth, Day, Year) L. 9, 19%	
			30. NAME AND ADDRESS OF PERSON WHO TO TO THE	GOR KESWI	CK. 7	127) (Type, Pri	10 HG	77	BALTO	אם ב	101	ı			

a Daydon-Mandale

31. DATE FILED (Month, Day, Year) SEP 1 0 1996 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1 - FOR STATE REGISTRAR



State of Maryland / Department of Health and Mental Hygiene

Physician
/Medical
Examiner

**Funeral** Director

Directo

Funeral

by

Completed

Be

2

the Maryland 28a-fahow

Pages 1 end 2 should be filed within 72 hours after death with the Maryla nent of Health and Mental Hygiene.
Int: If Item 27 is marked other than "natural", or items 23a or 28a-1 ahov ury or other traumatic event, the Medical Examinar must be notified at permit. Pages 1 and 2: Department of Health at Important: If Item 27 is any injury or other traugues.

21215-0020

Baltimore, Maryland

Physician /Medical Examiner

The law requires that the death certificate be executed Physician/Medical the signed by þ Completed certificate or Attending Physician: Be 2 Mer death. Mector: After this in by the funeral d After this Medical Certification:

Records, P.O. Box 68760,

Division of Vital

othe

27005 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth 05 199 6 ar SEPT 10:39 AM MONTGOMERY WALTER 4e. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death N/A BALTIMORE

If Under 24 Hrs. 8. Dete of Birth
(Month, Day, Year) 1010 W.BALTIMORE STREET If Under 1 Year Sociel Security Number 6. Sex 7. Age (In yrs. last birthday) Birthplece (State or Foreign Country) **№** M 2□ F Months Deys 55 Yrs 247-72-3611 Usuei Residence of Decadent 14,1941 S.CAROLINA APR. 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits X Yes 2 No MARYLAND N/A BALTIMORE CITY 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 1010 W. BALTIMORE STREET 21223 U.S.A. 12. Was Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 ☑ No if Yes, Give Yeer or Dates: 11. Marital Status Rece - American Indien, Bieck, White, etc. Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Never Merried 2 ☐ Merried 1 Yes 2√ No Specify: BLACK Specify: 3 ☐ Widowed 4 ☑ Divorced 15. Dacedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Buainess/Industry Elementery/Secondery (0-12) College (1-4or 5+) 12TH N/A CONSTRUCTION WORKER PRIVATE BUSINESS 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) WALTER MONTGOMERY, SR. MARGARET NELSON 19a. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) THELMA BRIGHT-SISTER 1304 QUAIL ST. KINGSTREE, SOUTH CAROLINA 20b. Pleca of Disposition (Name of cametery, crematory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete OHN BAPT.CH. CEM SEPT.13/96 S.C. 1 Buriel 2 Cremetion 3 Removel from State 4 Donetion 5 Other (Specify) ST. 21. Signature of Funerel Servica Licensee 22. Name end Address of Fecility CALVIN B. SCRUGGS FUNERAL HOME .1412 E. PRESTON ST. BALTO, MD. 21213 23a. Part1. Entar tha disaasa, or complications that caused the shock, or haert failura. List only one cause on each line. not antar the mode of dying, such es cardiec or respiretory errest, Approximata Interval Between Onset and Deeth Immediate Cause (Final diseasa or condition resulting in daath) Atheroscieratic Cardiovascular disease Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in deeth) Last Due to (or es e consequence of): Due to (or es a consequence of):

Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.

1 Yes 2 No 3 Probably 4 Unknown 24a. Wes an eutopsy performed?

24b. Were autopsy findings evailable prior to completion of cause of death?

1 Yes 2 No

26. Plece of Deeth (Check only one)

1 ☐ Yes 2 ☐ No

25.	Wes case exeminer?	referred	to	medical
	1X Yes			
27.	Menner of	Death		

3 Suicide

4 Homicide

1 Neturei 5 Pending investigation 2 Aocidant 6 Could not be determined

28e. Deta of Injury (Month, Day Year) Place of Injury - At home, ferm, street, fectory, offica building, etc. (Specify)

1 Inpatient 2 ER/Outpatient 3 DOA 28b. Time of

Other: 4 Nursing Home 5 N Residence 6 Other (Specify) 28c. Injury et Work? 1 ☐ Yes 2 ☐ No

28d. Describe how injury occurred

29e. Certifier

1 Cartifying Physician: To the best of my knowledga, death occurred et the tima, date end piece, end dua to the ceuse(s) end mennar as stated.

Medical Examiner: On the basis of exemination and/or invastigation, in my opinion, deeth occurred at tha tima, date end piece, end due to the cauae(a) and manner statad.

29b. Signature and title of certified

29c. Licensa number

O.C.M.E.

29d. Date signed (Month, Day, Year) SEPTEMBER 06,1996

28f. Location (Street and Number or Rural Route Number, City or Town, State)

23b. Did tobacco use contributs to the cause of death?

30. Name end eddrass of person who completed causa of daath (Itam 23e) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201 Howler

31. Dete filed (Month, Day, Year) SEP 1 0 1996



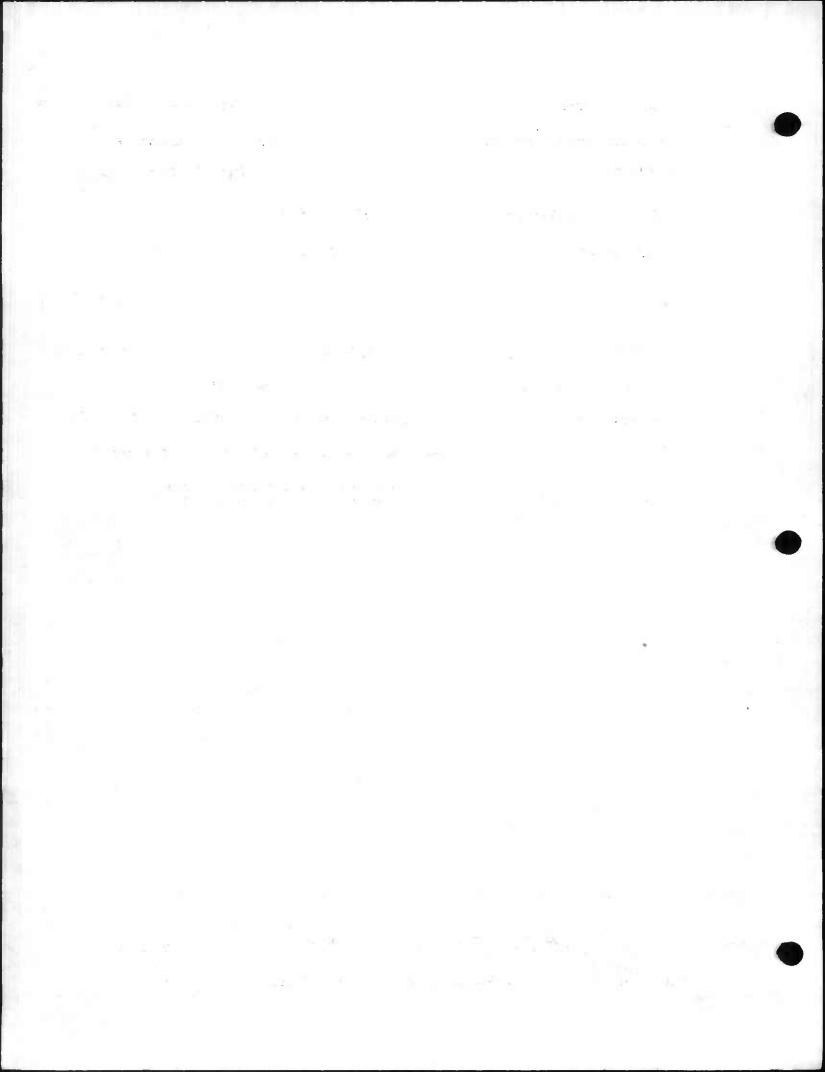
Registrar

e. The same man by the factor to be a set of the same of the same

State of Maryland / Department of Health and Mental Hygiene 05 27005

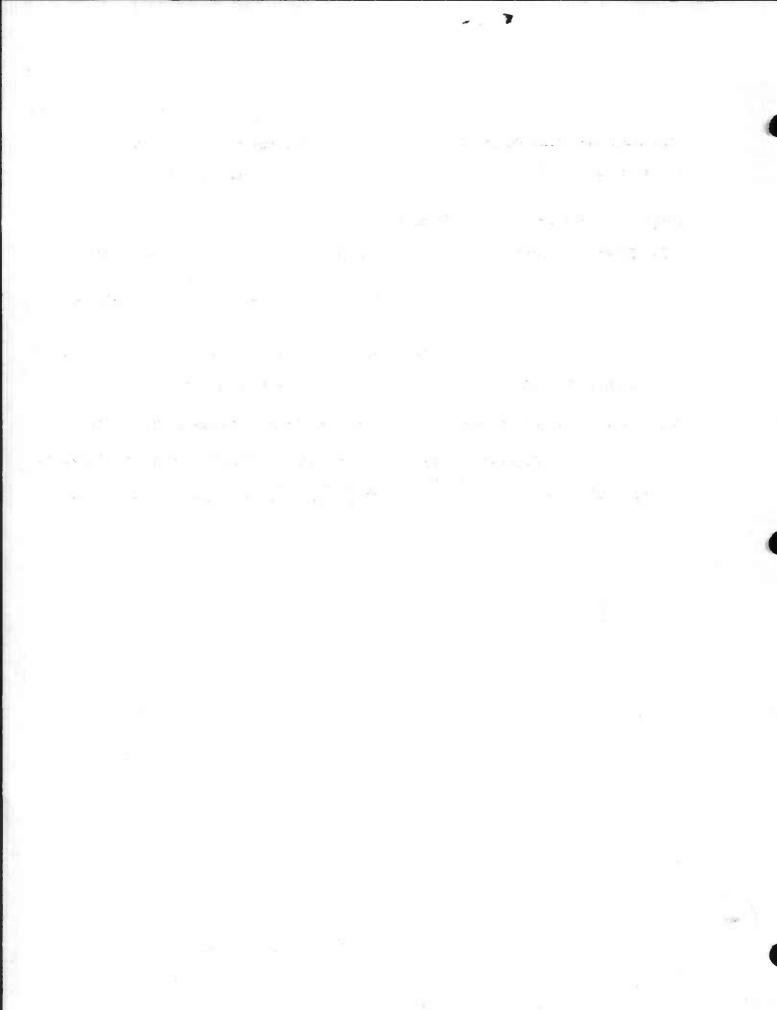
		C	ertificate of	Death		Reg. No.	30	2/00
cedent's Neme (First, Middle, L			11/1/11		2. Dete of	Death	NAMA C	3. Time of Deer
llen MICHAE					Sept	ember 6,	1996	4:18 a
cility Name (If not institution, g				_	m, or Location of De		y of Death	
Franklin Squre		M	16 Hader 1 Vee		sex	Balti		
8-01-1075 Residence of Decedent	Sex 7. Age ( 1 □ M 2 1 F	75 Yrs.	Months Day		Min. 8. Date of (Month, Sept.	Birth Day Year 1920	9. Birthpli Count Mar	ace (Stete or For try) <b>yland</b>
State 10b. County	1	0c. City, Town or	Location				10	Od. Inside City Lin
Md. Bal	timore			Point				1 ☐ Yes 2
	oad		10f. Zip Code	21220		10g. Citizen of USA		ry?
aritel Status  Never Merried 2 Married  Widowed 4 Divorcad	12. Was Decedent Even Armed Forces?  1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Dates:	er in U,S.	3. Wes Decedent of If Yes, specify Cu 1 ☐ Yes 2 ☐ No	ben, Mexican,	in? (Specify Yes or Puerto Rican, etc.)	Bla	ce - America ack, White, e	etc.
15. Decedent's E (Specify only highest gi	ducation	16a. De	cedent's Usuai Occi ve kind of work don	pation	of working	16b. Kind of B	lusiness/Ind	ustry
mentary/Secondary (0-12)	College (1-4or 5+)	life	DO NOT use retir	ed)	or working			
10th	1		Stock Roc					y Ward
ther's Name (First, Middle, Las				18. Mother	's Name (First, Midd		ne)	
Andrew George					Margaret			
nformant's Name/Relationship ary Wolf/frien			niling Address (Street 53 Coralt			nber, City or Town		
lethod of Disposition  ☑ Burial 2 ☐ Cremation 3 [ ☐ Donation 5 ☐ Other (Speci	Removal from State	cametery, ci	position (Name of rematory or other pl Heart of	Jesus	9/9/96	20c. Location Balti	- City or Tov .more	
Part I. Enter the disease, or constitute, and the constitute of the condition of the condition of the conditions, leeding to immediate. Enter Underlying (Disease or liquiry titated events on in death) Last	a. Myocardi  Du  Coronary  Du  c. Diabetes	al Infar e to (or es a cons Artery I e to (or as a cons	cction equence of): Disease equenca of):			anos,		Approximate Interval Between Onset and Deeth
Other eignificant conditions	contributing to death but n	ot resulting In the	underlying cause g	iven in Part f.	23b. Di	d tobacco use co	entribute to	the cause of dea
Cerebrovascula						□ Y•• 2€XNo		ably 4 Unkn
					24a. We	as an autopsy formed?	avai	ra autopsy finding ilable prior to apletion of cause eeth?
					10	Yes 28%	10	Yes 2□ No
is case referred to medical eminer?				26. Plece o	f Death (Check only	y one)		
Yes 223-No	Hospitel: 1 Mapatient	2 ER/Outpati	ent 3 DOA	her: 4 Nurs	ing Home 5 ☐ Re	sidenca 6 Oth	er (Specity)	
pner of Death   Natural 5   Pending     Accident   Investigatio		28b. Time Injury	Wo	iryat ork? ]Yes 2 □ No		e how injury occur	red	
Suicide 6 ☐ Could not be determined	28e. Plece of Injury building, etc. (S	- At home, farm, s Specify)	street, factory, office		28f. Location City or T	(Street end Numb own, Stete)	er or Rural i	Route Number,
ertifier 1 \(\sum \text{Xertifying Ph}\) theck only 2 \(\sum \text{Medical Exart}\)	niner: On the basis of exa	amineti <i>on</i> and/or i	ath occurred at the ti investigation, in my	ime, date and popinion, deeth	pleca, end due to th occurred at the time	e cause(s) and ma e, date and piace,	and due to t	ted. he cause(s)
gnature and title of certifier	11		29c. Licen	se number		29d. Date signe	d (Month, D	ey, Year)
Ala Al	the	AIN (	P10	0595		,		
		(Item 23a) (Type		D 3			110	A
			are Drive	e, Balt	ımore, MD	21237		
me a	and address of person who	and address of person who completed cause of death na Antonio MD 9000 Franced (Month, Day, Year)	and address of person who completed cause of death (Item 23a) (Type and Antonio MD 9000 Franklin Squeed (Month, Day, Year)	and address of person who completed cause of death (Item 23a) (Type, Print)  and Antonio MD 9000 Franklin Square Drive  [and (Month, Day, Year)] 32. Registrer's Signature	and address of person who completed cause of death (Item 23a) (Type, Print)  and Antonio MD 9000 Franklin Square Drive, Balt  and (Month, Day, Year)  29c. License number P10595	and address of person who completed cause of death (Item 23a) (Type, Print)  and Antonio MD 9000 Franklin Square Drive, Baltimore, MD and (Month, Day, Year)  32. Registrer's Signature	and address of person who completed cause of death (Item 23a) (Type, Print)  na Antonio MD 9000 Franklin Square Drive, Baltimore, MD 21237  and (Month, Day, Year)  29c. License number P10595  9/0  29d. Date signe P10595	Antonio MD 9000 Franklin Square Drive, Baltimore, MD 21237  [and address of person who completed cause of death (Item 23a) (Type, Print)  [and Antonio MD 9000 Franklin Square Drive, Baltimore, MD 21237  [and address of person who completed sause of death (Item 23a) (Type, Print)  [and Antonio MD 9000 Franklin Square Drive, Baltimore, MD 21237  [and (Month, Day, Year)

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

					Cei	rtificate o	f Death		Reg. No.	00 6	1001
			1. Decedant's Nama (First, Middle, Last	)				2. Data of De	ath		Tima of Death
	Physici		WILLY	MIRA	NDA			Sept	Day O -}-	Year 4	1:27 AM
1	/Medie Examir		4a. Facility Nama (If not Institution, give		7. 1.0.7		4b. City, Town, or				111101
	Exami	101	The Good Samarita	n Hospital			Baltimo	000		N/A	
	Funeral		5. Social Sacurity Number 6. Sa.		yrs. last birthday)	If Undar 1 Yas	r If Under 24 Hrs	8. Data of Bir		9. Birthplaca	(State or Foreign
	Director		461-46-0829 15 Usual Rasidance of Decedant	M 2□F 7	O Yrs.	Months Day	s Hours Min.	May 24	, 1926	Cuba	10.00
	ylan		10a. Stata 10b. County	100	c. City, Town or Lo	ocation				10d. In	side City Limits
	Mar	ō	Maryland Harford		Abingdon					1/	☐ Yas 2 No
	r 28	Director	10e. Street and Number			10f. Zip Code			10g. Citizen of V	What Country?	
	h wil	a D	201 Ellerslie Co	urt		21009	)		United	States	
	dea	Funeral	11. Marital Status	12. Was Decedant Evar Armed Forcas?	in U,S. 13.	Was Decedant of	Hispanic Origin? (S ban, Maxican, Puar	Specify Yas or No	- 14. Rac	ce - Amarican Inc	dian,
Baltimore, Maryland 21215-0020	ges 1 and 2 should be filed within 72 hours after death with the Maryland it of Haalth and Mental Hygiene. If Item 27 is marked other than "natural", or Items 23a or 28a-f show or other traumatic event, the Medical Example must be notified at	by Fu	1 Nevar Married 2 Marriad 3 Widowed 4 Divorced	1 Yas 2 No If Yas, Giva Yaar or Datas:		1 X Yas 2 □ N		ban	Specify	ck, Whita, atc.  Y: Hispa	nic
Ò	2 ho	Completed	15. Decedant's Edu	cetion	16a. Dece	dent's Usual Occ	upation		16b. Kind of Bu	usinass/Industry	
215	Mad I	pie	(Specify only highast grad	completed) College (1-4or 5+)	(Giva	kind of work don DO NOT use reti	e during most of wo red)	orking			
2	filed within Hygiene. ither than "	E O	Elamany Jood Today (0 12)	1	Profe	ssional	Baseball	Player	Major L	eague B	aseball
b	al Hygi other	Be	17. Fathar's Nama (First, Middla, Last)				18. Mothar's Na	ma (First, Middle,	Maiden Surnan	10)	
/ai	should be and Mental marked or urnatic eve	To	Theodoro Mira	nda			Isoli	ina Per	ez		
an	2 sho and h is me		19a. Informant's Name/Ralationship (Ty	pe, Print)	19b. Mailir	ng Addrass (Stre	et and Number or R	ural Route Numb	er, City or Town,	State, Zip Code	9)
Z	Haalth Haalth em 27 i		Mrs. Agnes M. Mira	nda / Wife	201	Ellersl	ie Court	Abing	don.Md.	21009	
ore	ten Ham		20a. Mathod of Disposition	2	Ob. Placa of Dispo			Data		City or Town, S	itata
Ĕ	Page nt: H		1 ☐ Buriai 2 ☐ Cramation 3 ☐ F 4 ☐ Donation 5 🗷 Othar (Specily)		ardens of		1	9/10/96	Baltimo	ore, Mar	vland
alti	permit. Pages 1 an Department of Haai Important: If Item 2 any Injury or other once.		21. Signatura of Funaral Sarvice License			2. Nama and Add	rass of Facility			,	3
m	Depariment Department Important Income		Marcot. The	coh.		Leonard	J. Ruck,	Inc.		016	
	2000		23a. Part1. Enter the disease, or somble	ications that caused tha	daath. Do not ent	ar the mode of d	rford Roa	o or raspiratory a	imore, M		14 roximata
ч	Physician		shock, or heart failure. List only or	na causa on aach lina.						tntar	val Batween et and Death
	/Medical		Immediata Causa (Final	0	. (	-					
	Examiner		disaasa or condition rasulting in daath)	Bronch							
	AT C	Jer			to (or as a consec	quance or):				1	
	d d ansit	Examiner	Sequentially list conditions	COPD	to (or as a consec	mance of).				1	
oʻ	an an rial-tr		Sequantially list conditions, if any, leading to immediate ceuse. Enter Underlying								
68760,	eath certificate be executed attending physician and for use as the burial-transit	Medical	Causa (Disaasa or injury that initiated evants	Dua :	to (or as a conseq	uanca of):					
9	g ph as th	Pe	resulting in death) Last		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
Box	andin use			1							
	hat the death	Physician/	Part II. Other significant conditions cor	itributing to death but no	t rasulting in the u	ndarlylng causa (	rivan In Part i	23h. Did	tobacco use co	ntribute to the	causs of death?
P. O.	t the d	hys	artin and anguine contactions con	in butting to south but no	trasaning in the a	ilouilying oddod ;	givani in r ant i.		Yes 2 No		4 🔀 Unknown
S, F	es that igned I be det	by P							20140	O _ r robably	4 JO OHILIOWH
Ď	The law requires that the death certificate be executed ate has been signed by the attending physician and page 2 should be detached for use as the burial-transit								an autopsy	24b. Wara at	utopsy findings
Division of Vital Record	w require been si should	Completed						perfo	med?		o prior to ion of causa
Ž	a has	E						40.			
Ø	ician: Th certificata rector, par		25. Was cesa rafarred to medicei						Yas 2 No	1 LI Yas	2 No
5		o Be	axaminar?	lospital:	о П <u>Е</u> ВІО 1 - 11 - 1		Wher	ath (Check only o			
ō	Phy r this	5	27. Mannar of Death	28a. Data of Injury	2 ER/Outpatler			Homa 5 Rasi	now injury occur		
O		to	1 ☑ Natural 5 ☐ Panding 2 ☐ Accidant Invastigation	(Month, Day Yea	ir) Injury	f 28c. tn W	onk? ⊒Yas 2 ⊒No				
13	or Attending after death. Director: Afte in by the func	fica	3 ☐ Suicida 6 ☐ Could not be	28a. Place of Injury -	At homa, farm, str	eet, factory, offic	9	28f. Location (	Street and Numb	per or Rural Rou	te Number,
á	Direct of the control	Certification:	4 Homicida	building, afc. (Sp		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		City or To	vn, Stata)		
	Fundament of the Party Inches	edicai C	29a. Certifiar (Check only one)  1 ☑ Certifying Physical Examination (Check only one)	lician: To the best of my ner: On the basis of axar	knowledga, daath mination and/or in	n occurred at tha vastigation, in my	tima, data and place opinion, daath occi	e, and dua to tha urred at tha tima,	cause(s) and ma data and place,	anner as stated. and dua to the r	causa(s)
	1100	Mec	29b. Signatura and titla of certifier	and mannar statad.		29c 1 ice	nsa number		29d. Data signe	d (Month Day	Veerl
	PEES /		Signatura and this of contrib	73		00	9300		STAT.	- 7	100
			- my	8 - MU	18ESTAT	7- PU	1000		001-1	T/	1776
	17		30. Nama and addrass of person who co	mplated causa of daath	(Itam 23a) (Type,	Print)	0 0-	, _ /			
	( )		UNIMARIEZ P.	DD KUG	19/00/2	- 600	U SAMA	RITION	HOSP	7710	
	Sta	te	31. Data filed (Month Day, Year)	I'm hantgoomsta	ngnamitto						



State of Maryland / Department of Health and Mental Hygiene

						Cen	tificate	of.	Death		Reg. No.	20	21000
ı	Physic	ian	Decedant's Nama (First, Middia, L							2. Data of D Month	Day	Year	3. Tima of Death
	/Medi	cal	Gertrude  4a. Fecility Nama (If not institution, g	Elizabeth			Mart		4b. City, Town, or	Septem			10:50 pm
ì	Exami	ner	3704 Southern	The second second second	,				Baltimor		4c. Coun	ty of Death	
ı	Funeral	Г	Social Security Number 6.	Sex 7. A	ga (In yrs. la:	st birthday)	If Under 1 Months	Yeer	If Under 24 Hrs		rth		olaca (State or Foraig
	Director		217-74-5720	1□ M 2⊠ F	85	Yrs.	WORLDS	Days	Hours Min.	8. Dete of Bi (Month, D August	2, 1911	Mary	land
	land w		Usual Residence of Decadent  10a. State 10b. County		10c. City,	Town or Loc	ation					1	IOd, Insida City Limite
	death with the Maryland ms 23a or 28a-f show r must be notified at	tor	Maryland N/A		Ralti	imore							1 X Yes 2 □ No
	or 284	Director	10e. Street end Number		Dare	i ilioi c	10f. Zip C	oda			10g. Citizan of	What Cour	ntry?
	23a c	alD	3704 Southern A	venue			2120	6			United	Stat	ces
0		Funeral	11. Meritai Stelus 1 ☐ Navar Married 2 ☐ Married	12. Was Decedent Armed Forcas 1 Yas 2 🛭	?		/as Dacede Yes, specif		lispanic Origin? (S en, Maxican, Puar	Specify Yas or N to Rican, etc.)		ece - Amaric eck, White,	atc.
202	72 hours natural', d	1 by	3 X Widowed 4 ☐ Divorced	If Yas, Giva Yaar or Detes:			⊔ Yas 2t	No No	Specify:		Speci	ily: Wh	nite
15-	C 1 6	Completed	15. Dacedant's (Specify only highest g	Education rada complated)		16a. Deceda (Giva k	ant's Usual	Occup dona	ation during most of wo d)	rking	16b. Kind of I	Businass/In	dustry
Maryland 21215-0020	filed within Hygiene. other then ent, tre M	duic	Elamantary/Secondery (0-12)	Coilega (1-4or	5+)	Homem		retired	2)		Own H	OMP	
p	hal Hygied other	Be C	17. Fethar's Nama (First, Middla, Las	st)		110111011	id it d i		18. Mothar's Na	me (First, Middle			
/lar	0 2 0 0	ToB	William The	elen					Mary	Chialk	owski		
lan	d 2 should th and Mer 7 Is marke treumatic	ľ	19a. Informant's Name/Raiationship	(Type, Print)		19b. Mailing	Addrass (	Straat	and Number or R	ural Routa Numi	per, City or Town	n, Stata, Zip	Coda)
	の書なる		Mary Pramschufer	/ Daughter					Avenue		re, Mar	-	
Baltimore,	ages ant of te if h		20a. Mathod of Disposition  1 X Burial 2 □ Cramation 3  4 □ Donation 5 □ Other (Spec		cen	ca of Dispos netery, cremi ens of F	atory or oth	er pled		9/10/96	20c. Location		Maryland
alt	permit. Pa Departmer important: any injury once.		21. Signeture of Funaral Sarvice Lice	ensee Brian A.	Willem					onard J.			
Ш	20.5 5 3		Buan a. Will	lm		53	05 Har	ford	Road Bal				, 21101
			23a. Part1. Entar the disease, or con shock, or heart failure. List onl	mplications that caused y ona causa on each l	d tha daath. Ina.	Do not anta	r tha moda	of dyln	g, such as cardie	c or raspiratory	arrast,		Approximata Interval Batween
	Physician /Medical		Immediata Causa (Final	0	do .	<i>X</i>							Onsel and Deeth
	Examiner		diseasa or condition rasulting in daath)	a Cend	brown			4	eciden	1			1 week
		Jer		AS	Dua to (or a	as a consequ	iance of):					1	
	icate be axecuted physician and s the burial-transit	Examiner	Sequentially list conditions.	b		is a consequ	ance of):					1	
90,	e axe yan a urial-l		Sequantially list conditions, if eny, leeding to immediate causa. Entar Underlying Causa (Disaasa or Injury									i	
68760,	certificate be axecut iding physician and use as the burial-trar	Medical	that initiated avants resulting in daath) Lest	C	Due to (or a	s a consequ	ence of):						
	and and		· ·	d									
Box	death e attan ed for u	ciar	Dot II Other claudies as an detail				renies en	att fact		1		1	
Ö.	t the c by the	Physician/	Part II. Other significant conditions	contributing to death b	out not rasulti	ing in the und	derlying cau	isa giv	an in Part I.				the cause of death
G, S	gned b	ру Р		1 Yes 2 No 3						00,10	Judy 4 g officio		
Records,	w requires thet the death or s been signed by the attand 2 should be detached for us	Completed									s an autopsy ormed?	av.	ara autopsy findings allable prior to impletion of causa death?
æ	The lay ate hes pege 2	E OC								10	Yes 2 No	10	☐Yes 2☐No
Vital	en: rtific	Be	25. Was casa raferred to medical axaminar?						26. Piace of De	ath (Check only	ona)		
ot	5 00 0	2	1 ☐ Yas 2 ☑ No	Hospital:		R/Outpatient		_	4 LI Ruising F	lome 5 🖾 Res			y)
	After fune	Ification:	27. Manner of Death 1 Natural 5 □ Panding	28a. Data of Inju (Month, Da	y Year) 2	8b. Tima of Injury	M 280	Wor	yat k? Yas 2 ∐ No	28d. Dascribe	how injury occu	irred	
vision	Attending or death.	fical	2 Accident invastigation 3 Suicida 8 Could not datarmine	be on Diese of les	jury - At hom	e, farm. stree			103 2 110	28f. Location	Streat end Num	ber or Rura	al Route Number,
-	~ X 6 4	77	# Homiolda Vataliiiiii	4 L. 31 at	- "10		.,			Ch. T	Oderde b		

29a. Cartifiar (Check only one) 1 Certifying Physician: To the bast of my knowledge, death occurred at the time, date and piece, and due to the causa(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) and manner stated. 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) D16619

31. Data filed (Month, Day, Yaar) SEP 1 0 1996

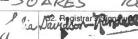
Sept. 7, 1996

30. Nama and addrass-of person who complated causa of death (Itam 23a) (Type, Print)

C. VER GARA - SOARES 100 N. BROADWAY ST. TALT. MD. 21231

State Registrar

Medical Cer



State of Maryland / Department of Health and Mental Hygiene 96

_						ertificate of	Death		Reg. No.		
	Physic /Medi		1. Decedant's Nama (First, Middla, Lasi Benjamin	1)	051	ROWSKY		2. Data of De Month	Day	Year 96	3. Time of Death 4:35
	Exami		4a. Facility Name (If not institution, giva	street and number)			4b. City, Town, or I		4c. County	of Death	
L			NORTH CAKS HEALTH	(enler			BALTI		BAT	Timoi	RE
	Funeral		5. Social Sacurity Number 6. Sa	x 7. A(	ga (In yrs. last birthd	Months Days		8. Data of Birl	<sup>th</sup> 2,1899	9. Birthple	aca (Stata or Foraign
	Director		219-32-0422	201	96 Yrs			DEC. 1	2,1899	RU	SSIA
	pur *		Usual Rasidance of Dacedant  10a. Stata 10b. County		10c. City, Town o	r I ocation		-		44	Od Jasida Cib. Limita
	the Marylar 28a-f show coursed at	2		EWODD.	100.00, 100.					10	0d. Insida City Limits 1 ☐ Yas 2√ No
	Ne N	ecto	MARYLAND BALTI	LMORE		BALT	LMORE				
	Vith t	- i	10e. Street and Number		3 DOI 100	10f. Zip Coda	200		10g. Citizan of V	Vhat Count	iry?
	death with the Maryland ms 23a or 28a-f show rmat be nothed at	rai	725 MT. WILSON LAN		APT. 102	212			USA		
	Herra Herra Mer un	Funeral Director	11. Marital Status	12. Was Decedant Armed Forces	Evar in U,S.	<ol><li>Was Decedant of If Yas, specify Cult</li></ol>	Hispanic Origin? (S an, Maxican, Puart	pecify Yas or No o Rican, atc.)	- 14. Rac Blac	e - Amarica k, Whita, a	
20	rs eft	by F	1 Navar Marriad 2 Marriad 3	1 Yas 2 If Yas, Giva Yaar or Datas:	No	1 ☐ Yas 2 🖔 No	Specify:		Specify	· W	HITE
21215-0020	be filed within 72 hours efter death with the Maryla titel Hygiene.  Id other than "natural", or Items 23s or 28s-4 show event, the Marical Examiner mant be notified at	8	15. Decedant's Edu		180 00	cedant's Usual Occu	nation		16b. Kind of Bu		
15	in 72	Completed	(Specify only highast grad	la complated)	(G	iva kind of work done a. DO NOT usa retin	during most of wor	king	TOD. KING OF BU	SITHESSATIO	SUPPLI
212	filed withir Hygiene. ther than	E	Elamantary/Secondary (0-12)	Collega (1-4or	5+)	SALESMAN			WHOLESA	LE CA	
	should be filed and Mentel Hygie marked other	BeC	17. Fathar's Nama (First, Middla, Last)				18. Mothar's Nan	na (First, Middla,	Maiden Suman	a)	
lan	Mentel Merked o	ToB	ABRAHA	AM	0	STROWSKY		ANNA	LU	BITCH	
Maryland	2 should and Man is marks aumatic	-	19a. Informant's Name/Ralationship (T)	vpe, Print)	19b. M	ailing Addrass (Stree	t and Number or Ru	ral Routa Numbe	er, City or Town,	Stata, Zip	Coda)
	CI 0 12 6		MRS. DORIS POLT	ILOVE (D	AUGHTER)	3959 McDON	JOCH ROAD	RANDALL	STOWN.	MD 21	133
re,	f Health fam 27 other tr		20a. Mathod of Disposition	,	20b. Place of Di	sposition (Nama of cramatory or other ple		Data	20c. Location -		
mo	Pages tent of mt: If its iry or o		1X Burial 2 ☐ Cramation 3 ☐ F 4 ☐ Donation 5 ☐ Othar (Specify)			H JACOB —		-9-1996	- FINKSB	URG,	MD
Baltimore,	프 두 후 후 .		21. Signature of Funarai Sarvice Licens			22. Nama and Addr	ass of Facility				
ä	Depa Impo any i		1 Cl. O.	/	0		Levinson	& Bros.,	Inc.		
	_		23a, Part 1. Entar tha diseasa or compl	lications that dauge	t the deeth Do not	8900 Reis	sterstown	Road Pi	kesvill	e, MD	21208 Approximata
9	Dhyoloion		23a. Part1. Entar tha diseasa, or compl shock, or haart tailura. List only or	ne cause on each li	na.	ontai the mode or dy	ing, soon as caroliac	or raspiratory a	11001,		Intarval Between Onsat and Death
	Physician /Medical		Immediata Causa (Final	~ A		Ω					
1	Examiner		disaasa or condition rasulting in daath)	a. 1VIE		PROSTI	MIC CAI	YCER.			
		Je.		CUE	Dua to (or as a con	conductory:	Honel C	fortine.		1	
	certificate be executed nding physician and use as the burial-transit	Examiner	Sequentially list conditions	CHF	Dua to (or as a con	- 0	TIEVALI 1	CYTTIFIC.			
ó	exec an ar risk-ti		Sequentially list conditions, if any, laading to immediate causa. Entar Underlying Cause (Disaasa or Injury that Initiated evants	Ana		ve out out	Decon's	the to	H= 1		
68760,	ita be iysicii	Physician/Medical	Cause (Disaasa or Injury that Initiated evants rasuiting in daath) Last	c. / 10 D	Dua to (or as a cons		(potrio)	7100	11 11		
99	nifica ng ph	Jed	rasuring in daarii) cast							i	
XO	ondin r use	No.		d						<u> </u>	
B.	The law requires thet the death ate has been signed by the etter page 2 should be detached for it	sici	Part II. Other significant conditions cor	ntributing to death b	ut not rasuiting in th	a undariving causa g	ivan in Part I.	23b. Dld	lobacco uee co	ntribute to	the cause of death?
P.0	thet the de ad by the detached	h.				, ,		10		•	nably 4 Unknown
	signed be de	by F									
prd	require been sign	Pe							an autopsy	24b. Wa	ara autopsy findings allabla prior to
Records,	s been 2 shoul	plet						репо	illieo r	con of c	nplation of causa
ď	The law ate has page 2	Completed						10	as 2 No		Yas 2 No
ta		BeC	25. Was casa rafarred to medical				26. Placa of Dea				1100 2010
of Vital		0	axaminar?	lospital:	ent 2 ER/Outpa	tient 3 DOA	hon b A		dance 8 Oth	er /Snecifu	()
0	Physer this seral di	T:U	27. Mannar of Death	28a. Data of Inju	ry 28b. Tim	a of 28c. Inju	iry at ork?		now Injury occur		,
0	Attending I r death. ector: After by the fune	atio	Natural 5 ☐ Panding 2 ☐ Accidant Invastigation	(Month, Da	y Year) Injur		Yas 2 No				
Division	or Attending efter death.  Director: After din by the fune	Certification:	3 ☐ Suicida 6 ☐ Could not be datarmined	28a. Place of Inj	ury - At homa, farm,	streat, factory, office			Streat and Numb	er or Rural	Routa Number,
Ö	s efter d Direct	en	4   Homicide	building, at	c. (Specify)	•		City or Tox	vn, Stara)		
	Hospital 24 hours Funeral itely filled		29a. Cartifiar 1 Certifying Phys	sician: To the best	of my knowledga, da	ath occurred at tha t	ima, data and place	, and dua to tha	causa(s) and ma	nnar as sta	ated.
	n 24 n 24 ne Fu	edical	(Check only 2 Medical Examinations)	ner: On the basis of and mannar st	f axamination and/or	Invastigation, in my	opinion, daath occu	rred at tha tima,	data and place,	and dua to	tha causa(s)
	To the Hospital or Attent within 24 hours efter deat.  To the Funeral Director: completely filled in by the	ž	29b. Signatura and titla of certifiar	T			sa number		29d. Data signe		
-	- 10	1	1 Spax	M		D	28530	•	Septem	ther s	7 1996.
	XU		30. Nama and addrass of parson who co	emplated causa of o	leath (Itam 23a) (Tvi	pe, Print)			V		
A	0)		DINO. S. PATEL		Sm'k!	De, Print) 201, Wall	ker Contu	19,00	alker Ar	e. P.	resmile.
Y	Sta	ite	31. Data filed (Month, Day, Year)		ar Elgoetyse						eud 51508.
	Registr	ar	SEP 1 0 1996	- Limitour							

State of Maryland / Department of Health and Mental Hygiene 96 27010

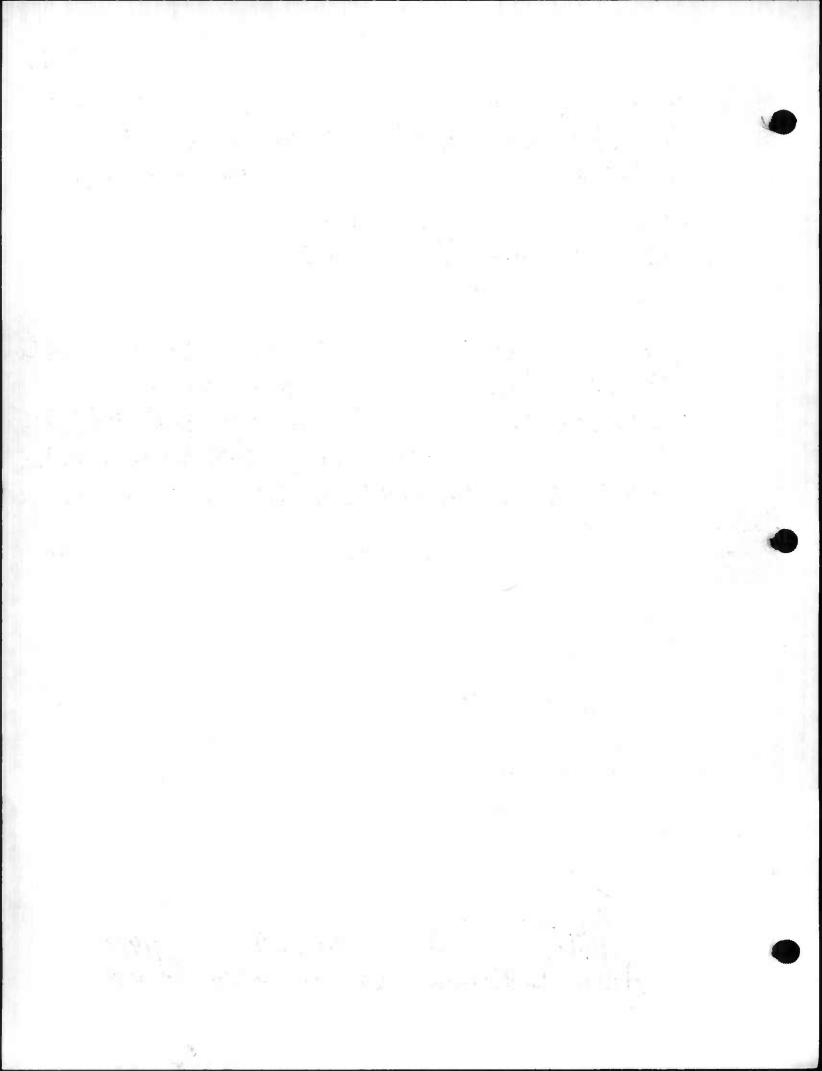
						Ce	rtificate	of	Death			Reg. I	No.		47010
	Physic	ian	Decedent's Name (First, Middle     Paul John Puls								2. Dete of D Month	eeth	Dey	Year	3. Tima of Death
1	/Medi		4e. Facility Neme (If not institution		umbar)				4b Ciby To	own or Le	Sept.			y of Death	3:05 A.M.
	Exami	ner	209 2nd Ave.,	A CONTRACTOR OF THE	umbery				Glen					Aruno	
1	Funeval		5. Social Security Number	6. Sex	7. Age (In yrs.	iast hirthday	If Under	1 Yeer		24 Hrs.					
	Funeral Director		219-02-9960 Usuel Residence of Decedent	12□ M 2□ F	28	Yrs.	Months	Deys		Min.	8. Dete of B (Month, E Mar.				plece (State or Foreign intry) yland
	land w		10a. Stete 10b. County		10c. Ci	ity, Town or Lo	ocation								t0d. Inside City Limits
	Mary Figh	ō	Maryland Anne A	Rundel	(	Glen Bu	rnie								1 ☐ Yes 2 ☑ No
	r 28s	Directo	10e. Street end Number				10f. Zip (	Coda				10g. (	Citizen of	What Cou	intry?
	3a o	0	209 2nd Ave.,	S.E.			210	61				Uni	ted	State	25
	deat	Funeral	11. Meritel Stetus	12. Wes De	cedent Ever In U	J,S. 13.	Wes Decede	ent of	Hispenic Or	igin? (Sp	ecify Yes or N Rican, etc.)	lo-			ican Indian,
21215-0020	be filed within 72 hours after death with the Maryland Ital Hygiene. Id other than "natural", or Neme 23s or 28s-f show event, tre Medical Examinar must be notified at	by	1 Never Merried 2 Merri 3 Widowed 4 Divorced	Armed F 1 Tyes If Yes, G Yeer or	2X No live		1 □ Yes Z				Rican, etc.)		Speci	fy: White	nite
5-0	72 h	ted	15. Decedent (Specify only highes	's Education	h	16e. Dece	dent's Usuel	Occu	petion	et of work	ina	16b.	Kind of E	Business/Ir	ndustry
121	C	Completed	Elementery/Secondery (0-12)	T	(1-4or 5+)	Labor	kind of work	e retire	ed)	NO WORK	n ig	Co	netr	uctio	nn.
	Hygin Hygin		17. Fether's Neme (First, Middle, I	Last)		Labor			18 Moth	er's Nem	e (First, Middl				)II
Maryland	12 should be filed within and Mental Hygiene. Is marked other than raumatic event, the Mental Mental than Mental t	To Be	Ernest Cinnear		-						ex Warı		on Junio	,,,,,	
an	d 2 should th and Mer 7 is merke traumatic		19e. Informent's Neme/Reletions!	nip (Type, Print)		19b. Meili	ng Address	(Stree	t and Numb	er or Run	al Route Num	ber, Cit	y or Town	n, Stete, Zi	p Code)
Z.	alth 27		Janet Pulsifer	/ Mother		209	2nd Av	ve.	, S.E	., G	len Bu	rnie	, Ma	ry1ar	nd 21061
Baltimore,	Pages 1 and of He mit: If item inty or oth		20e. Method of Disposition 1   Burial 2 □ Cremetion 4 □ Denetion 5 □ Other (Sr		Stete	Plece of Dispo cemetery, cre en Hav	osition (Nem metory or oti	e of her ple	ice)		Dete ember	20c.	Location	- City or T	own, Stete
Balti	permit. Pages 1 and 2 s Department of Haalth ar Important: If Itam 27 ia any Injury or other trau once.		21. Signature of Funetyl Service I	Johnsee	J	K		y-R	ess of Fecili uddic	y k Fu	neral H	lome	2		
			23a. Part1. Enfer the disaese, or enock, or heert fellure. List	complications thet	caused the dee						E., Gle		surnı	e, ML	21061 Approximete
	Physician /Medicai Examiner	er	Immediate Cause (Finel disease or condition resulting in death)	e. Car	dio - re								į.	1	Interval Between Onset and Deeth  5-10 mir  1 year  ) 1 year
	uted d ansit	Examiner		b. M	AC	or ss s consec	2 -0								rlyear
68760,	tha death certificate be axecuted by the attending physician and tched for use as the burial-transit		Sequentielly list conditions, if eny, lesding to immediate cause. Enter Underlying Cause (Diseasa or Injury that initiated events	. Cry	ptoson	ridua	~							1	> 1 year
87	phys the	Medical	thet initieted events resulting in deeth) Last		Due to (c	or es e consec	uence of):								2
×	certific inding p usa as			o Re	trovira	l I	rject	w	>						
Bo	eath ce	clar					U								
P.O.	that the de led by the a detached	Physician	Pert II. Other significant condition	ns contributing to	death but not res	sulting In the u	nderlying ca	use gi	ven in Pert I	l.	23b. Dic	tobac	co use c	ontribute (	to the cause of death?
	as that igned by										10	Yee	2 🗆 No	3 Pro	bably 420nknow
Sp.	requiras that een signed b hould be dete	d by					-				24a. We	e an au	itonev	24b. W	ere autopsy findings
00	- A 0	lete										formed'		a\ cc	vellable prior to ompletion of cause
Records,	The law ata has b page 2 s	Completed											-		deeth?
	ician: The certificata rector, pag		OF Management to medical	T									2 № No	1	Yes 2 No
Viital		o Be	25. Was case referred to medical examiner?	Hospitel:			-5	Ot	her		h (Check only				
o		To	1 Yes 2 No	11.	70.000	ER/Outpetier 28b. Time of		1	4 LINU		me 5 Res 28d. Describe				(y)
Division	Attanding F r death. ector: After by the funer	Certification:	1 Neturel 5 Pending Investig	etion	of injury oth, Dey Year)	Injury	М	c. Inju Wo 1	rk? ]Yes 2 🗆	No					
Divi	of or Attances after death	ertifi	3 Sulcide 6 Could not be determined 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify)								28f. Location City or To	(Street wn, Ste	and Num ete)	ber or Run	al Route Number,
	To the Hospital or Attano within 24 hours after deati To the Funeral Director: complately filled in by tha	edical (	29a. Certifier (Check only one) 1 ☐ Certifying 2 ☐ Medicai E	Physician: To the Examiner: On the b	best of my kno pasis of axamine oner steted.	wiedga, death ation end/or in	occurred et vestigation, i	the ti	ma, date en opinion, daa	d plece, th occurr	end due to the ed et the time	cause , dete s	o(s) end m	ennar as a	itated. o the cause(s)
	To the within To the	2	29b. Signeture and title of continer				29c.	Licen	se number			29d. [	Dete sign	ed (Month,	Dsy, Year)
0	1/		1 / Mau	dettch	MD			0	357	01		Se	ptem	ber 6	, 1996
7	ノフ		30. Name and address of person v	who complated cau				osp	ital,	Bal:	timore	, Ма	ıry1a	nd	
	Sta Registr	-	31. Dete filed (Month, Dey, Year) 9/6/96 \$	EP 1 0 199	Registrer's Signe	oture ,	dsar-A	mile	M <sub>2</sub>						
			101	-	- 4			-							

DHMH 16 Rev 6/95

po referable 

State of Maryland / Department of Health and Mental Hygiene

				otato of maryia		ate of Death		eg. No.	6 5/011
	Physic	ian	1. Decedent's Neme (First, Middle, Last,	D:H-			2. Date of Deet Month	h	3. Time of Death
ž	/Medi Exami	cal	4a. Facility Name (If not institution, give	street and number),	. 1 1	4b. City, Town, o	SepT. 5	4c. County of	Death a
	- LAUIIII		New Childre	ens Hos	spital	Bal	timore	1	VIA
	Funeral Director		5. Social Security Number 6. Security Number 6. Security Number 17 17 Usual Rasidence of Decedent	7. Age (In yrs	yrs. If Und Month	der 1 Year If Under 24 Hr ns Days Hours Mir		Ypar)	P. Birthplace (State or Foreign Country)
	show		10a. State 10b. County	10c. C	ity, Town or Location		9		10d. Insida City Limits
	the Maryla 28a-f shor	Funeral Director	10e. Street and Number		Baltin	nore			1 Ves 2 No
	23a or	JO IC	3931 Codar	dalo Ra	101.	Zip Code 11215	1	0g. Citizen of Wh	SA
	items 2	uner		12. Was Decedent Ever In t Armed Forces?	J,S. 13. Was Der	cedent of Hispanic Orlgin? ( pecify Cuban, Mexican, Pue	(Specify Yes or No- erto Rican, etc.)		American Indien, White, etc.
020	8 9	b	1 Never Married 2 Married  3 Widowed 4 Divorced	Armed Forces?  1 Yes 2 No If Yes, Give Year or Dates:	1 □ Yes	2X No Specify:		Specify:	Negro
21215-0020	n 72 hours "neturel",	Completed	15. Decedant's Edu (Specify only highest grade	cation completed)	16a. Dacedant's U: (Give kind of	sual Occupation work done during most of w use retired)	rorking	16b. Kind of Busi	ness/Industry
212	within jiene.	omp	Elementary/Secondary (0-12)	College (1-4or 5+)	Truck	Drive	r	Const	ruction Co
	be filled tal Hygi d other event, t	Be	17. Father's Name (First, Middle, Last)	7.4		18. Mother's No	eme (First, Middle, M	Aaiden Sumame)	0.011011
Maryland	2 should be filed within and Mental Hygiene. Is marked other than reumatic event, the Mental Mental Comments of the Mental Comments of th	2	19a. Informant's Name/Relationship (Ty	pe. Print)	19b. Malling Addre	Street and Number or	Bural Route Number	City or Town S	tate Zin Code)
	a 1 and 2 should be filed within the lith and Mental Hygiene.  The first is marked other than a lither than the little Mental to Mental the Mental than Mental tha		Mrs. Valerie	Callier	3930 (	edardal	e Rd. I	Balto.	Md. 21215
Baltimore,	0 = 5		20a. Method of Disposition 125-Burial 2 ☐ Cremation 3 ☐ R	Control of the Contro	Place of Disposition (A ceraelery, crematory of	r other place)	9/1/9/	20c. Location - C	ty or Town, State
altir	permit. Page Department of Important: If any injury or once.		4 □ Donation 5 □ Other (Specify)  21. Signaton of Funeral Service License	· 0.0	22. Name	and Addrass of Facility	FUN	-ansu	owne, Ma.
8	88 18 8		* Joseph	I. Ku	11222	ph w. Nor	A Ave	Balt	o. Md. 21216
	Physician		23a. Part1. Enter the disease, or compli shock or heart failure. List only or	cations that caused the dea e cause on each line.	th. Do not enter the m	ode of dying, such as cardi	ac or respiratory arm	et.	Approximate Interval Between Onset and Death
P	/Medical Examiner		Immediate Cause (Final disease or condition	0	neumonia	^			2 weeks
1	Examiner	je.	resulting in death)	Due to (	or as a consequence of	ŋ:			
	and i-transit	Examiner	Sequentially list conditions,	Due to (	or as a consequence o	0:			
,09	S Can		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events		an inc. a troops and an animone an	51.			
68760	원 연극	Medical	resulting in death) Last	Due to (c	or as a consequence of	7):			
Box	death cer e attendir ed for use	Physician/M							
o,	the d	hysic	Part II. Other significant conditions con	ributing to death but not rec	sulting in the underlying	g cause given in Part I.	The property of the party	and the state of the state of	Drobably 4 Unknown
Is, P	at the de	by	Sub dural						
Records,	pean phone	Completed	HBP.				24a, Was ar perform		24b. Were autopsy findings available prior to completion of cause of death?
Re	The tay also has page 2	comp	Encedrele	ruher			1□ Ye	8 20No	1 Yes 2 No
of Vital	ician: partific rector,	Be	25. Was case referred to medical examiner?	ospital:	COMMISSION OF STREET		eath (Check only one	e)	
o o	Physical distriction of the second districti	n: To	27. Mangerof Death	1≥Inpatient 2 ☐ 28a. Date of Injury (Month, Day Year)	ER/Outpatient 3□ 1 28b. Time of	OOA Other: 4□ Nursing 28c. Injury at Work?	Home 5 ☐ Reside 28d. Describe ho	Address of the Control of the Contro	ETST. COLUMN
Division	Attending For death.  ector: Alter by the funer	catio	1€Natural 5 ☐ Pending 2 ☐ Accident investigation 3 ☐ Suicide 6 ☐ Could not be	2 - 10 - 20 - 20	Injury M	1 Yes 2 No			
Ö	pital or At ours after o eral Direc filled in by	Certification:	4 ☐ Homicide determined	28e. Place of Injury - At h building, etc. (Speci	ome, farm, street, factory)	ory, office	28f. Location (5tr City or Town	eet and Number State)	or Rural Route Number,
	the Heapital or Attend in 24 hours after death the Funeral Director; A foletely filled in by the f	edical C	(Uneck only 2   Medical Examin	clan: To the best of my kno er: On the basis of axamina	owledge, death occurre	ed at the time, date and place	ce, and dua to the ca	usa(s) and mann	ar as stated.
	To the Homitin 24 to To the Fun cophpletely	Med	29b. Signeture end tity Acadisias	and mannar stated.		9c. License number			Month, Day, Year)
	SE O		Hotel		MD	D27564	^	^	
	5		30. Nama and and less of parson who og	millated gause of death (Itan	m 23a) (Type, Print)	y Green	· Tra	Rd 4	200
	Sta	te	31. Date filed (Month, Day, Year)	32. Registrar's Signa	-	Ullen	~ 1100 1	-V( )X	,00



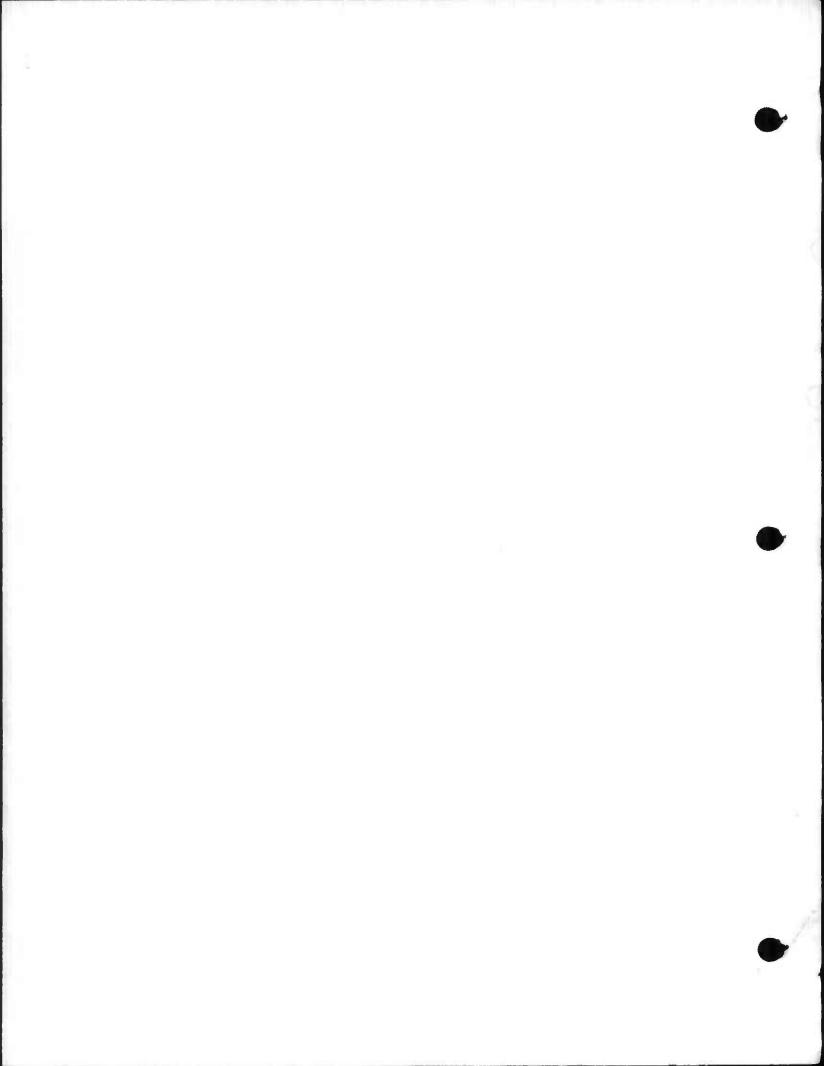
	п
$\sim$	
CA	н
0	
0	
0	
LC)	
-	
N	
-	
N	
	ľ
=	
~	
Ø	
- 7	
>	,
00	•
-	
-	
5	
-	
ш	
BALTIMORE, MARYLAND 21215-0020	
-	
0	
=	
2	н
-	6
ALTI	
	4
-	Н
. 4	-
m	п
100	4
3	
L	1
-	ı
-	1
	١.
	B
	4
	d
0	
09.	
760	
8760	
68760	
68760	And in case of the last
X 68760	And the second second
0X 68760	And the second second
10X 68760	And in the second second second
BOX 68760	And the Assessment of the Assessment
BOX 68760	Course has seen and address.
O. BOX 68760	Act of the passes had been dead
O. BOX 68760	The same has been dead and the same
O.O. BOX 68760	The section has been dead on the second
P.O. BOX 68760	the same of the same of the same
, P.O. BOX 68760	the safety of the same has been dead to the same of th
S, P.O. BOX 68760	dead an effect by an and a sale
OS, P.O. BOX 68760	the decade an efficiency by a new day of the
IDS, P.O. BOX 68760	the death or offered by any death of the
RDS, P.O. BOX 68760	and the decade an efficiency by any and a state of
ORDS, P.O. BOX 68760	that the dead and the second has never bed a second
ORDS, P.O. BOX 68760	when the dead and the state has never bed a fact
CORDS, P.O. BOX 68760	the short the dead or of case he are dead to the
CORDS, P.O. BOX 68760	there also also dead to the Charles by a second to the
ECORDS, P.O. BOX 68760	the state of the day of said an about the said of the said
ECORDS, P.O. BOX 6	the state of the s
. RECORDS, P.O. BOX 68760	the same have about the dead to the same has been been about the
L RECORDS, P.O. BOX 68760	days and the standard that dands an effect to an end of the
AL RECORDS, P.O. BOX 68760	And the second s
TAL RECORDS, P.O. BOX 68760	The face show that the state of
TALF	The last the same than the same than the same than the same that the same than the sam
TALF	Mr. The last the same and the s
TALF	AMI. The last days done have been done to the same to
TALF	COMM. The last the state of the
TALF	T. LABIL
F VITAL F	OD ATTENDIAL DENOTIONAL The last the day of

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR		PARTMENT OF HEALTH AND	MENTAL HYGIENE REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Last)	0.0		2. DATE OF DEATH	3. TIME OF DEATH							
	MELVIN	t R	-IDE	AUGUST 27	1996 2035 M							
	4. SOCIAL SECURITY NUMBER 577-52-9915	5. SEX 8. AGE (In yrs. lest birtho	MONTHS DAVE MOURE ANN	7. DATE OF BIRTH (Month, Day, Year) 5-28-38	B. BIGTHPLACE (Slam or Foreign (A. Shirraton))							
TOR	98. FACILITY NAME (If not institution, give street and number)  SHADY GROVE ADVENTIST HOSPITAL ROCKVILLE, MI)  RESIDENCE OF DECEDENT											
DIRECTOR	10a. STATE 10b. COUNT	7. 10c.	CITY, TOWN OR LOCATION	7)	10d. INSIDE CITY LIMITST  1 YES 2 \( \square\) NO							
FUNERAL	100 44 WEda	e Way	101. ZIP CODE )	10g. CIT	TIZEN OF WHAT COUNTRY?							
В	11. MARITAL STATUS 1 Never Married 2 Msrried 3 Divorced	12. WAS DECEMENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPAI If yes, specify Cuben, Mexica 1 VES 2 NO Specifi		14. RACE — American Indian, Black, Whits, etc. Specify:							
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary, (0-12)	completed) (Give kind	IT'S USUAL OCCUPATION  (of work done during most of working  Of use retired.)	166. KIND OF BUSINESS/IN	DUSTRY							
	17. FATHER'S NAME (First, Middle, Last)	0 1 103	3t OFHC D  18. MOTHER'S NA	ME (First, Middle, Malden Surname)	c. 1/2							
TO BE	19s. INFORMANT'S NAME (Type/Print)	Drida 196. MAIL	ING ADDRESS (Street and Number or Rural)	Oyte Number, City or Town, State, Zi	00 KS							
	20s, METHOD OF DISPOSITION  1 Buris! 2 Cremetton 3 Ram  4 Donation 5 Other (Specify)	20b. PLACE AND DA cemeters crematory	TE OF DISPOSITION (Name of grother place)	JOATE 200. LOCATION -	City on Town, State							
	21. SIGNATURE OF FUNERAL SERVICE LIC	Sattimore	22. NAME AND ADDRESS OF FA		Fun Home							
	snock, or heert isliure.	complications that caused the death. D List only one cause on each line.	Oo not enter the mode of dying, suc	h as cerdisc or respiratory ar	Interval Between							
			Cordio Vascular collapse DUE TO (OR AS A CONSEQUENCE OF):									
	IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	B. Cardio Vascu	lar collapse		Onset and Death Mill							
rion	disease or condition resulting in deeth)  Sequentially list conditions,	DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE	real hemory	hage	_							
TIFICATION	disease or condition resulting in deeth)	DUE TO (OR AS A CONSEQUENCE	real hemorr,	hage - vena cava	hrs.							
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSCOUENCE filter perfo	real hemorr,	hage - vena cava	hrs.							
DICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSCOUENCE filter perfo	real hemorr, eon: ration inferior E OF):		Min.  AVS.  24b. WERE AUTOPSY FINDINGS AWILLABLE PRIOR TO COMPLETION OF CAUSE							
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE  OUE TO (OR AS A CONSEQUENCE  OUE TO (OR AS A CONSEQUENCE  S. CONTRIBUTING to death but not resulting	neaf hemorr, E OF):  ration Inferior E OF):	Part I. 24a. WAS AN AUTOPSY PERFORMED?	Min hrs. hrs.  24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO							
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART ii. Other significent condition  DID TOBACCO USE CONTI	DUE TO (OR AS A CONSEQUENCE  OUE TO (OR AS A CONSEQUENCE  OUE TO (OR AS A CONSEQUENCE  S. CONTRIBUTING TO CAUSE OF DEATH	reaf hemony FOR:  ration inferior FOR:  The underlying cause given in  YES \( \sum \) NO \( \sum \) UNCERTAIN	Part I. 24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?							
MEDICAL	Sequentially list conditions, if sny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condition  DID TOBACCO USE CONTI	DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  OUE TO (OR AS A	neaf hemony E of):  ration inferior E of):  Inferior  In	Part I. 24a. WAS AN AUTOPSY PERFORMED?  1   YES 2   AO	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?							
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART ii. Other significent condition  DID TOBACCO USE CONTI	DUE TO (OR AS A CONSEQUENCE OF DEATH  26. PLACE OF D  HOSPITAL: 1 Minpetient 2 ER/Outpetlent 3 DO	neaf hemony E OF):  ration inferior E OF):  Ing in the underlying cause given in  YES NO UNCERTAIN DEATH (Check only one)  OTHER:  A 4 Nursing Home 5 Residence	Part I. 24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 AO	24b. WERE AUTOPSY FINDINGS ARAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO							
PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART ii. Other significent condition  DID TOBACCO USE CONTI  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH  1 Natural 5 Pending	DUE TO (OR AS A CONSEQUENCE OF DEATH  26. PLACE OF D  HOSPITAL: 1 Minpetient 2 ER/Outpetlent 3 DO	neaf hemony E of):  ration inferior E of):  Inferior  In	Part I. 24a. WAS AN AUTOPSY PERFORMED?  1   YES 2   AO	24b. WERE AUTOPSY FINDINGS ARAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO							
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condition  DID TOBACCO USE CONTI  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH  1 Netural 5 Pending	DUE TO (OR AS A CONSEQUENCE  OUE TO (OR AS A CONSEQUENCE  OUE TO (OR AS A CONSEQUENCE  S CONTRIBUTING TO GENERAL TO CAUSE OF DEATH  26. PLACE OF DEATH  HOSPITAL: 1 Minpetient 2 ER/Outpetlent 3 DO  280. DATE OF INJURY 280.	The of incompose of the state o	Part I. 24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 AO	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO							
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if smy, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART ii. Other significent condition  DID TOBACCO USE CONTI 25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF OEATH  1 Natural 5 Pending Investigation 3 Suicide 1 Could not be determined  29a. CERTIFIER (Check only)	DUE TO (OR AS A CONSEQUENCE OF DEATH  CONTRIBUTE TO CAUSE OF DEATH  26. PLACE OF DEATH  26. PLACE OF DEATH  28. DATE OF INJURY (Month, Day, Year)  28. PLACE OF INJURY — At home, fan building, stc. (Specify)	THE OF INJURY AT INJURY M INJURY AT INJURY M INJURY AT INJURY M INJURY AT INJURY M INJURY AT INJ	Part I. 24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  0 Other (Specify)  28d. OESCRIBE HOW INJURY OC  28t. LOCATION (Street and Number City or Town, State)	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  CURED  TO Flural Route Number,							
COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if smy, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART ii. Other significent condition  DID TOBACCO USE CONTI 25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF OEATH  1 Natural 5 Pending Investigation 3 Suicide 1 Could not be determined  29a. CERTIFIER (Check only)	DUE TO (OR AS A CONSEQUENCE OF DEATH  BE CONTRIBUTE TO CAUSE OF DEATH  26. PLACE OF DEATH  26. PLACE OF DEATH  26. PLACE OF DEATH  26. PLACE OF DEATH  28. PLACE OF INJURY (Month, Day, Year)  28. PLACE OF INJURY At home, fan building, stc. (Specify)  28. PLACE OF INJURY At home, fan building, stc. (Specify)	THE OF INJURY AT WORK?  Was to the time, data and place, and dua settion, in my opinion, death occurred at the time, data and place, and dua settion, in my opinion, death occurred at the time.	Part I. 24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  0 Other (Specify)  28d. OESCRIBE HOW INJURY OC  28t. LOCATION (Street and Number City or Town, State)  to the cause(s) and manner as atal time, data and place, and dus to the cause (s).	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  CURED  To or Rural Route Number,  ted, he cause(a) and manner as stated.							
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART ii. Other significent condition  DID TOBACCO USE CONTI  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH  1 Netural 5 Pending Investigation  2 Accident Investigation  3 Suicide 8 Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER  29b. SIGNATURE AND TITLE OF CERTIFIER	DUE TO (OR AS A CONSEQUENCE OF DEATH  BE CONTRIBUTE TO CAUSE OF DEATH  26. PLACE OF DEATH  26. PLACE OF DEATH  26. PLACE OF DEATH  26. PLACE OF DEATH  28. PLACE OF INJURY (Month, Day, Year)  28. PLACE OF INJURY At home, fan building, stc. (Specify)  28. PLACE OF INJURY At home, fan building, stc. (Specify)	THE OF INJURY AT WORK?  Was to the time, data and place, and dua settion, in my opinion, death occurred at the time, data and place, and dua settion, in my opinion, death occurred at the time.	Part I. 24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  0 Other (Specify)  28d. OESCRIBE HOW INJURY OC  28t. LOCATION (Street and Number City or Town, State)  to the cause(s) and manner as atal time, data and place, and dus to the cause (s).	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  CURED  To or Rural Route Number,  ted, he cause(a) and manner as stated.							
E COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART ii. Other significent condition  DID TOBACCO USE CONTI  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH  1 Netural 5 Pending Investigation  2 Accident Investigation  3 Suicide 8 Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER  29b. SIGNATURE AND TITLE OF CERTIFIER	DUE TO (OR AS A CONSEQUENCE OF DEATH  BE CONTRIBUTE TO CAUSE OF DEATH  26. PLACE OF DEATH  26. PLACE OF DEATH  26. PLACE OF DEATH  26. PLACE OF DEATH  28. PLACE OF INJURY (Month, Day, Year)  28. PLACE OF INJURY At home, fan building, stc. (Specify)  28. PLACE OF INJURY At home, fan building, stc. (Specify)	Teaf hemony  E OF):  The control inferior  Time of injury at work?  Time of injury	Part I. 24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  0 Other (Specify)  28d. OESCRIBE HOW INJURY OC  28t. LOCATION (Street and Number City or Town, State)  to the cause(s) and manner as atal time, data and place, and dus to the cause (s).	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  CURED  To or Rural Route Number,  ted, he cause(a) and manner as stated.							



96-4942-510

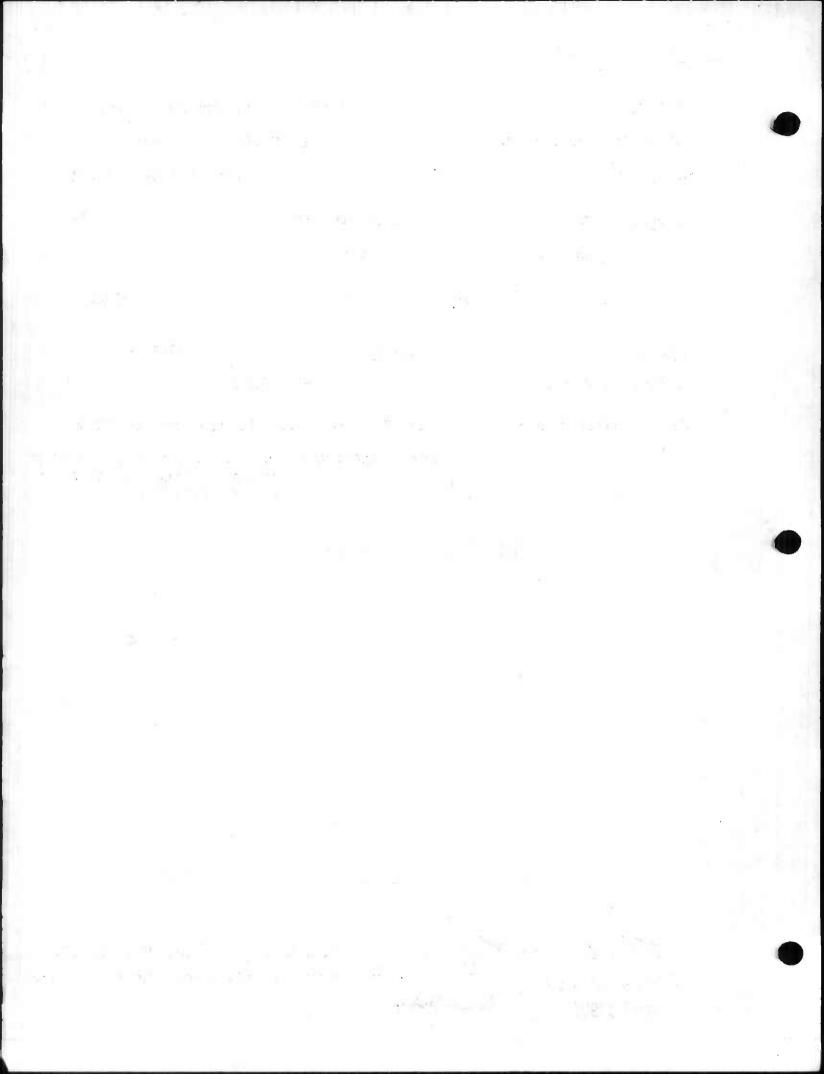
## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

ITEMS: 23 PART I, 27, 28a-f, PER State of Maryland / Department of Health and Mental Hygiene

96 27013

	1. Decedent's No	me (First, Middle									Reg. No.			
sician			, Last)							2. Deta of Do Month	eeth Day	,	Year	3. Time of Death
edicai	RAYNER			G.			POI	WELL		SEPTE				1:28A
miner	4a. Fecility Neme	(If not institution,	, give street end i	num <i>ber)</i>			4	b. City, To	wn, or Lo	cation of Dea	th 4c. C	ounty of		
		TONEWO	OD ROAL	)				BALT		RE		N/A		
eral tor	5. Sociel Security		6. Sax tXXM 2□ F		yrs. last birthday 44 Yrs.	y) If Und Months	er 1 Yaar Days	if Under Hours	24 Hrs. Min.	8. Deta of Bi (Month, Di Mar.	rth ey, Year) 26 19	9	Count	leca (State or Forei try)
Director	214-56-52 Usuel Residence									riar •	20 13	776 1	CIVIT	LDIVU
	10e. Stete	10b. County		10c.	. City, Town or I								10	0d. Inside City LImit
Director	MARYLAND					BALTI		CITY						1 X X as 2 □ N
							ip Code				10g. Citize		nat Count	try?
Funeral	1316 STU	NEWOOD I		ecedant Ever in	nils 13		1239	ienanio Orle	ain? /Cn	olfr Voc or N		.A.	Amorio	an Indian.
F	1 Never Me	rried 2 Marrie	Armod	Forone?		If Yes, sp	ecity Cube	n, Mexican	, Puerto	ecify Yes or N Rican, etc.)	0- 14		, Whita, a	
Ş	3 □ Widowed	4\Divorced	If Yes, ( Year or	s 2 □ No Give Datel:970,	/1972	1 ☐ Yes	2XXN0	Specity:			S	pecity:	BLA	CK
Completed	/00	15. Decadent'	s Education		16e. Dec	adent's Us	uel Occup	ation			16b. Kind	of Busi	lness/Ind	lustry
nple	Eiemantary/Se	ecity only highas: condary (0-12)		(1-4or 5+)	life.	re kind of w DO NOT	use retired	ju <i>nng</i> mosi i)	or works	ng				
S	12th gra				PR	INTER					PRIN	ITIN	G	
Be	17. Fether's Nem									(First, Middle	, Maiden St	u <i>m</i> ama)	)	
5		H. POWI						MAR	Y WA	TKINS				
		Name/Reletionsh			19b. Mei	iling Addres	ss (Street	and Numba	r or Rure	I Route Numb	er, City or 1	Town, St	tete, Zip	Code)
	MARY E.		Mother	100	1316	Ston	ewood	Rd.	Ba	timore				
	20e. Method of D	2 Cremetion	3 □Removel from	m Stata	b. Pleca of Disp cemetary, cre	emetory or	other plea		i	Date	20c. Loca			
		5 Other (Sp.	-	(										, MARYLAI
	21. Signeture of	unerel Service L	Icansee	10	) 2	22. Neme e	nd Addres	s of Fecility						NITY F/H
	- /	77711		( //-					1206	S W. NO	ORTH A	VEN	UE.	
	On David Sala	, 000		Li	He									
	23e. Pert1. Enter shock, or he	the diseese, or open feilure. List o	complications the	t caused the di	HQ eeth. Do not er	nter tha mo	de of dyln	g, such es	cardiac o	r respiretory a	rrast,			Approximata Interval Between Onset and Death
	Immediate Cause	e (Finel							cardiac o	r respiretory a	arrast,			Approximata Interval Between Onset and Death
il 🔠		e (Finel		AINE AN	D NARCOT	IC INTO	OXICAT		cardiac o	r respiretory a	nrast,			Interval Between
	Immediate Cause disease or condit	e (Finel		AINE AN		IC INTO	OXICAT		cardiac o	r respiretory a	nrrast,			Interval Between
r	Immediate Causi disease or condi resulting in deeth	e (Finel ion )		AINE <sup>I</sup> AN	D NARCOT	IC INTO	OXICAT ):		cardiac o	r respiretory a	arrast,			Interval Between
Examiner	Immediate Causi disease or condit resulting in deeth Sequentially list of if any, leading to cause. Enter Uni-	e (Finel ion )		AINE <sup>I</sup> AN	D NARCOT	IC INTO	OXICAT ):		cardiac o	r respiretory a	arrast,			Interval Between
Examiner	Immediate Ceus disease or condit resulting in death Sequentially list of if any, leading to cause. Enter Un- Ceusa (Disease of that initiated ever	e (Finel ion ) conditions, Immediate derlying or Injury		Due to	D NARCOT	IC INT( equence of) equenca of)	DXICAT ):		cardiac o	r respiretory a	arrast,			Interval Between
Examiner	Immediate Causi disease or condit resulting in deeth Sequentially list of if any, leading to cause. Enter Unit	e (Finel ion ) conditions, Immediate derlying or Injury		Due to	D NARCOT	IC INT( equence of) equenca of)	DXICAT ):		cardiac o	r respiretory a	arrast,			Interval Between
WMedical Examiner	Immediate Causi disease or condit resulting in death Sequentially list of if any, leading to cause. Enter Un- Causa (Disease of that initiated ever resulting in death	e (Finel ion )  conditions, immediata derlying or Injury its	e	Due to	D NARCOT) o (or es e conse o (or es e conse	IC INTO	DXICAT ): ):	ION	cardiac o					Interval Between Onset and Death
VMedical Examiner	Immediate Ceus disease or condit resulting in death Sequentially list of if any, leading to cause. Enter Un- Ceusa (Disease of that initiated ever	e (Finel ion )  conditions, immediata derlying or Injury its	e	Due to	D NARCOT) o (or es e conse o (or es e conse	IC INTO	DXICAT ): ):	ION	cardiac o	23b. Did	tobacco us			Interval Between Onset and Death
Physician/Medical Examiner	Immediate Causi disease or condit resulting in death Sequentially list of if any, leading to cause. Enter Un- Causa (Disease of that initiated ever resulting in death	e (Finel ion )  conditions, immediata derlying or Injury its	e	Due to	D NARCOT) o (or es e conse o (or es e conse	IC INTO	DXICAT ): ):	ION	cardiac o	23b. Did			ribute to	Interval Between Onset and Death
by Physician/Medical Examiner	Immediate Causi disease or condit resulting in death Sequentially list of if any, leading to cause. Enter Un- Causa (Disease of that initiated ever resulting in death	e (Finel ion )  conditions, immediata derlying or Injury its	e	Due to	D NARCOT) o (or es e conse o (or es e conse	IC INTO	DXICAT ): ):	ION	cardiac o	23b. Did 1	tobacco us Yes 2 on autopsy	No 3	Prob	the cause of deatl
by Physician/Medical Examiner	Immediate Causi disease or condit resulting in death Sequentially list of if any, leading to cause. Enter Un- Causa (Disease of that initiated ever resulting in death	e (Finel ion )  conditions, immediata derlying or Injury its	e	Due to	D NARCOT) o (or es e conse o (or es e conse	IC INTO	DXICAT ): ):	ION	cardiac o	23b. Did 1	tobacco us Yes 2	No 3	24b. Wei	the cause of deatleby Unknore europsy findings liable prior to npletion of cause
by Physician/Medical Examiner	Immediate Causi disease or condit resulting in death Sequentially list of if any, leading to cause. Enter Un- Causa (Disease of that initiated ever resulting in death	e (Finel ion )  conditions, immediata derlying or Injury its	e	Due to	D NARCOT) o (or es e conse o (or es e conse	IC INTO	DXICAT ): ):	ION	cardiac o	23b. Did 1 □ 24a. Wes	tobacco us Yes 2 — en autopsy	No 3	24b. Wei	the cause of death ably funknore eutopsy findings liable prior to appletion of cause eath?
e Completed by Physician/Medical Examiner	Immediate Causi disease or condit resulting in death Sequentially list of any, leading to cause. Enter Unicouse (Disease that initiated ever resulting in death Pert II. Other sign	conditions, immediate derlying or Injury its	e	Due to	D NARCOT) o (or es e conse o (or es e conse	IC INTO	DXICAT ): ):	ION		23b. Did 1	tobacco us Yes 2 en autopsymmed? Yes 2	No 3	24b. Wei	the cause of death ably Unknown re eutopsy findings ilable prior to npletion of cause
Be Completed by Physician/Medical Examiner	Immediate Cause disease or condit resulting in death Sequentially list of any, leading to cause. Enter Unicausa (Disease othet initiated ever resulting in death Pert II. Other sign	conditions, immediate deryling or injury tast	bdd	Due to	D NARCOT	IC INTO	DXICAT ): :: cause give	ION  an In Pert I.	of Death	23b. Did 1 □ 24a. Wes perfe	tobacco us Yes 2 en autopsy primed? Yes 2 ona)	No 3	24b. Wei evel corn of d	the cause of death  the cause of death  abity  funknor  re eutopsy findings filable prior to note in or cause eath?  Vas 2 \( \) No
To Be Completed by Physician/Medical Examiner	Immediate Cause disease or condit resulting in death Sequentially list of any, leading to cause. Enter Unicause (Disease of thet initiated ever resulting in death Pert II. Other algr.  25. Wes case reference exeminer?	conditions, immediate derlying or injury its last	bdd. Hospital: 128e. Details 128e. Details 28e. Details	Due to  Due to	D NARCOT	IC INTO	DXICAT ): : cause give	26. Plece	of Death	23b. Did 1	tobacco us Yes 2 en autopsy primed?  Yes 2 ona) denca 6	No 3	24b. Wei evel com of d	the cause of death the cause of death the cause of death ably funknown re eutopsy findings fiable prior to nopletion of cause eath?
To Be Completed by Physician/Medical Examiner	Immediate Causi disease or condit resulting in death  Sequentially list of early, leading to cause. Enter Unicause, Chisaase that initiated ever resulting in death  Pert II. Other sign	conditions, Immediate derlying or Injury Its U. Last  ifficent condition  ifficent con	b d d Hospital: 1 28e. Det. (Mo	Due to  Due to	D NARCOT	IC INTO	Cause give	26. Plece	of Death	23b. Did 1 □ 24a. Wes perfo	tobacco us Yes 2 en autopsy primed?  Yes 2 ona) denca 6	No 3	24b. Wei evel com of d	the cause of death  the cause of death  ability funknow  re eutopsy findings liable prior to npletion of cause eath?
To Be Completed by Physician/Medical Examiner	Immediate Causa disease or condit resulting in death resulting in death Sequentially list of any, leading to cause. Enter Unicausa (Disease that initiated ever resulting in death Pert II. Other sign.  25. Wes case referencements of the sequential sequence of the sequential sequence of the sequence of	conditions, Immediate derlying or injury its U. Last ifficent conditions arrived to medical No	b. c. d. Hospital: 1 28e. Detection to be ded 28e. Pleat	Due to	D NARCOT) o (or es e conse o (or es e conse resulting in the or	advence of paquence of paquenc	OA Other	26. Piece	of Death rsing Hon	23b. Did 1 1 24a. Wes performe 5 Resiled. Describe UNKNOWN	tobacco us Yes 2  en autopsy primed?  Yes 2  in the second of the second	No 3	24b. Wei every correction of d	the cause of death  the cause of death  abity funknor  re eutopsy findings ilable prior to name to cause eath?  Route Number
Be Completed by Physician/Medical Examiner	Immediate Causi disease or condit resulting in death resulting in death Sequentially list of any, leading to cause. Enter Unicausa (Disease of thet initiated ever resulting in death Pert II. Other sign.  25. Wes case refe exeminer?  27. Menner of Death Sequential Causing Proceedings of the conditions of the case of t	conditions, immediate derying or injury the state of the	b	Due to	D NARCOT) o (or es e conse o (or es e conse resulting in the or	equence of)  equence of)  underlying  ent 3 Dof  A M  treet, fector	OA Other	26. Piece	of Death	23b. Did 1  24a. Wes perfo  (Check only one 5 Assisted Describe UNKNOWN  18f. Location (City or To)	tobacco us Yes 2  en autopsymmed? Yes 2  ona) denca 6  how injury o	No 3	24b. Weleverson of d	the cause of death  the cause of death  ably strunknow re eutopsy findings liable prior to ripletion of cause eath?  Vas 2 No  Route Number,
Certification: To Be Completed by Physician/Medical Examiner	Immediate Causi disease or condit resulting in death resulting in death Sequentially list of any, leading to cause. Enter Unicausa (Disease of thet initiated ever resulting in death Pert II. Other sign.  25. Wes case refe exeminer?  27. Menner of Death Sequential Causing Proceedings of the conditions of the case of t	conditions, immediate deriving or injury its condition or injury injury its condition or injury inju	b. Coc e.	Due to	D NARCOTI  o (or es e conse  o (or es e conse  resulting in tha or  285, Time o  POUNDry  1:25  thome, ferm, st  cify)  SE! IN HAL	equence of a squence of a squen	OA Other	26. Plece	of Death rsing Hon 2 No 2 R	23b. Did 1 1 24a. Wes performer 5 Rasi 28d. Describe UNKNOWN 28f. Location ( City or 7o	tobacco us Yes 2     en autopsymmed?  Yes 2     ona) denca 6   how injury of wm, Street end / wm, Street 1   ALTIMORIO	No 3 No Other occurred	24b. Weight every series of deciry, and the series of the	the cause of death  the cause of death ably salfunknow re eutopsy findings liable prior to repletion of cause eath?  Route Number,
To Be Completed by Physician/Medical Examiner	Immediate Causidisease or condit resulting in death resulting in death sequentially list of any, leading to cause. Enter Unicouse (Disease of the initiated ever resulting in death sequentially indicated and sequential seque	conditions, immediate derlying or injury its Usert Conditions investige 6 10 Could no determine 1 Certifying 2 Medical Extending 1 Certifying 1 Certifying 1 Certifying 1 Certifying 2 Medical Extending 1 Certifying 2 C	b. Coc e.	Due to	D NARCOTI  o (or es e conse  o (or es e conse  resulting in tha or  285, Time o  POUNDry  1:25  thome, ferm, st  cify)  SE! IN HAL	equence of a paquence of a paq	OA Other	26. Plece on in Pert I.  26. Plece or: 4 □ Nur et res 2**	of Death rsing Hon 2 No 2 R	23b. Did 1 1 24a. Wes performer 5 Rasi 28d. Describe UNKNOWN 28f. Location ( City or 7o	tobacco us Yes 2     en autopsymmed?  Yes 2     ona) denca 6   how injury of wm, Street end / wm, Street 1   ALTIMORIO	No 3 No Other occurred Number 316 No	24b. Wei ever com of d  (Spacify, d)  or Rural and an er as stad due to d	the cause of death  the cause of death ably strunknow re autopsy findings liable prior to npletion of cause eath?  Route Number, 0000  Route Number, the cause(s)
edical Certification: To Be Completed by Physician/Medical Examiner	Immediate Causidisease or conditresulting in death resulting in death Sequentially list of any, leading to cause. Enter Unicause (Disease of their initiated ever resulting in death sequentially in the sequential sequenti	conditions, immediate derlying or injury its Usert Conditions investige 6 10 Could no determine 1 Certifying 2 Medical Extending 1 Certifying 1 Certifying 1 Certifying 1 Certifying 2 Medical Extending 1 Certifying 2 C	b. Coc e.	Due to	D NARCOTI  o (or es e conse  o (or es e conse  resulting in tha or  285, Time o  POUNDry  1:25  thome, ferm, st  cify)  SE! IN HAL	equence of a paquence of a paq	OA Other 28c. Injury Work 1 1 Yry, office	26. Plece  26. Plece  27. 4 Unur  at  ?  e, dete encinion, deati	of Death rsing Hon 2 No 2 R d place, e	23b. Did  1  24a. Wes perfect  (Check only of the State of the control of the con	tobacco us Yes 2  en autopsy rmed?  Yes 2  cona) denca 6  chow injury co Street end N wn, Stete) 1 ALTIMOR  ceuse(s) en dete end pl  29d. Dete s	No 3  No Other occurred Number 316 Se, MA  add men ece, and signed (I	24b. Well every common of decommon of deco	the cause of death  the cause of death ably strunknow re autopsy findings liable prior to npletion of cause eath?  Route Number, 0000  Route Number, the cause(s)
edical Certification: To Be Completed by Physician/Medical Examiner	Immediate Causidisease or conditresulting in death resulting in death Sequentially list of any, leading to cause. Enter Unicause (Disease of thet initiated ever resulting in death Part II. Other sign.  25. Wes case refe exeminer?  27. Menner of Death Sequential Se	e (Finel ion )  conditions, immediate deryling deryling in Injury its injury in	b. C. d. Hospital: 1 28e. Detection to be ed built FOUNT  Physician: To the and me	Due to  Due to	D NARCOTI o (or es e conse o (or es e conse o (or es e conse resulting in the or resulting in the or D NBry 1:25 t home, ferm, st city) SE' IN HAL	equence of a paper of	OA Other 28c. Injury Work 1 1 Yry, office	26. Plece on in Pert I.  26. Plece or: 4 □ Nur et res 2**	of Death rsing Hon 2 No 2 R d place, e	23b. Did  1  24a. Wes perfect  (Check only of the State of the control of the con	tobacco us Yes 2 en autopsy med?  Yes 2 ona) denca 6 how injury of win, Street end N win, Steep) 1 ALTIMOR ceuse(s) en dete end pi	No 3  No Other occurred Number 316 Se, MA  add men ece, and signed (I	24b. Well every common of decommon of deco	the cause of death  the cause of death ably strunknow re autopsy findings liable prior to npletion of cause eath?  Route Number, 0000  Route Number, the cause(s)
edical Certification: To Be Completed by Physician/Medical	Immediate Causidisease or conditive suiting in death resulting in death seems of the cause. Enter Unicause (Disease of the initiated ever resulting in death seems of the cause (Disease of the initiated ever resulting in death seems of the cause (Disease of the initiated ever resulting in death seems of the cause of	e (Finel ion )  conditions, immediate deryling deryling in Injury its injury in	Hospital:  a contributing to the definition of t	Due to  Due to	D NARCOTI o (or es e conse o (or es e conse o (or es e conse resulting in the or resulting in the or D NBry 1:25 t home, ferm, st city) SE' IN HAL	equence of properties of the second of the s	OA Other  28c. Injury Work  1 1 Y  1, In my op  1. Licanse	26. Piece or: 4   Nur e, dete enc inion, deati number C.M.	of Death rsing Hon 2 No 2 R d plece, e h occurre	23b. Did 1 1 24a. Wes performer 5 Nasi 88d. Describe UNKNOWN 88f. Location ( City or To OAD, But and due to the det the time,	tobacco us Yes 2 en autopsy primed?  Yes 2 cona) denca 6 how injury co Street end N wn, Stete) 1 ALTIMOR ceuse(s) en dete end pl 29d. Dete s SEPTE	No 3  No Other occurred Number 316 No	24b. Weileyeicon of dispacify, is or Rural SIONE ARYLA mer as stad due to 1 Month, D	the cause of death  the cause of death  ably Unknown  re eutopsy findings liable prior to npletion of cause eath?  Route Number,  OOD  Route Aumber,  OOD  ated. the cause(s)

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

	1000						Ce	rtificat	e of	Death			Reg. No.	20	2/01	
ľ	Physic	ian	Decedent's Name (First     HENRY A									2. Date of D	Day	Yeer	3. Time of Death	
Я	/Med		4a. Facility Name (If not in:			her)				4h City To	wn orlo	09 ecation of Dea	-08-19	96 by of Death	12:54p	
ď	Exami	ner	3400 TUFT			001)			100	GLYN		oution of Doa		rimol	RE	
Н	<sub>e</sub> Funerai		5. Social Security Number	6. S	ex 7	7. Age (In yrs.	last birthday)	If Under		If Under	24 Hrs.	8. Date of B		9. Birth	place (State or Foreign	
S.	Director		219-28-766	8 1	M 2□ F	67	Yrs.	Months	Days	Hours	Min.	07-03	irth Pay, Year) 3-1929	Cou	YLAND	
	d 2 should be filed within 72 hours after death with the Manyland th and Mental Hyglene. 7 is marked other than "natural", or items 23a or 28a-1 show traumatic event, the Medical Eventral Programment of the Medical Eventral Programment.		Usual Residence of Decedent  10a. State 10b. County 10c. City, Town or Location													
		0		LTIM	ORE		LYNDO								10d. Inside City Limits 1 ☐ Yes 2 No	
	1988	Director	10e. Street and Number				BINDO	10f. Zip	Code				10g. Citizen of	What Cou		
	3a or		3400 TUFTON AVE.						071				U.S.A		Mry 1	
	death	Funeral	11. Maritel Status		12. Wes Deced	dent Ever in U	,S. 13.			lispanic Ori	gin? (Sp	ecify Yes or N Rican, etc.)		ca - America		
0	or its	Fu	1 Never Married 2	1 Yes	No No					i, Puerto	Hican, etc.)		ack, White,	etc.		
000	hours ural',	d by	3 Widowed 4 DiDi		Year or Da	les:		1 ☐ Yes 2 ▼ No Specify:					Speci	WH:	WHITE	
Maryland 21215-0020	n 72	Completed	(Specify only		ucetion de completed)		16a. Dece (Give	dent's Usua kind of wor	d Occup	ation during mos d)	t of work	ing	16b. Kind of E	Business/In	dustry	
212	iene.	E O	Elementary/Secondary (	0-12)	College (1-	4or 5+)				~ AGENT			INSUR	ANCE		
b	other vant,	Be C	17. Father's Name (First, M	fiddle, Last)						18. Mothe	r's Name	First, Middle	a, Maiden Surna			
<u>Ja</u>	should be and Mental is marked of	ToE	HENRY A.	PARR	III					MARY	RI	GGS				
an	2 sho and I is me	ľ	19a. Informant's Name/Re		ype, Print)		19b. Maili	ng Address	(Street	and Numbe	or Run	al Route Numb	ber, City or Town	n, State, Zip	Code)	
-	ges 1 and 2 t of Heelth If Itam 27 i		MARY B. WI			lest le				MOOD	CLU		TIMON			
altimore,	90 5		20a. Method of Disposition  1  Burial 2 Cremation 3 Removal from State  20b. Place of Disposition (Name of cemetery, crematory or other piece)  20c. Location - City of cemetery, crematory or other piece)													
III	it. Partituder		4 Donation 5 Other (Specify) GREEN MOUNT CREMATORY9/9/96 BALTO., MD.										D.			
Ba	permit. Pag Department Important: I any injury o		21. Signeture of Funerel Service Licensee  22. Name and Address of Facility HENRY W. JENKINS & SONS CO.													
_			Willia 230 Post Francisco	mK	Paul	211	4	905	YOR	K RD	. B	ALTO.	MD. 2			
	Dhysielen		23e. Pert1. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiretory errest, shock, or heart failure. List only one cause on each line.									Approximate Interval Between Onset and Deeth				
).	Physician /Medical		Immediate Cause (Final		,	20.60	lav.							Znes		
	Examiner		disease or condition resulting in death)		a		to (or as a consequence of):					2.165				
_	D ==	iner	AFFERIOSCHEROTIC CONDINIONAL DIGARE								1	10 400				
	certificate be executed nding physician and use as the burial-transit	Examiner	Sequentially list conditions,  Due to (or as a consequence of):								İ					
60,	be ex iclan burial															
09/89	phys phys s the	edicai	thet initiated events resulting in deeth) Lest	1		Due to (o	res a conseq	uenca of):								
×	laath certific attending pl	2			d											
20	daath	Physician/	Pert II. Other significant co	anditions co	ntrlhuting to dea	th but not res	ulting In the u	nderlying of	uce ch	on in Port I		22h Did	tobacco use o	antellación to	the cause of death?	
J.	res that the da signed by the a be detached f	hys						nuerlying oc	suse giv	en in Fait i.		-	Kyoo 2□No		bably 4 Unknow	
	gned be de	by F	CHAN-C	Desene	THE Lu	سك عاد	SGON E	-								
Hecords,	w requires that the been signed by th should be detache	ted										24a. Was	s an autopsy ormed?	ev	ere autopsy findings ellable prior fo	
ပ္		Completed													mpletion of cause death?	
	: The law cate has											10	Yes 2 No	10	Yes 2 KNo	
VITA	Physician: The this certificate ral director, page	Be c	25. Was cese referred to mexaminer?		Hospital:				Oth			(Check only				
0	this aldi	: To	1 ☐ Yes 2 No  27. Menner of Death		28a. Date of		ER/Outpatier 28b, Time of			4 🗆 190			how Injury occu		y)	
0	Attending ir death. ector: Afte by the fune	ation		Pending nvestigation	(Month,	Day Year)	Injury	м	Bc. Injun Worl	k? Yes 2⊡1						
DIVISION	무취하	Certification:	3 ☐ Sulcide 6 ☐ C	Could not be letermined	28e. Piace o building	f Injury - At ho , etc. (Specif	ome, farm, str	eet, factory,	, office			28f. Location ( City or To	(Street and Num wn, State)	ber or Rura	I Route Number,	
_	Hospital 4 hours a funaral Day filled		29a. Certifier	etifode e Pa	olelen: T- · ·		od a late of the control of the cont									
	d 4 h	icai	(Check only 2 Me	dical Exami	ner: On the bas	is of exeminat	wieage, death	occurred a	in my or	ne, date end	place, a	and due to the	cause(s) end m	anner as si	ated.	

CHARLES O DONOVAN M.D. 6565 N. CHARLES ST. BALTO., MD. 21204. 31. Date filed (Month, Day, Year) SEP 1 0 1996

29b. Signature end title of partition

32. Registrar's Soneture 22

30. Name and address of person who completed ceuse of deeth (Item 23e) (Type, Print)

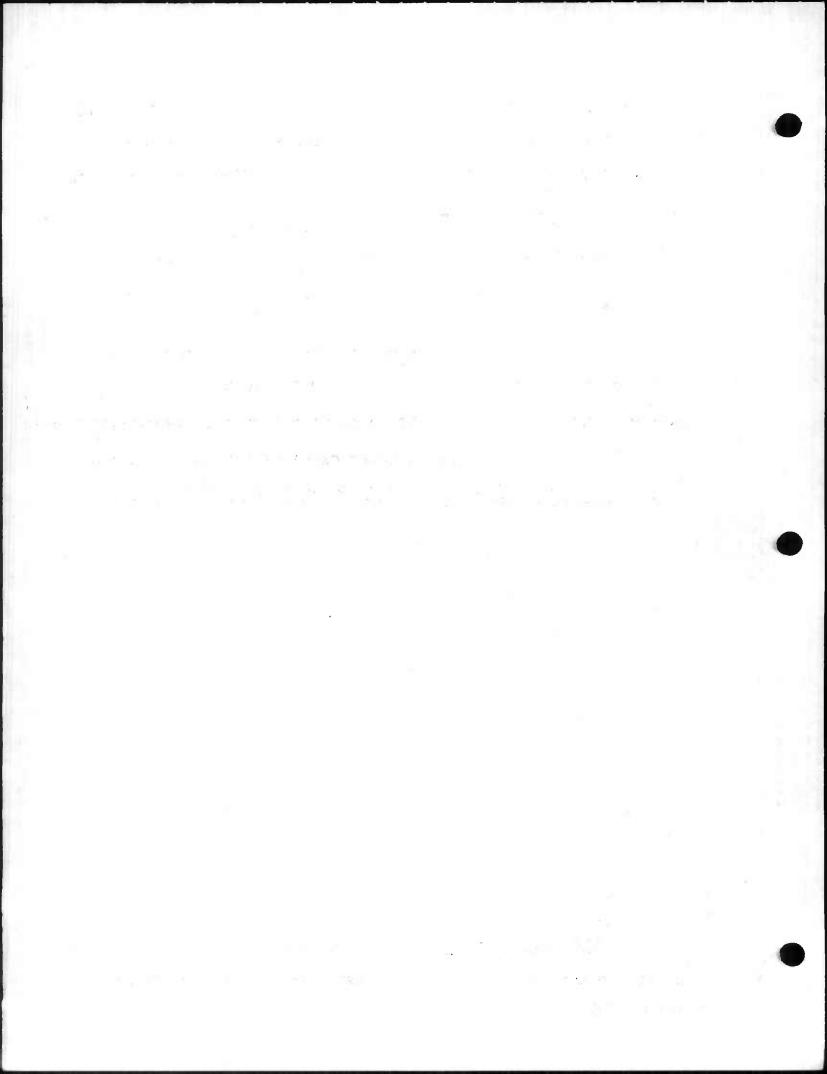
29c. License number

1) 12399

29d. Date signed (Month, Day, Year)

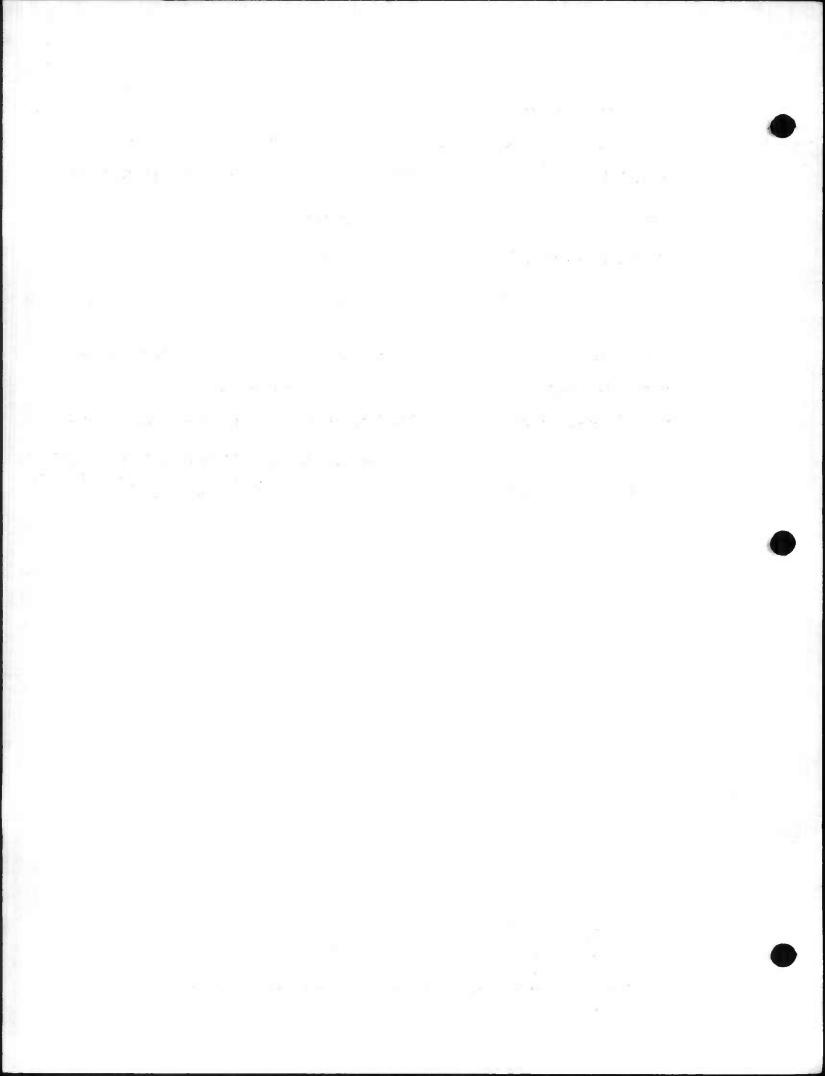
SOFTEMBER 9, 1996

State Registrar



State of Maryland / Department of Health and Mental Hygiene 96 27015

						Cert	ificate o	f Death		Reg. No.		-1010
	Dhuaia	lan.	Decedent's Neme (First, Middle, I	.ast)					2. Date of I	Death Dev	Year	3. Time of Death
	Physic /Medi		John E. Robinsor	111					Septen	ber 5, 1	L996	11:32 PM
	Exami		4e. Facility Name (If not institution, g					4b. City, Town,	or Location of Dec	th 4c. County	of Death	
			VA Maryland Heal					BALTI		1	I/A	
	Funeral Director		5. Social Security Number 6.  218-44-1215  Usual Residence of Decedent	Sex 7. Ag	e (In yrs. last i	Yrs.	Months Dey			tirth Dey, Year) 14 1948	9. Birthp Court MARY	place (State or Foreign ntry) LAND
	yland		10a. State 10b. County		10c. City, To	wn or Loca	ation				1	10d. Inside City Limits
	a-fa-f	tor	MARYLAND N/A			BAL	TIMORE	CITY				1 Xes 2 No
	th th	Funeral Director	10e. Street and Number				10f. Zip Code			10g. Citizen of	What Cour	ntry?
	23a	lai	1225 Ashland Av	enue			212	02		U.S.A	١.	
	terms	nue	11. Maritai Status	12. Wes Decedent Armed Forces?		13. W	es Decedent of Yes, specify Cu	Hispanic Origini ban, Mexicen, P	? (Specify Yes or huerto Ricen, etc.)	lo- 14. Re	ce - Americ	en Indian, etc.
21215-0020	filed within 72 hours after death with the Maryland Hygiene. ther then "natural", or items 23e or 28e-f show ont, the Medical Examiner must be notified at	by	1 💢 Never Merried 2 🗆 Married 3 🗆 Widowed 4 🗆 Divorced	1 M Yes 2 ☐ I If Yes, Give Yeer or Dates:	No	10	□Yes 2√N	o Specity:			y: BLA	
5-(	n 72 h "natu edical	Completed	15. Decedent's (Specify only highest g	Educetion rede completed)	16	(Give ki	nt's Usual Occ ind of work don	e during most of	working	16b. Kind of B	usiness/in	dustry
121	s within jiene. r then	mp	Elementary/Secondary (0-12)	College (1-4or 5	i+)		NOT use reti	· _			. 4 10-	
<b>d</b> 2	be filed vital Hygie d other i		12th grade 17. Fether's Neme (First, Middle, Las	st)		Was	te Remo		Name (First, Midd		nd Was	ste
an	o d is b	To Be	John E. Robinso	*					Warner	o, moroon oama	,,,,	
Maryland	d 2 should b th and Ments 7 is marked traumatic e	F	19e. Informant'a Name/Reletionship		15	9b. Mailing	Address (Stre		r Rural Route Nurr	ber, City or Town	, Stete, Zic	Code)
	nd 2 27 ls r tra		Sheila J. Savage	/Fiance					, Baltimo			
ore,	of Healt Nem 2		20a. Method of Disposition		20b. Place	of Disposit	tion (Name of story or other p		Date	20c. Location		
ī	Peges nent of int: If Its iry or o		1 Surial 2 □ Cremation 3 4 □ Donation 5 □ Other (Spec	□Removel from State		,		,	9-13-96	OWINGS	MILL	S, MARYLANI
Baltimore,	permit. Peges Department of I Important: If its any injury or of		21. Signature of Funeral Service Lic	epaté (	7			ress of Fecility		. BROWN	COMMI	UNITY F/H
	-	$\vdash$	23a. Part1. Enter the disease, or co	mplications that caused	the death. D	o not enter	the mode of d				1102	Approximate
N	Physician		shock, or heart failure. List on	y one cause on each iii	10.						į	Interval Between Onset and Deeth
Į.	/Medical		immediate Cause (Final disease or condition	Pancreat	itis						1	7 Days
	Examiner	U	resulting in death)	a. Tarrettat	Due to (or as	a conseque	ence of):				1	Days
	D #	iner	_								İ	
, 0,	death certificate be executed to attending physician and ad for use as the burial-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury	D	Due to (or as a consequence of):							
68760,	icete b physic s the b	Medical	that initiated events resulting in death) Last	C	Due to (or as a	conseque	equence of):					
×	leath certific attending pl	NW.		d								
Bo.	death e atte	Physician/	Part II. Other significant conditions	contributing to death by	st not requiting	in the cond	lashina aayaa i	rivin in Doct I	oah Di	d tabassa was sa	- And brooks As	o the cause of death?
Ö	ch the	hys	arti. Ottor algrinicant conditions	contributing to death bi	at not resulting	ill are ullu	enying cause (	pveil at Fait I.		Yes 2 No		bably 4 Unknown
S, D		by F								,,,,,		
Records,	requires been sign should be	pet								s an autopsy formed?	24b. W	ere autopsy findings
ecc	2 S S	pie							-		CO	mpletion of cause death?
	0 - 0	Completed							10	Yes 20 No	1[	☐Yes 2☐No
Vital	Physician: The this certificate al director, per	Be (	25. Was cese referred to medical examiner?					28. Place of	Death (Check onl)	one)		
6	Physician: this certific ral director,	ဥ	1 ☐ Yes 2 ☑ No	Hospital: 1 Inpatie		Dutpatient	3LI DOM		ng Home 5□Re	sidence 6 □Oth	ier (Specif	וע
n c	ding P. h. After t	Certification:	27. Menner of Death  1 ☑Natural 5 ☐ Pending	28a. Date of Injur (Month, Day	Year) 28b	Time of Injury	28c. Inj W		28d. Describe	how Injury occur	red	
Division	Attending r death. ector: Attei by the fune	Icat	2 Accident investigati 3 Suicide 6 Could not		Int. At home	farm street		JYea 2□No	29f Location	cation (Street end Number or Rural Route Number,		
Ď	or Attence after deati Director:	erti	4 ☐ Homicide determine	28e. Place of Inju- building, etc	(Specify)	iami, siree	it, lactory, onic			own, Stete)	er or nura	ii nodie Number,
	the Hospital hin 24 hours the Funeral npletely filled		29a. Certifier 1 Certifying P	hysician: To the best of	f my knowlede	ne. death o	ccurred at the	time date and n	ece and due to th	a cause(s) and m	anner as s	tated
	e Ho 1 24 h e Fui detely	edica	(Check only 2 Medical Exe	miner: On the basis of and manner ata	examination a	ind/or Inve	stigation, in my	opinion, death o	ccurred at the time	, date and place,	and due to	the ceuae(s)
	To the Hospital or Attending I within 24 hours after death. To the Funeral Director: Atter "completely filled in by the fune.	M	29b. Signature and title of cesetier	/11/			29c. Lice	nse number		29d. Dete signe	d (Month,	Day, Year)
	1		1 Chatral	Wh			PD	8635		09-0	169	6
	1		30. Name and address of person who	completed cause of de	eath (Item 23a	) (Type, Pr	int)	000		7-0	0 1	
_				elluo 11		enc	5+ 1	3altimo	re M	)		
	Sta	_	31. Date filed (Month, Day, Year)		r's Signature							
	Registr	ar	SEP 1 0 1996	Julia Davi	wor-han	delle						



-0020	
E, MARYLAND 21215-0020	
LAND	
ARY	
Σ	
MORE, N	
M	
75	
BALTI	
Z	
2	
	1
	ľ
9	
RECORDS, P.O. BOX 68760	
7	
6	
m	
o.	
Ö.	١
S	į
2	
0	
O	
æ	
AL	
H	6
>	
OF	The second secon
ONO	0
0	
S	-
>	-
O	0
_	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 74 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

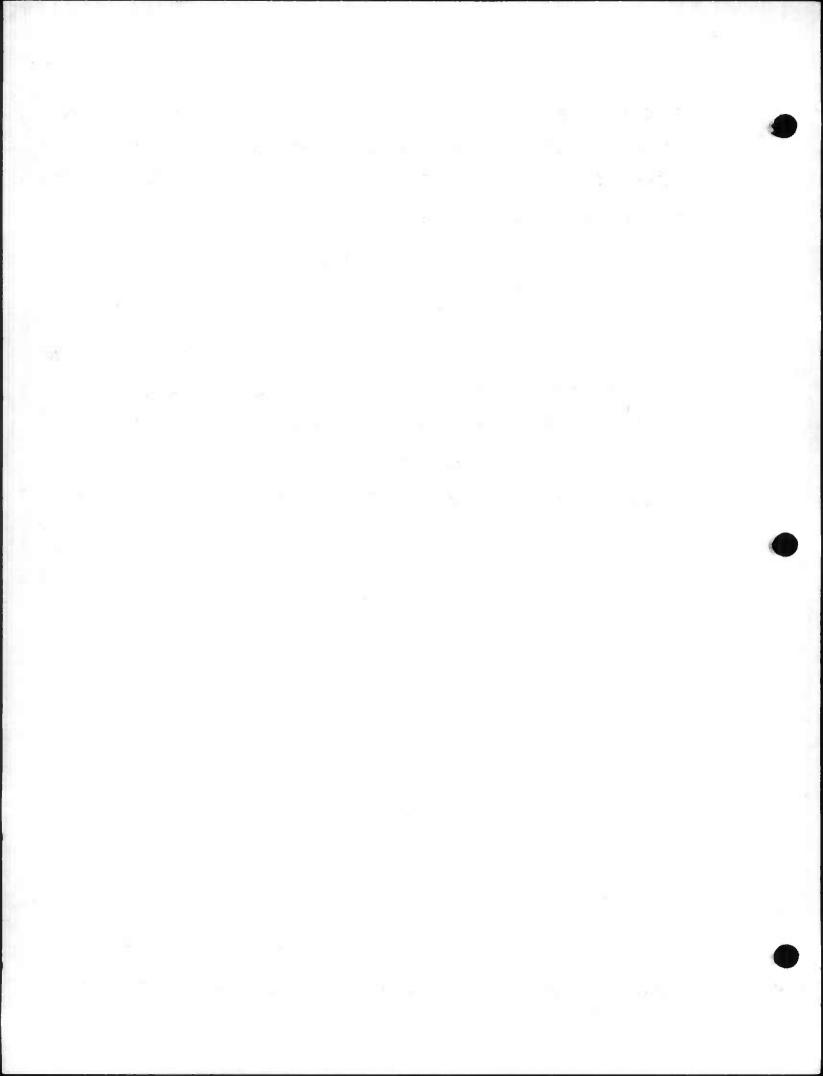
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL		MENT OF HEALTH AND	MENTAL HYGIEN							
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH					
	ERNIE Ennie	Keed			AUGUST	31 9	6:000M					
	4. SOCIAL SECURITY NUMBER				IF UNDER 24 HRS. 7. DATE-OF BIRTH 8. BIRTHPLACE							
	217-01-0482		O YRS.	NTHS DAYS HOURS MIN.	May 5, 1	Vac						
œ	9a. FACILITY NAME (If not institution, give s	OF DEATH										
DIRECTOR	MOVIEN NUrsing Home Baltimore NA											
EC	10e. STATE 10b. COUNT	Υ	10c. CITY, T	OWN OR LOCATION			10d. INSIDE CITY					
	Md NA		Ball	4 more			LIMITS?					
MAL	100. STREET AND NUMBER	. (1	/-	10f. ZIP CODE			OF WHAT COUNTRY?					
FUNERAL		imore Stree		2/27	3		1.5.4					
	11. MARITAL STATUS  1 Never Married 2 Merried	12. WAS DECEDENT EVER II FORCES? 1 YES	2 NO	13. WAS DECENDENT OF HISP If yes, specify Cuben, Max	PANIC ORIGIN? (Specify Ye ican, Puerto Rican, etc.)	s or No— 14. F	IACE — American Indian, Black, White, etc.					
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D.	ATES	1 TYES 2 NO Spe	edfy:	S	Black					
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	18e. DECEDENT'S US	UAL OCCUPATION done during most of working	16b. KIND OF BU	SINESS/INDUSTR	Y					
	Elementary/Secondary (0-12)	College (1-4 or 5+)	We. Do NOT use n	tired.)								
MP	Mth grade 1	VA	Un Known		unknown							
	17. FATHER'S NAME (First Middle, Last)			18. MOTHER'S	NAME (First, Middle, Meider	Sumame)						
BE	199, INFORMANT'S NAME (Type/Print)		105 MAN INC AD	DRESS (Street and Number or Run	e Hilen							
5	Singleton Agui	lla -Son	1810 0	1 1 11	Street	2.1						
	20e. METHOD OF DISPOSITION	206	PLACE AND DATE OF D			CATION — City o	Ure, H.d. 2/223					
	1 Burial 2 Cremation 3 Ram 4 Donation 8 Other (Specify)	ioval from State	lethery, crementary de copier I held Mill	M Park	9-690 R	anda	Us town Hed					
	21. SIGNATURE OF FUNERAL SERVICE LIC	PENBEE	, , ,	22. NAME AND ADDRESS OF			7171					
	* / Xala	March	_	March F. H.	Wishash.	Aug au	Ball will					
	23. PART   Enter the diseases, or a	complications that cause	tha death. Do not	anter the mode of dying, as	uch as cardiac or reap	iratory arreat,	Approximate					
	IMMEDIATE CAUSE (Final	List only one cause on e	ech line.	00	0.0	. /	Interval Between Onset and Death					
	disease or condition resulting in death)	Suamou	a all	/ Carcinon	na of the	Nose.	3 MONTHS					
		DUE TO (OR AS A	CONSEQUENCE OF):		1/							
ERTIFICATION	Sequentially list conditions,	bDUE TO (OR AS /	CONSEQUENCE OF):		/	<u> </u>						
Ä	if any, leading to immediata cause. Enter UNDERLYING				1		i I					
	CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS A	CONSEQUENCE OF):									
	resulting in death) LAST	d										
ַ כ	PART if. Other aignificant condition	na contributing to death b	ut not reaulting in t	he underlying cause given i	in Part I. 24a, WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS					
<u>8</u>	ASCVD	^			PERFO	RMEO?	AMILABLE PRIOR TO COMPLETION OF CAUSE					
MED	Dement	tiù			1 TYES	- CONTO	DF DEATH?					
	DID TOBACCO USE CONTI	RIBUTE TO CAUSE O	F DEATH YES	□ NO □ UNCERTA	IN B							
HYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEATH (									
YSI	1   YES 2\   M6	1 Inpetient 2 ER/Outp	etlent 3 DOA	THER: Nursing Home 5 - Residence	e 8 ☐ Other (Specify)							
	27. MANNER OF DEATH  1 Natural 5 Pending	(Month, Day, Year)	28b. TIME O	WORK?	28d. DESCRIBE HOW	NJURY OCCURED						
BY	2 Accident Investigation	28e. PLACE OF INJURY	— At home form etra-	T TES 2 NO	201   0017 011 (0		12.35 Ac.					
	4 Hamicide 8 Could not be	building, etc. (Spec	Hy)	n, rectory, office	28f. LOCATION (Street City or Town, Stete)	and Number of Hu )	TEI MOUTE NUMBER,					
4	29e. CERTIFIER CERTIFYING PHYSI	ICIAN: To the heat of my know	lades death assumed a	t the time, data and piece, end de								
COMPLET				n my opinion, death occured at the			se(s) and manner as stated.					
- 11	296 MGNATURE AND TITLE OF CERTIFIE	11-1	20	29c. LICENSE N								
D D	gredui S.	Juli	2/11/1	7	2645	▶ Q/	S 19/a					
۲	30. NAME AND AGORESS OF PERSON WH	O COMPLETEO CAUSE OF OE	ATH (ITEM 27) (Type, Prin	10	-413	1/	114					
- 1	10 4/10 1/1 ( (	01/10	1 7 -7	1 11 . 1 1 1	1 - 1	A / AA	f					
	TREDRIC S.	Sirkis N	1115,715	1 HOLABIRS	AVE, 134	1670.M	5,21222					
	31. DATE FILED (Month, Day, Year) SEP 1 0 1996	22. RECUSTRAR'S SIGN		HOLATSIRS	AVE, BA	1270. VM	5.21222					

State of Maryland / Department of Health and Mental Hygiene 96

						Certific	ate of	Death		1	Reg. No.		
П	Dhuais		1. Decedent's Neme (First, Middle, La	est)					2	Data of Dec	eth	Yaer	3. Tima of Death
7	Physic /Medi Exami	cal	CHARLES G. RUSSE 4a. Facility Nema (If not Institution, gir					4b. City, To		SEPT		1996	4:00 A.M.
	Funeral Director		212-36-4073	ER, FORT HO	WARD, I (In yrs. last bi	MD 210 inthdey) If Un Yrs. Mont	der 1 Yaar	If Under	Min.	Data of Birt (Month, De	BALTI h y, Year)	MORE 9. Birthp Cour	elece (Stete or Foreign http://
	enyland show		Usual Rasidence of Decedent  10e. Stete 10b. County		10c. City, Tov	vn or Location							0d. Inside City Limits
	he Mery	Director	Maryland Baltin	more	Cat	onsvil							1 ☐ Yes No
	23a or 2	ral Dir	10e. Street and Number 14 Sanford Av	enue		10f.	Zip Coda 2122	2.8			10g. Citizen of N	Whet Cour	ntry?
21215-0020	filed within 72 hours after deeth with the Menyland Hyglene. ther than "natural", or itema 23a or 28a-f show ord, the Medical Exeminer must be incitized at	by Funeral	11. Merital Stetus  1 ☒ Never Married 2 ☐ Married  3 ☐ Widowed 4 ☐ Divorced	12. Was Decedent E Armed Forces? 1 X Yas 2 □ No If Yes, Give Yeer or Detes:		_	specify Cub	Hispanic Ori van, Mexicar Specify:	gin? (Specif n, Puarto Ric	y Yes or No- an, atc.)	Specify	e - Americ ck, White, v: Wh	
5-0	72 ho	Completed	15. Decedent's E (Specify only highest gro	ducation ade completed)		Decedent's U (Give kind of life. DO NO	suel Occu work done	pation during mos	t of working		16b. Kind of B	usiness/In	dustry
121	d within jiene. r then	duc	Elementery/Secondary (0-12)	College (1-4or 5+	·) T:	'#6. DO NO ruck I					Commer	cial	Business
P	be filed with tal Hygiene. d other than event, the	Be Co	17. Fether's Neme (First, Middle, Last	)				18. Mothe	er's Neme (F		Meiden Surnan		Dubilles
Maryland		TOB	Glenn H	. Russell					Elois	e W	hite		
Mar	and and		19e. Informent's Neme/Reletionship (Eloise W. Wilse	Type, Print)							er, City or Town,		
	Heelin 2		20a. Method of Disposition	on/motner		4 Sanf		Ave.	1	onsv:	ille,		
nor			1 ☐ Burial 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Spacia		cemete	ry, cremetory	or othar ple	,	1				
Baltimore,	permit. Peges Department of Important: If it any injury or once.		21. Signature of Funaral Service Lice		McDona]	Cremat Ld 22. Nome Crem	end Addr	n So	y ciety	of 1	Balt Maryla	nd.	e, MD Inc.
	Physician		23a. Part1. Enter the disease, or corr shock, or heert feilure. List only	plicetions thet caused t	he deeth. Do	499	rred	eric	к коа	d Ba	altimo:	re,	MD 21228 Approximate Interval Between Onset and Death
	/Medical Examiner	J	fmmediate Cause (Finel diseasa or condition resulting in deeth)	e. RESPIRA		RREST consequence	of):					M	IINUTES
ox 68760,	s certificate be executed inding physician and use as the burtal-banait	v/Medical Examine	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in death) Last	C	oue to (or es e	consequence of	of):	TASTI	SIS			7	YEARS
. Bo	atta for	iciar	Pert II. Other significant conditions of	ontributing to death but	not requiting i	n the underhin		uan In Dari I		22h Did i			the same of death 0
P.0	that the and by th detach	by Physician	rotti. Other algrinicati conditions t	onthouting to death but	not resulting t	in the underlyin	g cause gr	ven in Per i		23b. Did tobacco use contribute to the cause of dee  1 Yes 2 No 3 Probably 4 Unkn			
Records,	e law requires has been signi ge 2 should be	Completed b						-		24a. Wes perfo	en autopsy rmed?	av	ere sutopsy findings allable prior to mpletion of cause deeth?
a	를 즐 뿐									101	as 210 No	10	Yes 2 No
Vital		To Be	25. Wes case referred to medical exeminer?  1 ☐ Yes 2 ☐XNo	Hospitel: 1 Zinpatlen	t 2□ER/0	uto otlant 20	DOA Ot	her:		check only o			
on of	After the		27. Menner of Death  1	28e. Dete of Injury (Month, Dey		Time of Injury	28c. Inju	4 LI NU	280	Home 5 Residence 8 Other (Specify)  28d. Describe how injury occurred			7)
Division	Die de	Certification:	3 Suicide 6 Could not be determined	28e. Plece of Injur building, etc.	y - At homa, fa (Specify)	arm, street, fec	tory, office		28f	Location (S City or Tox	Street and Numb m, Stete)	er or Rura	il Routa Number,
	e Hospital n 24 hours a le Funeral D pletely filled	edical (	29e. Certifler (Check only one)	ysician: To the best of niner: On the basis of a end mennar state	xaminetion en	e, deeth occurr d/or investiget	ed et the ti ion, in my	me, dete an opinion, deal	d plece, and th occurred	due to the det the time, d	cause(s) and me date and piece,	ennar as s' and dua to	ated.  tha cause(s)
	To the within 7 To the comple	Ň	29b. Signeture end title of certifiar	4.	4 ~	3	29c. Lican:	sa number			29d. Date signe	d (Month,	Day, Year)
-	\	1	Chands	orlada	Raya		04	524	14		9/9	19.	6
0	1	4	30. Neme and eddress of person who				יסת יחיו	/D EV	ייסון ידים	JADD	MADVI AN	n 21	.052
	Sta Registr	22000	CHANDRAKALA RAJ. 31. Dete filed (Month, Dey, Yeer)  CP 1 0 1996	A, M.D. 90	pondali	TU POTI	IT KU	<b>ம,</b> r∪	KI NO	WARD,	MARYLAN	رک لا	.0)2

DHMH 16 Rev 6/95



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9/10/96 t.t Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Dete of Deeth Month **Physician** Reese Donnell SEPTEMBER 11:20 PM /Medical 4a. Facility Name (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Baltimore Johns Hopkins
5. Sociel Security Number Hospita Baltimore N/A | If Undar 1 Yeer | If Undar 24 Hrs. | 8. Deta of Birth (Month, Day, Year) | Hours | Min. | HAY 12, 1959 9. Birthplaca (Stata or Foraign 7. Aga (In yrs. last birthday) **Funeral** 1⊠M 2□F 217-78-2025 37 Yrs. Director MARYLAND Usuei Rasidance of Decedant with the Meryland 10a. State 10b. County 10c. City, Town or Location 10d. Insida City Limits 7 is marked other than "natural", or items 23s or 28s-f show traumatic event, the Medical Examiner must be notified at 1 X Yes 2 No Director MARYLAND BALTIHORE BALTIMORE 10e. Street and Number 10g. Citizan of What Country? permit. Pages 1 and 2 should be filed within 72 hours after death v
Department of Heelith and Mental Hygiene.
Important: If fem 27 is marked other than "natural", or items 23a
any injury or other traumatic event, the Medical Exercise. AVENUE 21216 1121 WHEELER 14. Reca - Amarican Indien, Bieck, Whita, atc. Funeral 12. Wes Dacedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuben, Mexican, Puarto Ricen, atc.) 11. Maritai Status 1 Yes 2 No If Yas, Giva Yaar or Datas: 1 Nevar Married 2 Married Baltimore, Maryland 21215-0020 1 Yas 2 No Specify: à Specify: BLACK 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work done during most of working lifa. DO NOT use ratired) 15. Decedent's Education (Specify only highast grada complated) 16b. Kind of Business/Industry Eiamantary/Secondary (0-12) Collage (1-4or 5+) 12++GRADE MAINTENANCE RESTAURANT 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maiden Sumama) REESE LENA PERCY 2 19a. informant's Name/Ralationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) WILLSTON STREET REESE PERCY BALTIHORE, Mp. 21229

20c. Location - City of Town, Stata 4702 20b. Place of Disposition (Nama of cematery, cremetory or other place) 20a. Method of Disposition

12 Burlai 2 Cramation 3 Removel from Stata Data 9-12-96 BALTIHORE, MARYLAND 4 ☐ Donation\_5 ☐ Othar (Specify) MT. ZION CEMETERY 21. Signature of Fundral Service Licensee JOSEPH H. BROWN JR. FUNERAL HOME, P.A. 2140 N. FULTON AVE., BALTIMORE, MD. 21217 23a. Part1. Enter the disaasa, or complications that ceused the deeth. Do not enter the mode of dying, such es cardiec or respiretory errest, shock, or haart failura. List only one cause on each line. Approximete Intarval Between Onset end Death **Physician** /Medical Immediata Causa (Final disaasa or condition rasulting in death) Alcoholic Examiner Dua to (or es e consequance of) Examiner 12 days attending physician and for use es the burlef-transit that the death cartificate be executed Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that initiated events rasulting in death) Last Division of Vital Records, P.O. Box 68760, Hepatorenal syndrome Physician/Medical ed by the al Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? been signed by should be detect 1 Yes 2 No 3 Probably 4 Unknown ð Completed 24a. Was an autopsy performed? 24b. Wara autopsy findings available prior to completion of cause of death? hes 1 ☐ Yes 2 No 1 ☐ Yes 2 No Attending Physician: 25. Wes casa rafarred to medicel examinar? 26. Placa of Death (Check only one) Hospital: Other: 4 Nursing Homa 5 Rasidance 6 Other (Specify) 1□ Yas 2 No 1⊠ inpatiant 2□ ER/Outpatient 3□ DOA this funeral 28a. Date of injury (Month, Day Year) 27. Manner of Death Certification: 28b. Tima of 28d. Dascribe how injury occurred 28c. injury et Work? After 1 Naturai 2 Accident 5 Pending To the Hospital or Attendit within 24 hours after deeth. To the Funeral Director: A/ 1 Yes 2 No invastigation filled in by the 6 Could not be datarmined 3 ☐ Suicide Place of injury - At homa, farm, street, factory, office building, atc. (Specify) 28f. Location (Streaf and Number or Rural Route Number, City or Town, State) 4 Homicida 29a. Certifian 12 Certifying Physician: To tha best of my knowledga, daath occurred at tha tima, data and place, and due to tha cause(s) and mannar as stated.

2 Madical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the ceuse(s) and manner stated. Medical 29b. Signature and titla of certifier 29c. Licansa number 29d. Dete signed (Month, Day, Year) David Ryn, MD NISOL September 8, 1996 30. Nama and addrass of person who complated ceuse of death (itam 23a) (Type, Print) David R. Yu, Johns Hopkins Hospital, Baltimore, Tower 110 MD,

DHMH 16 Rsy 6/95

State

Registrar

31. Dete filed (Month, Day, Year)

0 1996

32. Registrer's Signeture

Jaki Studen Rardall

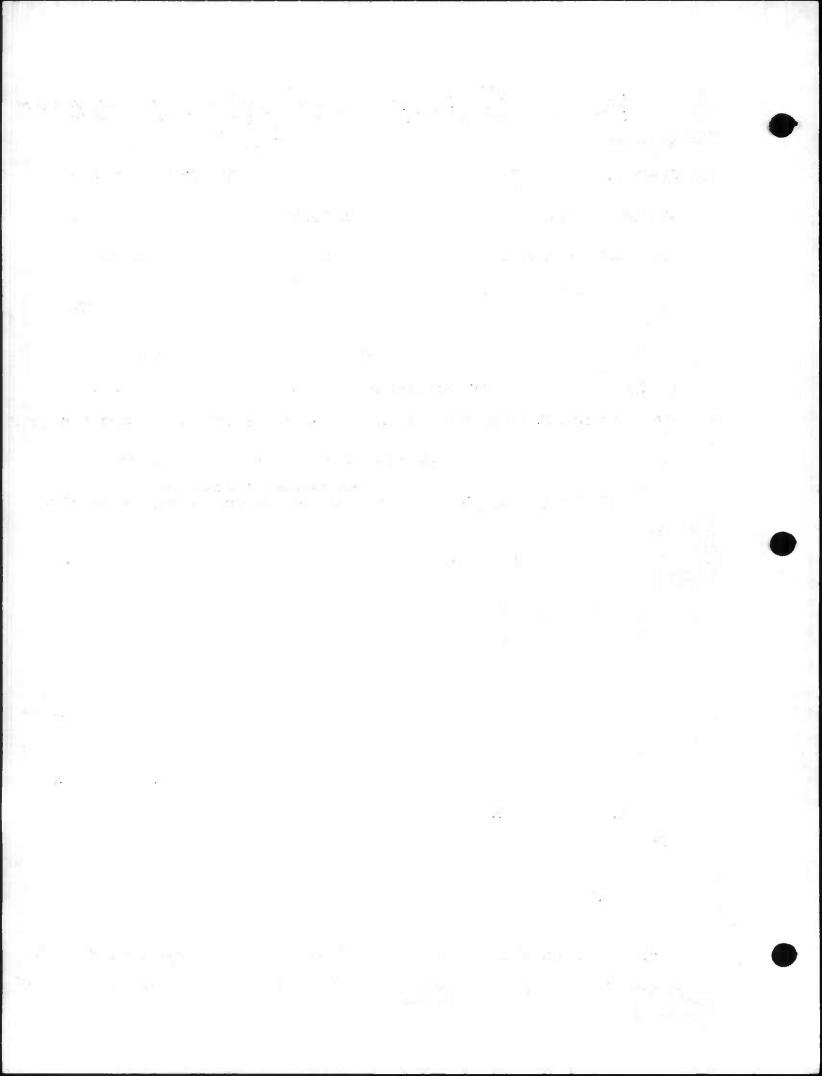
age following a series, and the series of the 

State of Maryland / Department of Health and Mental Hygiene 06

27019

						Certificate	of Death		Reg. No.	0 21013
	Physic /Medi Exami	cal	Decedent's Name (First, Middle, La	e Shu	hec	70/2	JSKaux	2 Date of De Month	Day Day	3. Time of Death
	Exami	101	LEVINDALE				BALTI	MORE	N/	
	Funeral Director		5. Social Security Number 6. S 213-39-3088		yrs. lest birt 55	thday) If Under 1 Months Yrs.	Year If Under 24 Hrs Days Hours Min.	(Month, Da	12,1940	Birthplace (State or Foreign Country)     UKRAINE
	Maryland a-f ahow	ctor	10a. State 10b. County N/A	100	. City, Towr	or Location	LTIMORE			10d. Inside City Limits 1 🛣 Yes 2 □ No
	ath with th	rai Director	10a. Street and Number 3913 CLARKS LANE,	APT. D		10f. Zip (	215		10g. Citizen of V UKR	Whet Country? AINE
21215-0020	within 72 hours effer death with the Maryland ene. than "natural", or items 23s or 28s-f show he Medical Exeminer must be notified at	by Funeral	11. Maritel Stetus  1 X Never Married 2  Married 3  Widowed 4  Divorced	12. Wes Decedent Ever Armed Forces?  1 Yes M No if Yes, Give Year or Dates:	in U,S.	13. Was Decede If Yes, specif	ent of Hispanic Origin? (S fy Cuban, Mexican, Puer XNo Specify:	pecify Yes or No to Rican, etc.)	Specify	e - American Indian, k, White, etc. :: WHITE
5-0	72 hours natural',	Completed	15. Decedent's Ed (Specify only highest gra	Jucation (de completed)	18a.	Decedent's Usual (Give kind of work	Occupation done during most of wo	rkina	16b. Kind of Bu	siness/Industry
121	d within plene. r then	mpl	Elementary/Secondary (0-12)	College (1-4or 5+)			done during most of wo		170177	
	be filed with ntel Hygiene. od other than event, tre.		17. Fether's Name (First, Middle, Last)			NONE	18. Mother's Na	me (First Middle	NONE Meiden Surnam	
lan	S d e	To Be	LABE		GOLEV	SKAYA	GOLDA	A. 1717000		ELDENA
, Maryland	i and 2 should be filed Heelth and Mentel Hygi tem 27 is marked other other traumatic evant, g	_	19a. Informent's Name/Relationship (				Street and Number or Ru HEIGHTS AV		er, City or Town,	
Baltimore,	90 - 2		20a. Method of Disposition 1 ☐ Buriai 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specifi	Removal from State	cemeter	Disposition (Name y, crematory or off CIMORE HE	er place)	Dete -1996		City or Town, State  MORE, MD
Balt	permit. Peg Department Important: I any injury o		21. Signature of Funeral Service Licen	e Levin	Se		Address of Facility Levinson eisterstown			e, MD 21208
۰	-		23a. Pert1. Enter the disease, or companies, or heert fallure. List only	plications that caused the cone cause on each line.	death. Do n	and the first of the best of the party of th				Approximate Interval Between
	Physician /Medical Examiner		Immediate Cause (Final disease or condition resulting in deeth)	u		Breasonsequence of):	st Cance	_		Onset and Death
	D #	iner	_		io (oi as a c	orisequence orj.				
60,	requires that the death certificate be assecuted seen signed by the attending physician and hould be detached for use as the buriel-transit	ai Examiner	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury	Due t	to (or es a c	consequence of):				
Box 68760,	eath certificate attending phys i for use as the	n/Medical	that initiated events resulting in deeth) Last	Due t	o (or as e c	onsequence of):				1
m.	death e atter	Icia	Part II. Other eignificant conditions or	ontributing to death but not	resulting in	the underlying car	use civen in Part I	23h Did	tohacco usa cor	ntribute to the cause of death?
s, P.O	es that the de gned by the a be detached	by Physician/		An industry to doubt not	Todaking in	ulo uldollyrig cal	use given in rait i.		Yee 2□No	
Vital Records,	2 S C	Completed							an eutopsy ormed?	24b. Were autopsy findings available prior to completion of cause of death?
=	The ata h	Con						10	Yes 2 No	1 ☐ Yes 2 No
Vita	ician: The certificata rector, pag	Be	25. Was case referred to medical examiner?	1fa ashati				ath (Check only	one)	
of	Phys ral di	tion: To	1 Yes 2 No  27. Manner of Death 1 Natural 5 Pending investigation	28a. Date of Injury (Month, Day Yea.	28b. T	ima of jury M	other: 4 Nursing I		dence 6 Other	
Division	i or Attending after deeth. Director: After d in by the fune	Certification:	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined		At home, far			28f. Location ( City or To		er or Rural Route Number,
	A Property	edicai C	29a. Certifier (Check only one)  1 Certifying Physics 2 Medical Example	yelclan: To the best of my niner: On the basis of exam and menner stated.	knowledge, ninetion and	death occurred at l/or investigation, is	the time, date and place n my opinion, death occu	, and due to the irred at the time,	cause(s) end ma dete and piece, s	nner as stated. and due to the cause(s)
	( P. P. P. )	Σ	29b. Signeture end title of certifier				License number		-	i (Month, Day, Year)
	$\checkmark$		Nelsa S/1/2	20 homes	NO	D	23767		Septem	ber 4, 1996 Ho. Nd 21215
	/		30. Name and address of person who	completed cause of death (		Type, Print)	1101	1 - 1	, 0	11 01 '-
			DEBRAS WER  31. Date filed (Month, Day, Year)	THEIMER	120 m	2434	wi Delves	we th	ie, Da	100.11A 21215
	Sta Registr		SEP 1 0 1996	Julia 30 HANNERS	harland					

DHMH 16 Ray 6/95



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Manyland / Department of Health and Montal Hydiona

State of Maryland / Department of Health and Mental Hygiene 9/10/96 t.t Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** RACHEL SCHWAB SEPTEMBER 4,1996 7:02 pm /Medical 4e. Fecility Neme (If not institution, give streat and number) 4b. City. Town, or Location of Death 4c. County of Deeth **Examiner** 11 SLADE AVE., APT. 608 BALTIMORE BALTIMORE If Undar 1 Year | If Undar 24 Hrs. | Months | Devs | Hours | Min. | 5. Social Security Number 7. Aga (In yrs. lest birthday) 8. Data of Birth (Month, Day, Year) MAY 29,1910 Birthplece (State or Foreign Country) Deys 1□ M 2□ F 213-48-5856 86 Yrs Director PENNSYLANIA Usuel Residance of Decadent 10e Stete 10b. County 10c. City, Town or Location 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Exantiner must be notified at 10d. Inside City Limits MARYLAND BALTIMORE BALTIMORE 1 ☐ Yes 2 No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 11 SLADE AVE., APT. 608 21208 USA Funeral 12. Was Decedent Evar in U,S. Armed Forcas? 1 ☐ Yas 2 ☐ No If Yes, Give Yeer or Detes: 13. Was Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Maxicen, Puerto Rican, atc.) 14 Race - American Indian Bleck, Whita, atc. 72 hours after 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: by Specify: 3 XWidowed 4 ☐ Divorcad WHITE Completed Decedent's Usuel Occupation
 (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry should be filed within 7: and Mental Hygiene. Elementery/Secondery (0-12) College (1-4or 5+) HOMEMAKER OWN HOME permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: If Item 27 Is marked other any Injury or other traumatic event ponce. 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middla, Maidan Sumame) **ISRAEL** PECHTER BESSIE HUNT 19b. Meiling Address (Street and Number of The House Number, City or Town, State, Zip Code)

1312 LAUREL POINT CIRLOR HARRISBURG, PA. (17110) 19e. Informent's Neme/Relationship (Type, Print) MR. ISRAEL SCHWAB (SON) 20b. Pleca of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stata 1 Burial 2 Cremetion 3 Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) BETH EL 9-6-1996- HARRISBURG, PA. 21. Signeture of Funerel Service Licansea 22. Name and Addrass of Facility
Sol Levinson & Bros. Inc 8900 Reisterstown Road Pikesville, MD 21208 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiretory arrest, shock, or heart feilure. List only one cause on each line. Approximete Intervel Between Onset end Death Physician /Medical Immediate Cause (Final Cardio pulmonary Arrest
Due to (or es e consequenca of): disease or condition resulting in deeth) Examiner Cardiac Sequentielly list conditions, if eny, laading to immediate causa. Enier Undarlying Ceuse (Diseese or Injury thet initieled events resulting in death) Last Due to (or es e consequence of) certificate be exec Box 68760. Plys He Due to (or es a consequance of). P.O. Pert II. Other significent conditions contributing to death but not resulting in the underlying causa given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yss 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Division of Vital Records, ģ 3 24a. Wes en eutopsy 24b. Were autopsy findings available prior to completion of cause of death? 1 Yes 20 No. 1 ☐ Yas EN No. 25. Wes case referred to medical Be 28. Place of Death (Check only one) 1 ☐ Yes 2 No Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetlent 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 12 28e. Dete of injury (Month, Dey Year) 27. Menner of Deetl 28b. Time of 28d. Describe how Injury occurred 28c. injury et Work? Ather Attending 5 Pending Investigation Neturel Applies or Attendi 24 hours after death Funeral Director: A 1 Yes 2 No 2 Accident 4 6 Could not be determined **♂**□ Sulcide 28e. Pleca of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) Z 4 Homloide To the despitation within 24 hour To the F 29e. Certifier Certifying Physician: To the best of my knowledge, deeth occurred at the time, date end place, and due to the cause(s) and menner as stated.

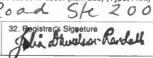
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated. Medical one) 29b. Signatura and titla of certifier 29c. Licansa number D0050414 30. Name end eddress of person who completed cause of deeth (Item 23a) (Type, Print)

State Registrar

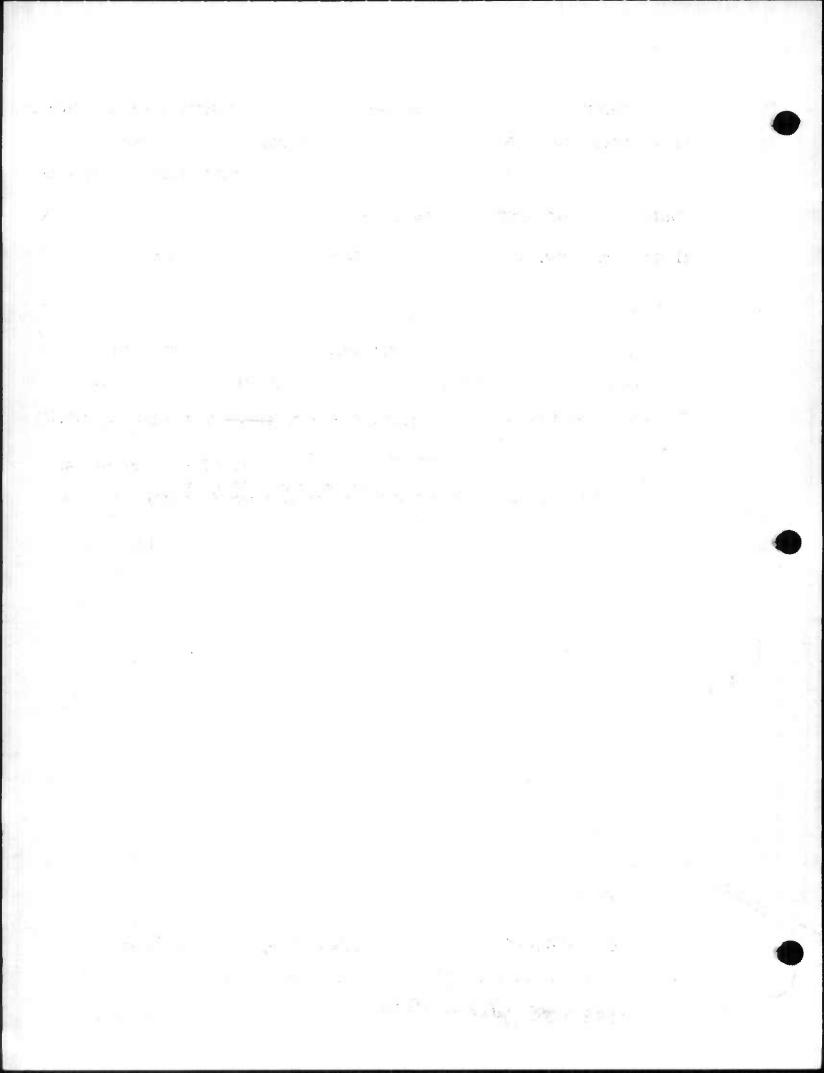
SEP 1 0 1996

31. Dete filed (Month, Dev. Year)

10755 Falls Road



Lutherville, MD



State of Maryland / Department of Health and Mental Hygiene

27021

						Ce	rtiticat	e or	Deatn			Reg. No.		- 102		
П	Physic	ian	1. Decedent's Nama (First, Middle								2. Data of De		Vaar	3. Time of Death		
	/Medi		PAUL	SALT	CZMAN						SEPTE		JPPI .	12:268		
	Exami	ner	4a. Facility Nama (If not institution		imber)			3	4b. City, To	wn, or Lo	ocation of Death	4c. County	of Death			
			STELLA MARIS HO	SPICE					TOW				ALTIM	ORE		
	Funeral		5. Social Security Number	6. Sax 1	7. Aga (In y	rs. last birthday)	Months		If Undar	24 Hrs. Min.	8. Data of Birt (Month, Da	7, 1908	9. Birthp	piaca (Stata or Foreign		
	Director		110-03-6593	X 2		88 Yrs.					MAY 1	7, 1908	BRC	OKLYN, N.		
	D		Usuai Rasidence of Decedant  10a. Stata 10b. County		10c.	City, Town or Lo	cation						1	Od. insida City Limits		
	xurs atter death with the Maryland ref., or heme 23e or 28e-f show Examiner must be notified at	Director	MARYLAND	BALTIMOR		OWING	S MII							1 Yas 2 No		
	fi 8 g	늄	10e. Street and Number  5—C REGALIA COU	יתסוו			10f. Zip	Code				10g. Citizan of \	What Coun	itry?		
	4 2 m	Funeral			adan Sun In	110				1.0.40		USA				
		5	11. Marital Status  1 Navar Married 2 Marr	Armed F	edant Evar In orces?	10,5.	f Yas, spec	cify Cubi	an, Maxican	, Puarto	ecify Yas or No Rican, atc.)		e - Amaric ck, Whita,			
20	hours after hursif, or its al Examins	by F	3 Widowed 4 Divorced	If Vas Gi	iva		1 ☐ Yas	2 No	Specify:			Specify	<i>/</i> :	WHITE		
ş	2 3 2	8	15. Decedant	Tual of E	Jaias.	16a Decer	lent's Usua	al Occur	nation			16b. Kind of B				
15	in 72 nation	olet	(Specify only highes	st grada completed)		(Giva	kind of wo	rk dona	oation during most d)	of worki	ing	TOD. KING OF DI	usiriass/iric	Justiy		
212	within lene. Then the Mes	Completed	Elementary/Secondary (0-12)	Collega (	1-4or 5+)		INT	CERIC	OR DEC	CORA	TOR	STOR	E			
P	Had the	Be C	17. Fathar's Nama (First, Middla,	Last)								Maidan Suman	78)			
Maryland 21215-0020	thould be id Mental marked o matic evi	ToB	SOLOMON		SI	LTZMAN				TI	LLIE	S	ILVEF	3		
a <sub>7</sub>	2 should and Mer is marks aumatic	-	19a. Informent's Name/Ralations	hlp (Type, Print)	-	19b. Mellin	ng Address	(Street	and Numbe	r or Rura	al Routa Numbe	er, City or Town,	Stata. Zip	(Code)		
	and 2 halfh a n 27 is er tra		MRS. EDITH SALT	ZMAN (WTE	( सर	i						, MD 21				
e,	- I I I		20a. Method of Disposition		20b	. Place of Dispo	sition (Nan	na of		1110	Data	20c. Location -		wn, Stata		
E	Pages nant of net: If Its my or o				Stata					x - !	9-6-96-	RANDAL	LSTOW	IN, MD		
Baltimore,	permit. Pa Department Important: any injury socs.		Burial 2 Cramation 3 Ramoval from State  4 Donation 5 Other (Specify)  BETH EL MEMORIAL PARK 9-6-96 RANDALLSTOWN, MD  22. Name and Address of Facility  Sol Levinson & Bros., Inc.													
			23a. Parti. Enter Vie diseasa, or		ser	8 CM							e, MD	21208		
			sheet, or hard fallure. List	only one cause on a	aach lina.	MIII. Do not ant	ar tha mod	a of cryin	ng, such as	cardiac d	or raspiratory ar	rest,		Approximata Interval Between Onsat and Death		
	Physician /Medical		Immediate Causa (Final	1.13	110	1111	0							2		
	Examiner		disaasa or condition rasulting in daath)	a	106	CANC								2 months		
		i i	,		Dua to	(or as a consec	uence of):						1			
	nsit	듣		b									-			
_6	cartificate be executed ding physician and use as the buriel-transit	Examiner	Sequentially list conditions, if any, leeding to immadiate causa. Entar Undarlying Causa (Disaase or injury		Dua to	(or as a consec	uence of):									
68760,	siciar buri		Causa (Disaase or injury that Initieted evants	c									- 1			
68	ficate phy	n/Medical	rasulting In death) Last		Dua to	(or as a consaq	uance of):									
X			1	d												
Ď	seath of for	Physicia	Part II Other eignificant condition		anth hut ant a			t	willia Dalas		001 011					
P.0	the cay the ache	hys	Part II. Other significant conditio	ne contributing to o	eath but not r	esuiting in tha u	ndariying c	ausa giv	an in Parti.		14			the cause of death?		
	that ned t	by P									1/2	Yes 2□ No	3 Prot	bably 4 Dunknown		
of Vital Records,	v requires that the death been signed by the ette should be datached for										24a. Was	an autopsy		ara autopsy findings		
8	- LI 6)	Completed									perfo	rmed?	COL	allable prior to mpletion of cause		
Re	The lew ate hes b page 2 si	m										\ A.		death?		
a	Iclen: The		05.11								101	as No	1	Yas 2□ No		
5	Physicien: this certific	o Be	25. Was casa rafarred to medical axaminar?	Hospital:				Oth	ar		(Check only o					
of	Phys ral di	<b>-</b>	1 ☐ Yas 2 No 27. Mannar of Death	28a. Data		☐ ER/Outpatien 28b. Time of		/A	4 LI NUI					HOSPICE		
o	After funer	tion	1 Natural 5 Panding	(Mon	th, Day Year)	Injury	M	8c. injur	k? Yas 2∐h		200. Dascribe i	ow Injury occur	ed			
S	Attending or deeth.	Ica	3 ☐ Suicida 6 ☐ Could n	ot be	of Injune . At	home form etc			185 2 1		29f Location /6	Street and Alumb	or or Pure	l Route Number.		
Division	i or Attend effer deeth Director: / d in by the i	Certification:	4 ☐ Homicida datarmi		ng, etc. (Spe	homa, farm, str cify)	eet, ractory	, onice		(	City or Tox		er or nura.	r Houte Number,		
	Hospital 24 hours Funeral etely filled		29a. Certifiar K Certifying	Physician: To the	hact of my k	noudodes death	annumed :	na abo alm	no doto one	d minon o				-1-4		
	To the Hospital or Attent within 24 hours effer deet To the Funeral Director: completely filled in by the	edicai		g Physician: To the Examinar: On the band man	asis of axami	nation and/or inv	astigetion,	in my o	pinion, deat	h occurre	ed at tha tima,	date end place,	end dua to	tha causa(s)		
	To the within 2 To the comple	¥	29b. Signatura and titla of certifiar	- TO 111011	a. oranidi		290	. Licans	a number			29d. Data signe	d (Month. I	Day, Year)		
	⊢ s ⊨ ŏ		De da no	OF.	, O 02.	04	7		564	1-2		911	101	2,		
	15		7 mal	- Cu		ems.	J.	<i>-</i>	- W	12		74	146	)		
•	1/2		30. Nama and address of person v						maria			,				
-6	0.		DR. KENDALL FAU	Suna cour	OU DUL	ANEY VA	LLEY_	KD.	TOWS	JN, 1	MD_2120	4				
	Sta Registr	_	31 2 E Por (Mon 1996 Year)	0	- gentar S CO	Haluid										

MA -- In the second 4\* singles" in the second of the "use of the

State of Maryland / Department of Health and Mental Hygiene

96

27022

-							Ce	rtificate	e of	Death			Reg. No.		
	Physic	ian	1. Decedent's Ner	ne (First, Middle, L		101170	70 870					2. Dete of D	eeth Dey	Yeer	3. Time of Death
V	/Medi			PHILIP		SCHISLER	, JR.					SEPTE	MBER 0		4:20 P.M
	Exami	ner	4e. Fecility Neme	(If not institution, gi	ive street end n	umber)			4			ocation of Dee		unty of Deeth	
			GREATER 5. Sociel Security	R BALTIMO		7		If Under	1 Vone	TOWS		Ti		TIMORE	
	Funeral Director		217 22 6	5264	Sex 1————————————————————————————————————	7. Age (In yrs. 69	Yrs.	Months	Deys	Hours	Min.	8. Dete of B (Month, E 04 09	27	9. Birthp Cour Mary	piece (Stete or Foreign Tand
	Maryland -1 show	tor	10a. Stete Md.	10b. County Anne Ar	undel		y, Town or Lo sadena							1	0d. Inside City Limits
	with the	by Funeral Director	10e. Street end Nu	umber Aple Driv	e			10f. Zip (	Code 1122	!			10g. Citizen	of Whet Cour	ntry?
	ms 2:	era	11. Maritel Stetus	-	12. Was Dec	cedent Ever in U	.S. 13.				iain? (Sp	ecify Yes or N	lo- 14.	Race - Americ	can Indian.
020	n 72 hours effer deeth with the Maryland "natural", or flems 23a or 28a-f show edical Examiner must be notified at		1 Never Man	ried 2 Married		2 No	a.	If Yes, speci 1 ☐ Yes 2	fy Cube	Specify:	n, Puerto	Rican, etc.)		Bleck, White, ecify:Whit	etc.
5-0	72 ho	eted	(Sne	15. Decedent's E	ducation	0	18a. Dece	dent's Usuel	Occup	etion	t of work	ring	16b. Kind	of Business/Inc	dustry
21215-0020	d within giene. or then "	Completed	Elementary/Sec			(1-4or 5+)		kind of work DO NOT use Strip			st of Work	arig	Stee	1	
Maryland	should be filed with nd Mental Hygiene. marked other than umatic event, me M	To Be		(First, Middle, Last Paul Sc		Sr.						e (First, Middl izabeth			
	1 and 2 sho Health end I em 27 is ma othar traume		19e. Informent's N Martin S	leme/Reletionship Schisler,	(Type, Print) Sr.		19b. Mallin 7107	Address Easte	(Street	end Numbe Avenu	er or Run ie Ba	el Route Num. altimor	ber, City or To	wn, Stete, Zip 21224	Code)
Baltimore,	permit. Pages 1 and 2 should be filed within 72 ho Department of Health end Mental Hygiene. Important: If Item 27 Is marked other than "natur eny Injury or other traumatic event, ma Healigal 2008.			position  Cremetion 3 [ 5 Other (Speci		C4-4-	Plece of Disponentery, cremotery, cremotery, cremotery	netory or oth	her plea	ce) Ceme	etery	Date y 9-11-	Chi	on - City or To OWNSVI	own, Stete lle,Md.
Balti	permit. Pages Department of H Important: If ite any injury or of			unerel Service Lice		le-	C	22. Name and Address of Facility Charles S. Zeiler & Son Inc.							
			23a, Pert1, Enter	the diseese, or conert feiture. List only	nolications that	caused the deeth	b Do not ent	224 E	aste	ern A	ve.	Balto.	Md.		Approximete
	Physician /Medical Examiner	Je.	Immediete Cause diseese or condition resulting in deeth)	(Finel	Λ Δ	ultipl		oan	70	ilu	ne				Intervel Between Onset end Deeth
. 6	mecuted nend el-transit	Examiner	Sequentially list co if eny, leeding to in cause. Enter Unde Ceuse (Diseese or	onditions,	b	Due to (o	r es e consec	quence of):							
68760,	certificate be executed rding physicien end ise es the buriel-transit	/Medical	Cause. Enter Under Ceuse (Disease or thet initiated events resulting in death)	S	C	Due to (or	r es e conseq	uence of):							
XQ					d									i	
m	leath e etter	iciai	Port II Other clonis	finant conditions	and allowed and a second	de able be de a de a co									
P.O.	uires thet the de signed by the e Id be detached f	y Physicia	Pert II. Other elgnii	enal		trace	uting in the ui	nderlying car	use give	en in Pert I			Yes 2 \( \)		the cause of death? pably 4 Unknown
Records,	The law requires thet the death sie hes been signed by the ette page 2 should be detached for	leted by				00							s en eutopsy ormed?	ave	ere eutopsy findings elleble prior to npletion ot cause
-		Completed										1 🗆	Yes 2 N	1	deeth? ]Yes 2□ No
Vita	ysiclan: The is certificate director, pag	Be	25. Wes case refer exeminer?	rred to medical						26. Plece	of Deetl	h (Check only	one)		
6	Physiclan: this certific ral director,	2	1 ☐ Yes 2 ☐	G .		-	ER/Outpatien			4 LI Nu	irsing Ho	me 5□Res	Idence 8 🗆	Other (Specify	)
Division	After fune	ation:										28d. Describe	how Injury oc	curred	
Divis	tal or Attending selter death I Director: /	Certification:	3 ☐ Suicide 4 ☐ Homicide	6 Could not b	286. Place	e of Injury - At ho ling, etc. (Specify	me, ferm, str	eet, factory,	office				(Street and No wn, State)	imber or Rura	Route Number,
	To the Hospital or Attend within 24 hours effer deet To the Funeral Director: completely filled in by the	edical	29a. Certifier (Check only one)	Certifying Ph 2 Medical Exar	miner: On the b	e best of my know easis of examinet oner steted.	vledge, deeth lon end/or Inv	occurred et restigetion, in	the tim	e, date en elnion, deel	d piece, o	end due to the ed et the time,	ceuse(s) end dete end ple	menner es st ce, and due to	eted. the ceuse(s)
	To the To the comple	Σ	29b. Signeture end	title of certifier				29c.	License	number				ned (Month, I	Dey, Year)
			) m	atilda	H. So	, ~				02	625	0	9/8	196	
		1													
1	IOX	1	30. Neme and eddr	5 A 11	completed caus	se of deeth (Item	23e) (Type, I	Print)	D.				11.6	12109	

And the state of t 

DIVISION OF VITAL RECORDS, P.O. BOX 6876	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	TO T	10 T	IMP

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - REGISTRAR		CERTIFI	CATE OF	DEATH	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	W		TIME OF DEA	тн
	Lenora Jean Scott					September	07,19	996	4:00	A.M
		5. SEX 6. AGE (In	yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		B. BIRTHPLA	VCE (State or Fe	oreign
	213-30-0221	1 M 2 XF 8	5_ YRS.	MONTHS DAYS	HOURS MIN.	Jan. 14,1			ont,W.	Va.
O.B.	9a. FACILITY NAME (If not Institution, give street  11 Nightingale Way				erville	EATH		ry of death	re Co.	
티	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY		too CITY	TOWN OR LOCAT	ION	-		140	A MIGIDE OIT	
DIRECTOR	12.500 10.00	timore Co.	IOC. CITY		erville				d. INSIDE CITY LIMITS?	
A	10e. STREET AND NUMBER			101	ZIP CODE		10g. CITIZE	EN OF WHAT	T COUNTRY?	
FUNERAL	11 Nightingale Way				21093			ed St		
2	11. MARITAL STATUS  1 Never Merried 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO			NC ORIGIN? (Specify Yae in, Puarto Rican, atc.)	or No — 1	I4. RACE — Black, W	American Indi hita, atc.	ien,
B⊀	3 🖔 Widowed 4 🗆 Diverced	IF YES, GIVE WAR OR DAT	TES **	1 🗆 YES	2 NO Specify	у.		Specify:	White	
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co	ompleted)	18a. DECEDENT'S ( Give kind of w life. Do NOT use	ork done during mo		16b. KIND OF BUS	SINESS/INDU	STRY		
PLE	Elamentary/Secondary (0-12)	College (1-4 or 5+)		tered N	ırse	Nu	rsing			
S S	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Malden	Sumame)			
BE C	William Smith				Lenora	Agnes Sch	ade			
5	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	nd Number or Rural i	Route Number, City or Town	n, State, Zip C	Code)		
F	Ieslie J. Scott (I	Daughter)	11 Ni	ghtinga	le Way	Apt. B6 Lu	therv:	ille,	Md.210	193
	20a. METHOD OF DISPOSITION 1 € Buriel 2 □ Cremation 3 □ Ramov		PLACE AND DATEO		me of	DATE 20c. LO	CATION — CI	Ity or Town,	Stata	
	4 Donalton 5 Other (Specify)	Mo	reland M	emorial	Park	9/10/95 B	altim	ore,	Maryla	and
	21. SIGNATURE OF FUNERAL SERVICE LICE	USEE		4441 117 1114 111	D ADDRESS OF FA		- T			
	My J.	Jan				uneral Hom d Towson,			21204	
	23. PART . Enter the diseases, or co	nulications that caused	the death. Do n						Approxim	
	shock, or heert fellure. Listing IMMEDIATE CAUSE (Final	st only one cause on ee	ch line.	0	_				Onset an	
	diseese or condition	18/	max	Canno	1)				166	M
	resulting in death) s.	DUE TO (OR AS A	CONSEQUENCE OF	):					1300	
N	Sequentially list conditions, b.									
Ĕ	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF	):						
5	CAUSE (Disease or Injury	DUE TO (OR AS A	CONSEQUENCE OF	1:						
CERTIFICATION	that initiated events resulting in deeth) LAST			,.						
2										
DICAL	PART II. Other significent conditions	contributing to death bu	it not resulting i	n the underlying	g ceuse given in	Part I. 24e. WAS AN PERFOR		AM	RE AUTOPSY F AILABLE PRIOR	OT F
ă						1 _ YES 2	Deno		MPLETION DF DEATH?	CAUSE
M								1 {	YES 2	26
ž	DID TOBACCO USE CONTRI				L UNCERTAI	N 🗆				
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	8. PLACE OF DEAT							
KS		1 Inpatient 2 ER/Oulpa	itlent 3 🗆 DOA	OTHER: 4   Nursing Hom	e Besidenca	8 Other (Specify)				
PHYSICIAN:	27. MANNER OF DEATH  5 Pending	28a. DATE OF tNJURY (Month, Day, Yeer)	28b, TIMI INJ	URY WO	URY AT PRK?	28d. DEŞCRIBE HOW I	NJURY OCCL	JRED		
D BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY building, atc. (Speci	— At home, farm, s			281. LOCATION (Street I City or Town, State)		or Rural Rout	e Number,	
E	4 Homicide determined		~							
COMPLETED	Torroom only	AN: To the best of my knowle On the bests of exemination							nd manner ee	stated.
ECC	296. SIGNATURE AND TITLE OF CENTIFIER	20 G			29c. LICENSE NUI				onth, Day, Year	
TO BE	/ W Clea	w, mo			230	929	•	9/9	146	
-	ON NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type,	Print)	ODITM.	10 000 21	254			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA		1 1 1	JAU 114	4 11/11/21	1			
	SEP1 0 1996	Jahr Davilson	Randall							

OHMH-16 Rev 1/89

-

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

27024

MARYLAMD   BALTIMORE   BALTIMORE   CITY   150, Citizan of What Country?   U.S. Sorphia and Number   U.S. Sorphia and U.S. Sorphia and U.S. Sorphia and U.S. Sorphia and U.S. Sorphia and U.S. Sorphia and U.S. Sorphia and U.S. Sorphia and U.S. Sorphia and U.S. Sorphia and U.S. Sorphia and U.S. Sorphia and U.S. Sorphia and U.S. Sorphia and U.S. Sorphia and U.S. Sorphia and U.S. Sorphia and U.S. Sorphia and U.S. Sorphia and U.S. Sorp					Ceri	illicate of	Deam		Reg. No.	
HANCED TO COMPANY AND TAL CENTER SATINARE SATINARE STORY AND STORY			WAYNE	SMITH	(MN-			SEPTEME	SER 5 9	16 545 PM
Co. City, Towns or Location   First	Exami	ner	HARBOR HOSE	NTAL CEN			BALTIM	IORE	BACT	MORE
The State of Name of N	Director		214-82-2544		-			8. Date of Bi (Month, D AUG., I	8, 1961 1	Birthplace (Stata or Foreign Country)     MARYLAND
Part   Contract   Co	Maryland	ctor	10e. Stata 10b. County				RE CIT	V		10d. Inside City Limits 1 ☑ Yas 2 ☐ No
Part   Contract   Co	4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	ire	10e. Street and Number			10f. Zip Coda			10g. Citizan of Wh	iat Country?
Part   Contract   Co	th wi	a C	2404 WILGA	2E-V		0	21230		USA	7.
Part   Contract   Co	r dea	ne	11. Maritai Status	12. Was Decedant Ever in L	J,S. 13. W	as Decedent of H	Ilspanic Origin? (Sp	ecify Yes or N	o- 14. Race -	- American Indien,
Part   Contract   Co	ours afte	by		1 ☐ Yas 2 💢 No If Yas, Giva						
Part   Contract   Co	hin 72 h	pletec	(Spacify only highest grad	da complated)	(Giva k	ind of work done	during most of work	king	16b. Kind of Busi	ness/Industry
Part   Contract   Co	gien gien	NO.			LA	BORE	R		CONSTRU	CTION COMPAN
Part   Contract   Co	of Hy		17. Fether's Nema (First, Middla, Last)				18. Mother's Nam	e (First, Middle		
## PARTICLES   MCCLAIN   \$6.7 HERNON COURT BATTHORE, MD, 22.25  20a. Mathod of Disposition   Date			LEROV	SMITH			FRANC	ES	M	ACK
FRANCES  MCCLAIN  Solventing to the property of the property o	sho N Dud N	-			19b. Meiling	Addrass (Street				
Part II. Other algniffcant conditions contributing to death but not resulting in the underlying cause given in Part I.   Part II. Other algniffcant conditions contributing to death but not resulting in the underlying cause given in Part I.   Part II. Other algniffcant conditions contributing to death but not resulting in the underlying cause given in Part I.   Part II. Other algniffcant conditions contributing to death but not resulting in the underlying cause given in Part I.   Part II. Other algniffcant conditions contributing to death but not resulting in the underlying cause given in Part I.   Part II. Other algniffcant conditions contributing to death but not resulting in the underlying cause given in Part I.   Part II. Other algniffcant conditions contributing to death but not resulting in the underlying cause given in Part I.   Part II. Other algniffcant conditions contributing to death but not resulting in the underlying cause given in Part I.   Part II. Other algniffcant conditions contributing to death but not resulting in the underlying cause given in Part I.   Part II. Other algniffcant conditions contributing to death but not resulting in the underlying cause given in Part I.   Part II. Other algniffcant conditions contributing to death but not resulting in the underlying cause given in Part I.   Part II. Other algniffcant conditions contributing to death but not resulting in the underlying cause given in Part I.   Part II. Other algniffcant conditions contributing to death but not resulting in the underlying cause given in Part I.   Part II. Other algniffcant conditions contributing to death but not resulting in the underlying cause given in Part I.   Part II. Other algniffcant conditions contributing to death but not resulting in the underlying cause given in Part I.   Part II. Other algniffcant conditions contributing to death but not resulting in the underlying cause given in Part I.   Part II. Other algniffcant conditions contributing to death but not resulting in the underlying cause given	1 and 2 Health em 27 le				867	HERNO	ON COUR	T, BAL	TIMORE, I	40, 2/2 25
23. Part Cause (Final dealers)  23. Part Cause (Final dealers)  23. Part Cause (Final dealers)  23. Part Cause (Final dealers)  23. Part Cause (Final dealers)  23. Part Cause (Final dealers)  23. Part Cause (Final dealers)  23. Part Cause (Final dealers)  24. Part II. Other significant conditions, and Dealers  25. Was case referred to medical examinary  26. Part II. Other significant conditions contributing to dealth but not resulting in the underlying cause given in Pert I.  25. Was case referred to medical examinary  26. Part II. Other significant conditions contributing to dealth but not resulting in the underlying cause given in Pert I.  27. Name and Address of Facility Row W TK, FUNERA L. Home, P. J.	0 = = 0		1 ⊠Burial 2 □ Cremetion 3 □	Ramovel from State	Cometery, Craim	allow or other bial	281			
Thysician Microso or heart feure. List only orth cause on acching.    The control of the control	tment tamt: if dury or				. 2101	CEMET	reri/	1-10-96	BALTIM	ORE, MARYLAN
Thysician Miceolical Administration of the control	amilian mpor my in		21. Signature of Funeral Service Libera	P) (	22,	Nama and Addre	ss of Facility RO	WNJK	, FUNER	AL HOME P.
Thysician Micelical Administration of the control o	00740		Charles H	Prox	1 2	140 N.	FULTON	AVE. X	BALTIMOR	E MD. 31317
Immediate Causa (Final deases or continuity) in death)   Just 1   Just 2	Physician		23a. Por Enter the fishest of compensation of compensation of the	heations that caused the deat and cause on each line.	th o not anta	r tha moda of dyin	ng, such as cardiac	or raspiratory	arrest,	Intarval Between
Due to (or as a consequence of):  Sequentially list conditions, if enyl, leading to immadiate cause. Entar Underlying cause. Entar Underlying cause. Entar Underlying cause. Entar Underlying cause. Entar Underlying cause. Entar Underlying cause. Entar Underlying cause. Entar Underlying cause. Entar Underlying cause. Entar Underlying cause or injury resulting in death) Last  Due to (or as a consequence of):  d.   Due to (or as a consequence of):	/Medicai	ı	disaase or condition	SEPSIS						I WEEK
State    Sequentially list conditions   February   Sequentially list con		<u>_</u>	raconning at country	1/	or as a consequ	ience of):		0		1. 6.14
Cause (Disease or Injury Institute of Death   Due to (or as e consequence of):    Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.   Part III. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.   Part III. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.   Part III. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.   Part III. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.   Part III. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.   Part III. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.   Part III. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.   Part III. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.   Part III. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.   Part III. Other significant conditions contributing to the cause of death   1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 2   No 1   Yes 2   No 2   Yes 2   Yes 2   No 2   Yes 2   Yes 2   Yes	De is	Ę		b. HCOURE	MMC (	IUNUE J	EFICIEN	16 2	YNDROM	E 4-5 YRS.
Cause (Disease or Injury Has authors)  Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.    Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.    Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.    Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.    Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.    Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.    Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.    Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.    Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.    Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.    Part II. Other significant conditions contributing to the cause of death   1   Yes 2   No    and and	xar	Sequentially list conditions, if eny, leading to immediate	Dua to (d	or as a consequ	anca of):					
Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.    23b. Did tobacco use contribute to the cause of death   1   Yes 2   10   3   Probably 4   Unknow   24b. Were sufopey findings over a report of the cause of death?   1   Yes 2   10   10   Yes 2   10   10   Yes 2   10   10   Yes 2   Yes 2   Yes 3   Yes 2   Yes 4   Yes	be e ician burie		cause. Entar Underlying Causa (Disaasa or injury	C						
Part II. Other significant conditions contributing to death but not resulting in the underlying cause givan in Pert I.    23b. Did tobacco use contribute to the cause of death   1   1   1   1   1   1   1   1   1	certificete be executed ding physician and ise as the buriel-trensit	VMedic	rasulting in death) Last	Due to (c	or as e consequ	ence of):				
25. Was case refarred to medical axaminar?  1   Yes   2   No   Hospital: 1   Impatient   2   ER/Outpatient   3   DOA   Other: 4   Nursing Home   5   Residence   6   Other (Specify)    27. Mennar of Death   28a. Data of Injury   28b. Time of Injury   Month, Day Year   Natural   1   Yes   2   No    28. Place of Death (Check only one)   Other: 4   Nursing Home   5   Residence   6   Other (Specify)    28. Place of Death (Check only one)   Other: 4   Nursing Home   5   Residence   6   Other (Specify)    28. Place of Death (Check only one)   Other: 4   Nursing Home   5   Residence   6   Other (Specify)    28. Place of Death (Check only one)   Other: 4   Nursing Home   5   Residence   6   Other (Specify)    28. Death of Injury   28b. Time of Injury   North of Injury   28b. Time of Injury	2 2									
25. Was case refarred to medical axaminar?  1   Yes   2   No   Hospital: 1   Impatient   2   ER/Outpatient   3   DOA   Other: 4   Nursing Home   5   Residence   6   Other (Specify)    27. Mennar of Death   28a. Data of Injury   28b. Time of Injury   Month, Day Year   Natural   1   Yes   2   No    28. Place of Death (Check only one)   Other: 4   Nursing Home   5   Residence   6   Other (Specify)    28. Place of Death (Check only one)   Other: 4   Nursing Home   5   Residence   6   Other (Specify)    28. Place of Death (Check only one)   Other: 4   Nursing Home   5   Residence   6   Other (Specify)    28. Place of Death (Check only one)   Other: 4   Nursing Home   5   Residence   6   Other (Specify)    28. Death of Injury   28b. Time of Injury   North of Injury   28b. Time of Injury	the d	ysi	Part ii. Other significant conditions co	ntributing to death but not ras	sulting In the und	darlying causa giv	an in Pert I.	23b. Did	/	
25. Was case refarred to medical axaminar?  1   Yes   2   No   Hospital: 1   Impatient   2   ER/Outpatient   3   DOA   Other: 4   Nursing Home   5   Residence   6   Other (Specify)    27. Mennar of Death   28a. Data of Injury   28b. Time of Injury   Month, Day Year   Natural   1   Yes   2   No    28. Place of Death (Check only one)   Other: 4   Nursing Home   5   Residence   6   Other (Specify)    28. Place of Death (Check only one)   Other: 4   Nursing Home   5   Residence   6   Other (Specify)    28. Place of Death (Check only one)   Other: 4   Nursing Home   5   Residence   6   Other (Specify)    28. Place of Death (Check only one)   Other: 4   Nursing Home   5   Residence   6   Other (Specify)    28. Death of Injury   28b. Time of Injury   North of Injury   28b. Time of Injury	ned by							1 🗆	Yes 2 No 3	Probably 4 Unknow
25. Was case refarred to medical axaminar?  1   Yes   2   No   Hospital: 1   Impatient   2   ER/Outpatient   3   DOA   Other: 4   Nursing Home   5   Residence   6   Other (Specify)    27. Mennar of Death   28a. Data of Injury   28b. Time of Injury   Month, Day Year   Natural   1   Yes   2   No    28. Place of Death (Check only one)   Other: 4   Nursing Home   5   Residence   6   Other (Specify)    28. Place of Death (Check only one)   Other: 4   Nursing Home   5   Residence   6   Other (Specify)    28. Place of Death (Check only one)   Other: 4   Nursing Home   5   Residence   6   Other (Specify)    28. Place of Death (Check only one)   Other: 4   Nursing Home   5   Residence   6   Other (Specify)    28. Death of Injury   28b. Time of Injury   North of Injury   28b. Time of Injury	aw require is been sig 2 should b									evellable prior to complation of causa
25. Was case refarred to medical axaminar?  1   Yes   2   No   Hospital: 1   Impatient   2   ER/Outpatient   3   DOA   Other: 4   Nursing Home   5   Residence   6   Other (Specify)    27. Mennar of Death   28a. Data of Injury   28b. Time of Injury   Month, Day Year   Natural   1   Yes   2   No    28. Place of Death (Check only one)   Other: 4   Nursing Home   5   Residence   6   Other (Specify)    28. Place of Death (Check only one)   Other: 4   Nursing Home   5   Residence   6   Other (Specify)    28. Place of Death (Check only one)   Other: 4   Nursing Home   5   Residence   6   Other (Specify)    28. Place of Death (Check only one)   Other: 4   Nursing Home   5   Residence   6   Other (Specify)    28. Death of Injury   28b. Time of Injury   North of Injury   28b. Time of Injury	The Ite he	E						10	Yas 20 No	1 ☐ Yas 2 ☐ No
1			25. Was case refarred to medical				28 Piace of Dea	th (Check only	one)	
Duilding, atc. (Spacify)  29a. Cartifler (Check only one)  29a. Cartifler (Check only one)  29b. Signatura end titla of certifiar  29b. Signatura end titla of certifiar  29b. Signatura end titla of certifiar  29c. Licansa number  29d. Date signed (Month, Dey, Year)  30. Nama and eddress of person who completed cause of deeth (Item 23a) (Type, Print)  ACRON HANDA (EXTERN) HARBOR HADDIA (EXTERN)  31. Data fillad (Month, Day, Year)  32. Registrar's Signetura  32. Registrar's Signetura	S Cert	0	axaminar?	Hospital: 1 Dippetient 2	1 EP/Outpatient	3 DOA Oth	ar			(Canalta)
Duilding, atc. (Spacify)  29a. Cartifler (Check only one)  29a. Cartifler (Check only one)  29b. Signatura end titla of certifiar  29b. Signatura end titla of certifiar  29b. Signatura end titla of certifiar  29c. Licansa number  29d. Date signed (Month, Dey, Year)  30. Nama and eddress of person who completed cause of deeth (Item 23a) (Type, Print)  ACRON HANDA (EXTERN) HARBOR HADDIA (EXTERN)  31. Data fillad (Month, Day, Year)  32. Registrar's Signetura  32. Registrar's Signetura	ing Phy h. After this funeral of		27. Mennar of Death Natural 5 Pending	28a. Data of Injury (Month, Day Year)	28b. Time of	28c. Injur Wor	y et k?			1-6//
29a. Cartifier (Check only one) 2 Madical Examinar: On the best of my knowledge, death occurred at the time, dete end piece, and due to the cause(s) and manner as stated.  29b. Signature end title of certifier 29c. License number 29d. Date signed (Month, Dey, Year)  30. Name and eddress of person who completed cause of deeth (Item 23a) (Type, Print)  ACRON HARLA HARBOR HARBOR STERR BATIMON  State 31. Date filled (Month, Day, Year) 32. Registrar's Signeture  29a. Cartifier (Check only one) 29d. Date signed (Month, Dey, Year)  29b. Signature end title of certifier 29c. License number 29d. Date signed (Month, Dey, Year)  AS 2441416 OP 05 96.  State 31. Date filled (Month, Day, Year) 32. Registrar's Signeture 22d. Date signed (Month, Dey, Year)  ARBOR HARBOR HARBOR CENTER BATIMON  ARBOR HARBOR ARBOR CENTER BATIMON  ARBOR ARBOR ARBOR CENTER BATIMON  ARBOR ARBOR ARBOR CENTER BATIMON  ARBOR ARBOR CENTER BATIMON  ARBOR ARBOR CENTER BATIMON  ARBOR ARBOR CENTER BATIMON  ARBOR CENTER BA	or Attendation of Att	ertifical	3 Sulcide 6 Could not be	28a. Placa of Injury - At h	oma, farm, streety)		162 2 140	28f. Location City or To	(Street and Number wn, Stete)	or Rural Routa Number,
29b. Signatura end titla of certifiar  29c. Licansa number  29d. Date signed (Month, Dey, Year)  30. Nama and eddress of person who completed cause of deeth (Item 23a) (Type, Print)  29c. Licansa number  29d. Date signed (Month, Dey, Year)  30. Nama and eddress of person who completed cause of deeth (Item 23a) (Type, Print)  29c. Licansa number  29d. Date signed (Month, Dey, Year)  31. Data fillad (Month, Day, Year)  32. Registrar's Signetura  29c. Licansa number  29d. Date signed (Month, Dey, Year)  29d. Date signed (Month, Dey, Year)	Hospital Hours Funeral Hely filled		(Check only 2   Madical Exami	<b>Inar:</b> On tha basis of axamine	owladga, daath o	occurrad at the tin	na, data and pieca, pinion, deeth occur	and dua to tha	causa(s) and mann , dete end piece, an	ner as stated. d dua to tha cause(s)
J. Chamba Chawla (ExTERN) AS 2441416 09/05/96.  30. Nama and eddress of person who completed cause of deeth (Item 23a) (Type, Print)  QN: JAJUNDER (HAWLA, HARBOR HOSPIAL (ENTER BALTIMON)  State  31. Data fillad (Month, Day, Year)  32. Registrar's Signetura	666	Me		end mannar steted.		29c License	a number		29d Date signed /	Month Day Veer
30. Nama and eddress of person who completed cause of deeth (Item 23a) (Type, Print)  ON: JAJUINDER CHAWLA, HARBOR HODRIAL CENTER BACIMON  State  31. Data fillad (Month, Day, Year)  32. Registrar's Signetura	8	5	T. M. mul	0		A O C	Maria de la composición dela composición de la composición de la composición dela composición de la composición de la composición dela composición dela composición de la composición de la composición dela composición del composición dela composición dela composición dela composición dela composición dela composición dela composición dela composición dela composición dela composición dela	,	250. Date Signed (	Q /
State 31. Data (Month, Day, Year) 32. Registrar's Signetura HARBOR HOSPIAL CENTER BACTIMON 2 120		1	J. Wo. OV	CHAWCA (E	XTERN)	142 9	2441416	•	07/02	136.
State 31. Data filad (Month, Day, Year) 32. Registrar's Signetura	5		A. C	- (	n 23a) (Type, P	rint)	11		0-	0 -
State 31. Data filad (Month, Day, Year) 32. Registrar's Signetura	-		AU. JAJUINDER	2 (HAWL	A	MARBOR	salt s	PITAL	(ENTER	L BACIMOR
			31. Data filad (Month, Day, Year)							2122

DHMH 16 Rav 6/95

Registrar

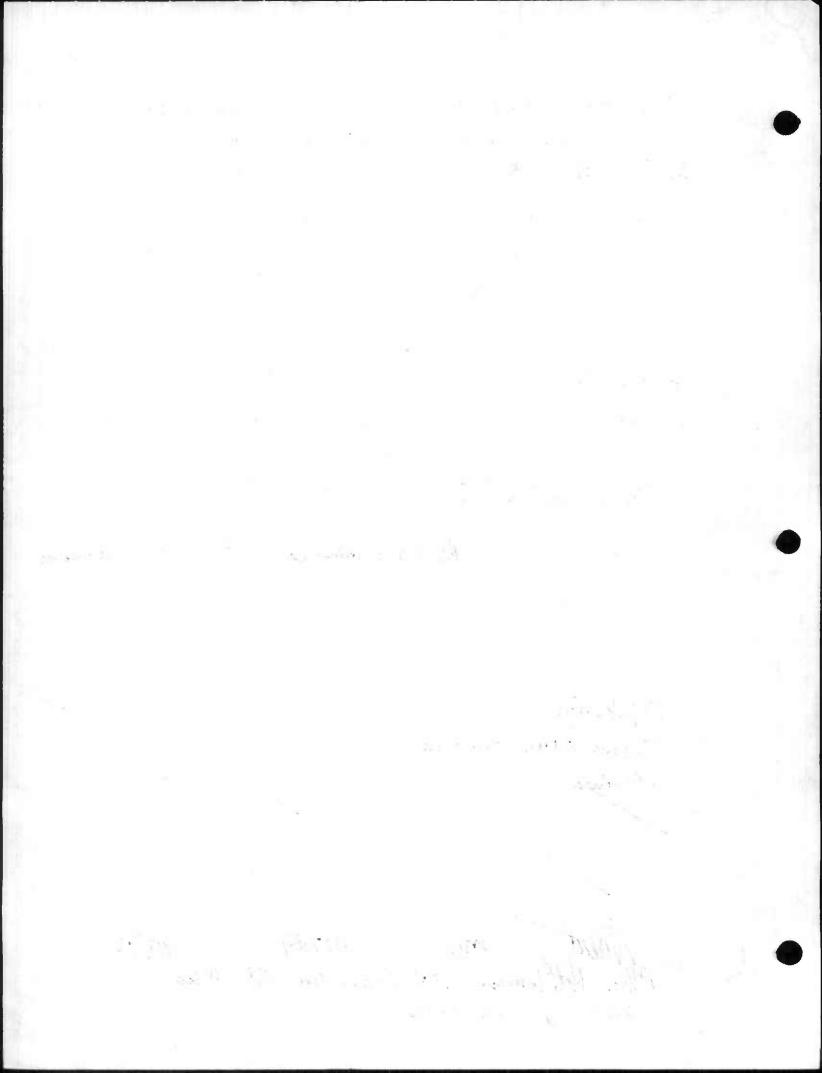
State of Maryland / Department of Health and Mental Hygiene

27025 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of the **Physician** Dev extember 01, 5:30 14 /Medical 4b. City, Town, or Location of Deeth 4a. Fecility Neme (If not institution, give street end number) **Examiner** Balto. Thursen Kehab Center 5. Sociel Security Number )al if Under 1 Year 7. Age (In yrs. lest birthday) Yrs. If Under 24 Hrs. 6. Sex 9. Birthplece (State or Foreign 8. Date of Birth (Month, Dey, Year) **Funeral** 10 M AF Deys 082-22-6465 Director Jan 13, 1918 Usuel Residence of Decedent the Maryland 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 No the Medical Exactions exact be notified Director 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 6 Vedere 525 items 23a death Funeral 12. Was Decedent Ever in U,S. Armed Forces?

1 ☐ Yes 2 2 No If Yes, Give Year or Dates: 13. Was Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race Race - American Indien, Black, White, etc. Pages 1 and 2 should be filed within 72 hours after 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 "natural", or 1□ Yes 2 No þ 3 Widowed 4 □ Divorced Completed 15. Decadent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed within Department of Haelth and Mental Hygiene Important: If itsm 27 is marked other than any injury or other traumetic event, that We applications of the Mental County. College (1-4or 5+) Elementery/Secondery (0-12) School for the Blind unknown 17. Father's Name (First, Middle, Lest) 18. Mother's Name (First, Middle, Malden Sumeme) Be Roe Virginia 1204 addie 19a. Informent's Name/Relationship (Type, Print) 19 Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Pasderay · 0 · 1300 21123mal Guerdolyn McLarghlin-Neice 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20e. Method of Disposition

1 ☑ Burlel 2 ☐ Cremetion 3 ☐ Removel from State Date 20c. Location - City or Town, Stete toliness Cemeking 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funerel Service Licensee Name end Address of Facility west March 4300 f. H. Wabash Ave 23a Part. Ehter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feilure. List only one ceuse on each line. Approximate Intervel Betw Onset and Death **Physician** /Medical Immediate Ceuse (Finel disease or condition resulting In deeth) **Examiner** Examiner The law requires that the death certificate be executed for use as the bunal-transit Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initieted events resulting in deeth) Lest Due to (or es e consequence of): Records, P.O. Box 68760, Physician/Medical Due to (or es e consequence of) is cartificate has been signed by the a director, page 2 should be detached in Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 2 thknown 1 Yes 2 No Be Completed by 24b. Were eutopsy findings available prior to completion of cause of deeth? 24e. Wes en eutopsy performed? 2 2 No 1 ☐ Yes 2 ☐ No Division of Vital or Attanding Physician: 25. Was case referred 26. Plece of Death (Check only one) exeminer? Hospitel: 1 Inpatient Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes Certification: To 2 ER/Outpetient 3 DOA this the funeral 27. Menner of Deeth 28e. Date of Injury (Month, Dey Year) 28c. Injury et Work? : Aftar t 28b. Time of 28d. Describe how injury occurred 1 Natural 5 Pending Investigation Injury daath. 1 Yes 2 Accident within 24 hours after deat To the Funeral Director: 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, fectory, office bullding, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) filled in by 4 Homicide Hospital 1 Certifying Phyeiclan: To the best of my knowledge, deeth occurred at the time, dete end place, end due to the cause(s) end manner es steted.
2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) end menner stated. Medical 29e. Certifier Smpletely (Check only one) the 29b. Signeture end #1 29c, License number 29d. Date signed (Month, Day, Year) 101 of/certifier 30. Neme end address of persy pleted cause of deeth (Item 23e) (Type, Print) Greene tree Rd 1838 31. Dete filed (Month, Dev. Ye 32. Registrer's Signature State SEP 1 0 1996 Registrar

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure Ail Copies Are Legible. ITEM: 1. PER DR. FILM g-739 State of Maryland / Department of Health and Mental Hygiene 27026 9/10/96 t.t Certificate of Death 1. Decedent's Nema (First, Middla, Last) 2. Data of Death 3. Time of Death WALTER B. VIETRA Month **Physician** Schumber 1996 735000 1012A /Medical 4a. Facility Nama (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Howard County General Hospital Columbia Howard ff Undar 24 Hrs. Hours Min. 5. Social Security Number 7. Aga (In yrs. last birthday) If Under 1 Yaar 8. Dete of Birth (Month, Dey, Year) Birthplaca (State or Foreign Country) **Funeral** Deys 18 M 2□F 219-72-2157 49 Yrs Director December 8, 1946 Brazi 1 Usuel Residence of Decadent permit. Pages 1 and 2 should be filed within 72 hours efter deeth with the Maryland Department of Health and Mental Hyglene.
Important: if item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Medical Exercises. 10e. State 10b. County 10c. City, Town or Location 10d. insida City Limita 1 ☐ Yas 2 No Maryland Howard Columbia Direct 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? P. O. Box 2163 21045 BRAZIL Funeral 11. Merital Stetus 12. Was Dacedant Ever In U,S. Armed Forcas? Was Decedent of Hispenic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puerto Rican, atc.) 14. Reca - Amarican Indian, Bieck, White, etc. 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2 ☑ No If Yes, Give Yaar or Detes: 1□ Yes 2 No by Specify: Brazilian 3 Nidowed 4 Divorced Completed 18a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Businass/Industry Elementery/Secondary (0-12) Coilage (1-4or 5+) Apartment Management Company Engineer 17. Fathar's Neme (First, Middle, Last) 18. Mother's Neme (First, Middla, Meidan Sumama) Be Aristides Borges Vieira Celia Dos Santos 2 19a. intorment's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Maryareth Santos 13300 Bea-Kay Drive Silver Spring, Maryland 20904 20b. Place of Disposition (Neme of camatery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, State Date 1 ☑ Burial 2 ☐ Cramation 3 ☐ Removel from State Good Shepherd Cemetery 9-9-96 Ellicott City, Maryland 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funerel Sarvice Licensee 22. Nama and Addrass of Fecility M00544 Slack Funeral Home, P.A. 23a. Part 1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart feilure. List only one cause on each line. Approximata fntervai Between Onset end Deeth **Physician** /Medical Immediate Ceuse (Finel disaese or condition resulting in deeth) BMOUTH METASTATIC Luna Examiner Due to (or es a consequença ot) Examiner that the dasth certificate be axecuted Sequentially fist conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events rasulting in deeth) Last physician and the burial-tran Due to (or es e consequence of) P.O. Box 68760, Physician/Medical Due to (or es e consequence ot) ò signed by the at d be deteched for Pert II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 No Yes 2 No 3 ☐ Probably 4 ☐ Unknown Biylsion of Vital Records, þ 24b. Ware autopsy findings available prior to completion ot causa of death? 24e. Wes an autopsy performed? Completed peed page 2 hes 1 🗆 Yes 2 No 1 ☐ Yas 2 No certificate Be 25. Wes case reterred to medical axaminer? 26. Piece of Deeth (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 XNo 1 inpatient 2 ER/Outpetient 3 DOA this funeral 27. Manner of Death 28e. Dete of Injury (Month, Dey Year) Certification: 28b. Tima of 28c. injury et Work? 28d. Describe how Injury occurred After 5 Pending investigation 1 Neturel after death. 1 Yes 2 No 2 Accident the 3 Suicide 8 Could not be 28t. Location (Street and Number or Rural Routa Number, City or Town, State) 28e. Pleca of injury - At home, term, street, tectory, office building, etc. (Specify) in by 4 Homicide Funaral 1st Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the ceuse(a) and manner as stated.

| Medical Examiner: On the basia of examination and/or investigation, in my opinion, deeth occurred at tha time, data and place, and due to the cause(s) and mannar stated. 29e. Certifier Medical To the How within 24 Inc To the Funcompletely 29b. Signatura and title of cartifier 29d. Data signed (Month, Day, Year) 29c. License number

D38504

September 8 1495

NICHOLMS KOUTECIA HOS MI)

State
• Registrar

31. Deta filed (Month, Dey, Year)
SEP1 0 1996

SEP1 0 1996

30. Name end address of person who completed cause of death (Item 23e) (Type, Print)

MID

# Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 27027

					Certificate o	f Death		Reg. No.		La P U ba
Physic	lan	1. Decedent's Nama (First, Middla, Las		~	.1.		2. Date of De	ath Day	Yaar	3. Tima of Death
/Medi		John		19 /9,	nikev		Sept	Sav	1976	1713
Examir	ner	4a. Facility Nama (If not institution, give	4 .			4b. City, Town, or Lo			of Death	
1.55			ing Hou			Baltim			/ A	
Funeral Director		5. Social Security Number 6. Sec. 217-26-0678	9X 7. Ag	e (In yrs. lest bir	hday) If Under 1 Yas Months Day		(Month, De	9, 1929	Coun	placa (State or Fore htry) 1 and
land ow		10a. State 10b. County		10c. City, Town	or Location				1	0d. Insida City Limi
within 72 hours after deeth with the Maryland ene. Han "returel", or items 23a or 28a-f show ha Meolos Exemine i and be notified at	ģ	Maryland N/A		Balt	imore					1 X Yas 2□ N
r 284	Director	10e. Streat and Number			10f. Zip Code			10g. Citizan of	What Cour	itry?
23a c		3103 Hillcrest /	Avenue		2123	4		Unite	d Sta	tes
	Funeral	11. Marital Status	12. Was Decedent I Armed Forces?	Evar in U,S.	13. Was Decedent of	f Hispanic Origin? (Spuban, Mexican, Puerto	ecify Yas or No	- 14. Rac	ca - Amaric	en Indian,
n /z nours after deem with the Marylan "naturel", or items 23a or 28a-f show notcal Examiner man be multified at		1 Never Married 2 Married	1 X Yes 2 □ N	No	1 ☐ Yes 2 😿 N		nican, etc.)	Specifi	ck, White,	BIC.
le di	d by	3 X Widowed 4 □ Divorced	Year or Datas:	1951-53				Opecin	Wh	ite
net	Completed	15. Decedent's Edi (Specify only highest grad	ucation de completad)	16a.	Decedent's Usual Occ (Give kind of work don life. DO NOT use reti	upation le during most of work	ing	18b. Kind of B	usiness/Ind	lustry
than	ф	Eiementary/Secondary (0-12)	Collaga (1-4or 5	+)				Unio	n l 00	-1
other vent,		17. Fathar's Name (First, Middle, Last)			ASDESTOS	18. Mothar's Name			n Loc	d I
yes i entre strong with the first strength and Mantel Hygiene. If itsman 27 is marked other than or other traumatic event, in a M.	o Be	George VanDan	iker			Sarah		maidori barriori	,	
should by and Mante markad	ပ္	19a. Informant's Name/Relationship (T		19b	Mailing Address (Street			er City or Town	State 7in	Code
lith ar lith ar 27 is r trau		Mrs. Margaret Cer			3103 Hillo			ltimore		
permit. reges 1 end 2 Department of Health s Important: If Itam 27 is any injury or other tra once.		20a. Method of Disposition		20b. Place of	Disposition (Name of		Date	20c. Location		
nent of h		1 ■ Burlal 2 □ Cremation 3 □ F 4 □ Donation 5 □ Other (Specify,			od Cemeter		/11/06	Dal+im	020	Maryland
Departm Importar any injui		21. Signature of Funeral Servica Licans		7avovna	22. Name and Add		/11/90	Daitiii	ore,	mar y ranu
Depa Impo any i		10/ ()	104na	Zavoyila	Leonard	J. Ruck,	Inc.			
COLUMN TO A			11	the death. Do n	5305 Ha	rford Road	Balti	more, M	d. 2	21214 Approximate
hysician		23a. Part1. Enter the disaasa, or comp shock, or heart failure. List only o	ne cause on each lin	18.		y.i.g. eeo/i ao oardiao (	or roopinatory at	1031,		Intarval Between Onset and Death
Medical		Immediate Cause (Final	1000	inata	in Erile					7 4
xaminer		diseasa or condition resulting in death)	a. 1263 p	Due to for se a c	onsequence of):		_			קורטומן
	ner		Pmul	MERRY	G				11	Zmonth
physician end s the buriel-transit	Examiner	Sequentially list conditions	b	Dua to (or as a c	onsequence of):					10/12
ian e		if any, laading to immediate cause. Enter Undarlying Cause (Disease or Injury	smok							
hysic the bi	edical	that Initiated events resulting in death) Last	G	Due to (or as a c	onsaquence of):				-	
ettending pl	Mec								1	
thend or us	lan/		d							
the en	Physician/	Part II. Other algnificant conditions con	ntributing to death bu	t not resulting in	the underlying cause g	ivan in Part I.	23b. Did t	obacco uss co	ntributa to	the cause of deal
igned by the ettendin be detached for use		pneumon	iG				1120	res 2 No	3 Prot	ebly 4 Unkno
signe b ed b	by								T	
es been signed by the ettending physician and 2 should be detached for use as the buriel-transit	Completed							an autopsy med?	ava	ara autopsy finding: ailable prior to apletion of cause
hes ge 2 s	mp								of o	death?
2 ag							1 U Y	es 20 No	10	Yas 2□ No
s certificate he	Be	25. Was case referred to medical examiner?	Hospitai:			26. Placa of Death				
r this certific	To	1 Yes 2 No	1 L Inpatier		patient 3L DOA	ther: 4 Nursing Hor				)
ector: After by the lune	lo l	1 Natural 5 ☐ Pending	28a. Date of Injury (Month, Dey		jury W		28d. Dascribe h	ow injury occur	ed	
deat stor: y the	Ica	2 Accident investigation 3 Sulcide 6 Could not be	RV A	NA Athoma for		☐ Yes 2 ☐ No	NA	Strant and Numb	or or Due	l Route Number.
# 5 E	Certification:	4 ☐ Homicide determined	building, etc.	. (Specify)	m, street, factory, office	4	City or Tow	m, Stete)	er or mure.	Houte Number,
hours ineral by filled	- 1	29a. Cartifier 1 Certifying Phys	NA	f my knowledge	death cocurred at the	time, date and place, s	N/			-1
S and	edical	(Check only one)	ner: On the basis of and mannar state	axamination and	death occurred at the for invastigation, in my	opinion, daath occurre	ed at tha tima,	data and place,	and due to	the causa(s)
10 S	Me	29b. Signature and titla of certifier	1		29c. Licar	nsa number		29d. Data signe	d (Month, I	Dey, Year)
4.9		Daux Va	who m	n				Cart	0) /	55/
TI	-	30. Nama and address/of person who of	monlated cause of the	oth (Itam 22a) (7	Tuno Brint)	41617		XPI 1	, (1	16
511		1000 ( ICA	OFS Rich	op Mod	ype, Filiti	is, Md	7/10/	14		
Stat	e	31. Data filed (Month, Pay, Kear)	32. Registra	r's Signal A	- VI VI VIS	17/19	0107	/		
Sta	te	SED 1 19706	Ja la differe	IN LAND WOOD	ALC:					

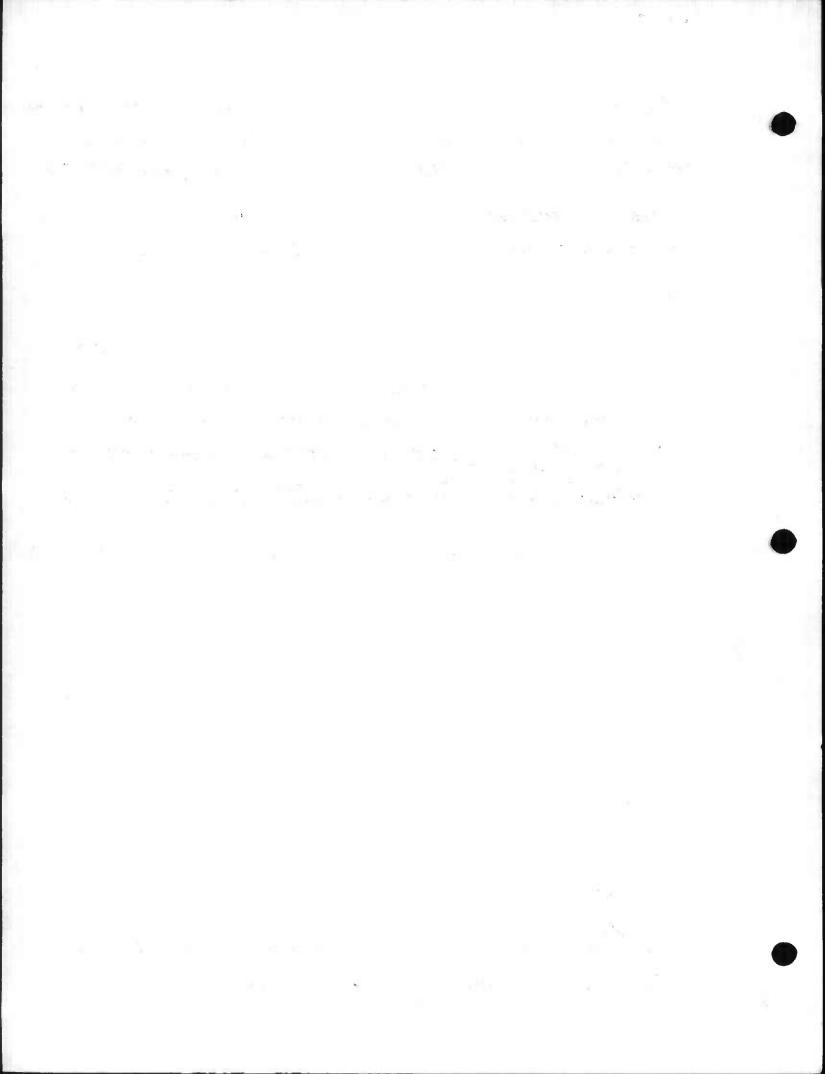
as had a green compet and the second second second restanting neutron 

State of Maryland / Department of Health and Mental Hygiene 96 27028

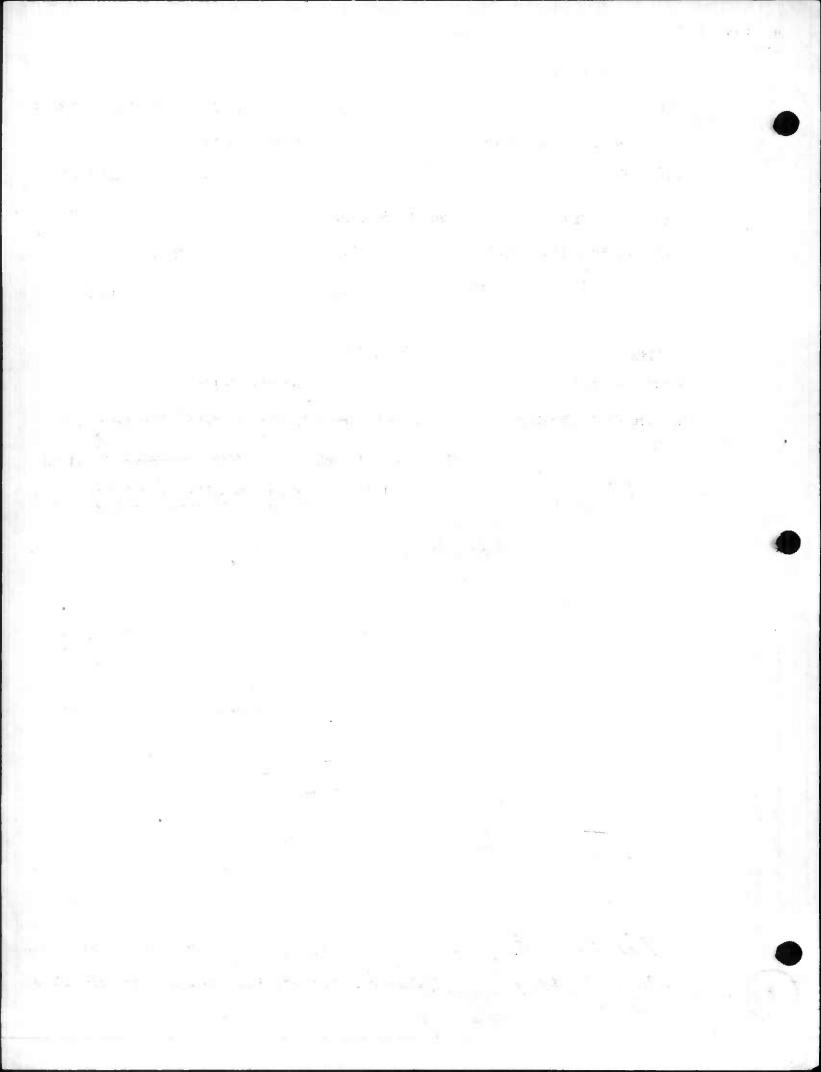
						Cer	tificate o	f Death		Reg. No.	20	4 1020
	Dhusia	ion	1. Decedent's Nema (First, Middle, I	ast)	0				2. Dete o		Yaer	3. Time of Deeth
	Physic /Medi		ELIZABET	H E. W	ILLES				SEY	4	1996	4.50 PM
<b>)</b>	Exami		4a. Fecility Neme (If not institution, g						, or Location of D		County of Deet	
			HOWARD COU						LMBIA		HOWA	
	Funeral Director		5. Sociel Security Number 6. 217–18–3753 Usuel Residence of Decedent	Sax 7. A( 1 M 2/20)€	ga <i>(In yrs. last b</i> 73	Yrs.	If Under 1 Yas Months Dey		Min. 8. Data o (Month June	Birth Day, Year) 4, 19	23 Mar	hplece (Stete or Foreign unity) Yland
	Marylend Ff show	tor	10e. Stete 10b. County Maryland Howard	County	10c. City, Tov E11		eation ct City	-				10d. Inside City Limits 1 ☐ Yes XX ☐ No
	h with the 23a or 28	al Director	10e. Street and Number 9040 Dunloggin Ro	oad			10f. Zip Code 21043			10g. Citiz USA	zen of Whet Co	untry?
020	within 72 hours after death with the Maryland jiene. Then "natural", or items 23s or 28s-f show the Medical Examiner must be notified at	by Funeral	11. Maritai Stetus  1 □ Nevar Married 2 □ Married 3 □ Widowed 4 ☑ Mirorced	12. Wes Dacedant Armed Forces 1  Yes 2 If Yes, Give Yaar or Dates:			Vas Decedant of Yes, specify Cu □ Yes 2374		? (Specify Yas o Puarto Rican, etc.		14. Rece - Ama Bleck, White Specify: W	
21215-0020	C	Completed	15. Decedent's (Specify only highest g	Education rade completed) Coilege (1-4or		Give k	ent's Usuei Occ dnd of work don O NOT use reti	upetion e during most of red)	f working	16b. Kir	nd of Business/	Industry
7	filed with Hygiane. rther than	Con	12	Consgo (1 40)		kkæg	er/ Fash	ion Consu	ltant	Bend:	ix/Yolar	nda Studios
Maryland	d is b	To Be		Blizzard				Air	Nome (First, Mic	2 h	linga	
	2 9 5		19e. Informent's Neme/Rejetionship Mr. Kevin Willes,		23	304 T	Hill Hou	et end Number o	or Rural Route No.	imber, City or	Town, 100, 2 MD 2120	(ip Code)
Baltimore,	permit. Peges 1 and Department of Heelth Important: if item 27 any injury or other ti once.		20e. Method of Disposition  1  Buriai		cemete	ery, crem	ition (Name of etory or other p ashington		y 9-7-96		cation - City or aurel,	
Balt	Departri Departri Importa any Inje		21. Signeture of Funerei Sarvice Lice	ensee				Funeral	Home, P			
	Physician /Medical Examiner		23e. Part 1. Enter the disease, or conshock, or heert feijure. List oni immediate Ceuse (Finei diseasa or condition resulting in deeth)	mplicetions thet ceusery one ceuse on each if		not ente	u CTIV	ying, such es ce		ry arrest,	i	Approximata Interval Between Onsat and Dagth Several Years
	end end I-transit	Examiner	Sequentielly list conditions, if any, leeding to immediate	b	Due to (or es e	consequ	ence of):					
x 68760,	requires that the death certificate be executed seen signed by the ettending physician end hould be detached for use as the buriel-transit	Medical	Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that Initiated events rasulting in deeth) Last	c	Due to (or as a	consequ	ence of):				i	
P.O. Bo	it the death ce by the ettendi tached for us	Physician/	Part II. Other significant conditions	contributing to death b	ut not resulting	In the un	derlying causa (	given in Pert I.				to the cause of death?
	es that igned to be deta	by P	NEUMONIA							1 V Yee 2	_N0 3∐PI	robably 4 Unknown
Vital Records,	9w 2 s b	Completed b								Ves en eutop erformed?		Were autopsy findings eveilebia prior to completion of ceusa of death?
<u>=</u>	The ata h	Co							1	☐Yes 2	No	1□Yes 2☑No
Vita	Physician: The this certificata rail director, pag	B	25. Wes cese referred to medicei exeminer?	Hospitel:					Deeth (Check o	nly one)		
of	Phys this ral di	To.	1 ☐ Yes 2 ☑ No  27. Menner of Deeth	1 ☑ Inpatie		utpatient Time of	3LI DOA		ng Home 5 F	Rasidance 8		cify)
on	ding th. After	tlon	1 ☑Naturel 5 ☐ Pending	(Month, De		Injury	28c. Inj W M 1[	ork? N/A ☐ Yes 2 ☐ No	L 20d. Desci	V/a	OCCUMEN	
Division	To the Hospital or Attending within 24 hours after death.  To the Funeral Director: After completely filled in by the fune	Certification:	2 Accident Invastigation 3 Suicide 6 Could not determine	be one Blace of last	c. (Specify)	erm, stre	at, fectory, office		28f. Location	on (Street end Town, Stete)		ral Route Number,
	Hospfal 24 hours Funeral letely filled	edical C	29a. Certifier (Check only one)	hysician: To the best minar: On the basis o and menner st	of my knowledg	e, deeth	occurred et the	tlme, dete end p opinion, deeth o	piece, and due to occurred at tha ti	the ceuse(s) me, dete end	end manner as place, and due	steled. to the ceuse(s)
1	To the within 2 To the comple	Me	29b. Signatura and title of certifiar				29c. Lica	nsa number		29d. Date	a signed (Monti	h, Day, Year)
			D 12	1 mo	•		D1.	8317		Se	P. 4.	1996
	5		30. Neme and eddress of person who	completed ceuse of d	eeth (Item 23a)	(Type, P					. , _ ,	
	1		BERNARD P. FAR			LITT	LE PAT	UXENT	PKWY, C	ocumo	BIA, ME	21044
	Sta Registr	100	SEP 1 0 199	32. Begistr	ar's Signeture	Randa	00_					
DH	MH 16 Rev 6/9:	5		v.			(Paul					

State of Maryland / Department of Health and Mental Hygiene Q 5

						Cen	tificate	e of	Death			Reg. No.	.70	21023
	140		1. Decedent's Neme (First, Middle,	.ast)							2. Dete of D	eeth		3. Time of Death
	Physic /Medi		DAVID H. L	ERBA							Month	Dey	196 196	7 30 AM
6	Exami		4a. Fecility Neme (If not institution, g	ive street and number)					4b. City, To	wn, or Lo	cation of Dea		ty of Deeth	
-11			SINM HOSPATA	L OF BAL	TIMORTE				BALT	IMOR	B	BA	LTIMO	PE CITY
	Funeral Director	Г			e (In yrs. lest bin		If Under Months	1 Yeer Deys		24 Hrs. Min.	8. Dete of B (Month, D		9. Birthp	plece (State or Foreign
	P.		Usuel Residenca of Decedent		T							1	-	
	Ba-f show	ctor	MARYLAND 10b. County	BALTIMORE	10c. City, Town	n or Loc	ation			Е	BALTIMO	DRE	1	1 ☐ Yes 2 No
	th with th	ai Directo	3442 LYNNE HAVEN	DRIVE			10f. Zip	Code	212	244		10g. Citizen of USA		ntry?
020	s 1 and 2 should be filed within 72 hours after death with the Maryland f Health and Mental Hygiene. Item 27 is marked other than "natural", or itema 23a or 28a-f show other traumatic event, the Medical Examinar must be nothered	by Funeral	11. Meritei Stetus  1 □ Never Married 2 □ Merried  3 ☑ Widowed 4 □ Divorced	12. Wes Decedent Armed Forces? 1 Wes 2 If If Yes, Give Yeer or Detes:		if	/es Deced Yes, spec	ify Cut	en, Mexicar	n, Puerto I	cify Yes or N Rican, etc.)			etc.
21215-0020	2 hou	8	15. Decedent's	Education	16e.	Decede	ent's Usue	i Occu	petion			16b. Kind of I	WHI Business/Inc	
215	within 72 ene. than "nat	Completed	(Specify only highest g	rede complated)		(Give k lifa. D	ind of wor	k done e retire	during mos	t of working	ng			20017
21	d with	Eo	Elementery/Secondery (0-12)	College (1-4or !	0+)		SA	LES				T	ELEVI	SION
Pu	tal Hygied other	Be	17. Fether's Nema (First, Middla, La	st)					18. Mothe	ar's Nama	(First, Middle	e, Meiden Sume	me)	
yla	should be filed with and Mental Hygiene. s marked other than umatic event, the	To	MARC	CUS	WEI	RBA					ELIZAE	BETH		ZIFF
Maryland	2 she and is me	ľ	19e. Informant's Neme/Retetionship		19b	. Meiling	Address	(Stree	t end Numb	er or Rura	/ Route Numi	ber, City or Town	n, Stete, Zip	Code)
	Health Health Jem 27 I			ERBA (SON)					NG AVI	E. SA	N JOSE	E, CA (9	5128)	
Baltimore,	permit. Pages 1 and Department of Health Important: If Item 27 any Injury or other tr once.		20a. Method of Disposition  1 ☑ Burial 2 ☐ Cremation 3  4 ☐ Donation 5 ☐ Open (Specific Control Contr		20b. Pleca of cematar	y, cremi	etory or of	thar ple	SHE SI	FARD	Dete -9-6-]	20c. Location 996–ROS		
alti	Departm Mporta any Inju		21. Signature of Funeral Service 14	5500		22.			ess of Fecili					
8	88 E 8 8		1 Am	2mm		00					Bros.			01000
			23a art1. Enter the disease, or co shock, or heart failure. List on	mplications that caused	the deeth. Do r	not ente	r the mode	els e of dy	ng, such es	cardiac o	r respiretory	kesvill	e, MD	Approximete Intervel Between
×.	Physician		andox, or mean range, Liston	y ona ceuse on eech iii	10.								1	Onset and Deeth
м	/Medical		immediate Ceuse (Finei diseese or condition	Moto	tatic 1	Par	stata	1 (	ance	16				Avenal 195
S	Examiner		resulting in deeth)	0.	Due to (or as a				20110					9031 10
	D #	iner	_	Cone	restine	He	21	Fo	ilora					
	icata be asscuted physician end s the buriel-transit	Examiner	Sequentielly list conditions,	U	bue to (or es e	consequ	ence of):							
60,	cian c		Sequentieily list conditions, if eny, leeding to immediate cause. Entar Underlying Cause (Disease or injury	C										
68760,	g physical as the b	Medical	thet initiated events resulting in deeth) Last	0.	Due to (or es e c	onsequ	enca of):							
×	ding i			d									i	
Bo	eeth ce ettend I for us	lan												
P.O.	as that the de igned by the be detached	Physician	Pert II. Other significant conditions	contributing to death b	ut not resulting in	the und	derlying ca	ause gi	ven in Pert i	f.				the cause of death?
	that bed by deta										1	Yes 2 No	3 Proi	bably 4 XUnknown
Vital Records,	requir	eted by									24e. We	s en autopsy formed?	av	ere eutopsy findings eileble prior to empletion of cause
Rec	has t	Completed										1/	of	deeth?
a	defant: The Learning of the Certificate he rector, pege			1							1	Yes 2000	10	☐ Yes 2☐ No
\ <u>\E</u>	Physician: this certific	o Be	25. Wes case raferred to medical exeminer?	Hospitei:				Ot	her:		(Check only			
of		<b> -</b>	1 ☐ Yas 2 ☐ No 27. Menger of Death	1 28 Inpatie		ime of		^	4LINU			how Injury occu		Y)
Division	Attending For death.  Setor: After by the funer	Certification:	1 Netural 5 ☐ Pending 2 ☐ Accident investigeti	28e. Dete of inju (Month, Day	Year) in	njury	М	Bc. Inju Wo	rk? ]Yes 2□					
<u> S </u>	or Attandi aftar death Director: A I in by the f	flea	3 ☐ Suicide 6 ☐ Could not	be on Pierr of Ini	ury - At home, fai	rm, stre	et, fectory,	office	1	2			ber or Rure	al Route Number,
ă	s aftar I Direct of in by	er	4 Homicida determine	building, at	c. (Specify)						City or To	own, Stete)		
	To the Hospital or A within 24 hours after To the Funeral Directon plately filled in the Funeral of the Funeral Platel Funeral	edicai (	29a. Cartifier 1 Certifying F (Check only one) 1 Certifying F	hysician: To the bast of the basis of end menner ste	examinetion end	, daath d d/or Inve	occurred a estigetion,	it tha ti	me, date en opinion, dee	d place, a	nd dua to the	a cause(s) and n , dete end place	nannar as s , end due to	tated. the cause(s)
	To the within 2 To the compla	ĕ.	29b. Signature and Me of pertitier	/			29c.	Licen	se number			29d. Date sign	ed (Month,	Day, Year)
	/		1/1/11	m			A	51	102321	-GA-6	1063	Soph	4 19	96
	ih		30. Neme and address of person who	completed cause of d	aeth (Itam 23a) /	Type P	rint)		1 - 5 5 51	Q11		Jelle	. 1	
1	1		A	UD SINA	aeth (Itam 23a) (	1774	6 0	F.	BALTI	MORE				
	Sta	te	31. Data filed (Month, Day, Yaar)	Julia Davidson	ar's material			. ,	-,,,					
-	Registr		SEP 1 0 1996	June villason		-								



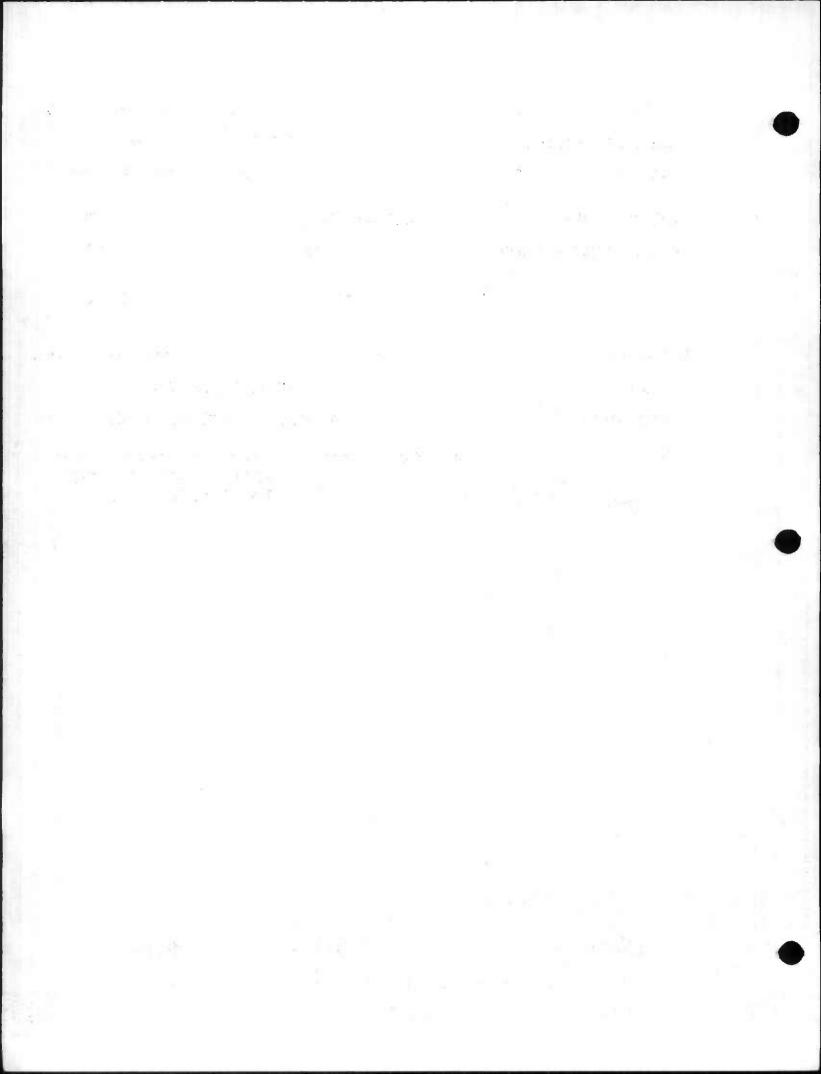
Physic		1. Decedent's Na	ıma (First, Middle, La	State of M H. 6-739 9/10	0/90 reb	,	imouto of	Dealii	2. Date o			3. Time of D
/Med		ELAIN					WILSO	N	AUGU		, 19	996 2124
Exami	ner	4a. Facility Name	(If not institution, giv	re street end number)				4b. City, Town,	or Location of D	eath 4c.	County o	f Death
uneral		5. Social Sacurity 212-70-	Number 6. 5 6843	HOSPITAL Sex 7. Ag	E.R. ge (In yrs. lest 39	t birthday)	If Under 1 Yaar Months Days	if Under 24	ORE CI Hrs. 8. Data o Min. (Month	TY Birth Dey, Yeer) 22 195	7	9. Birthplace (Steta or Country) Mary land
*_		Usuai Residence	of Decedent  10b. County		10c. City, To	own or Loc	eation					10d. Inside City
4 sho	ō	Md.	N/A				e City					1 DYes
3a or 28a	i Director	10e. Street and N		n Street	331		10f. Zip Code 21223				zen of Wh	net Country?
rst, or items 23a or 28a-f show Examiner must be notified at	by Funeral		rried 2 X Married 4 □ Divorcad	12. Was Decedant Armed Forces? 1  Yes 2 H If Yes, Give Year or Dates:	Ever in U,S.		/as Decedent of Yas, specify Cut		? (Specify Yes o uerto Ricen, atc.	No-	14. Raca Biack,	- Americen Indien, , White, etc. Black
Important: If Item 27 is marked other than "natural", any injury or other traumatic evant, the Medical Exp once.	Completed	(Spe	15. Decadent's Edecify only highest green	ducation de complated) College (1-4or 5		6a. Decede (Give k life. D	ent's Usuai Occu aind of work done O NOT use retire	pation during most of ed)	working			Iness/Industry
4	Соп	11th	sometry (o 12)	College (1-40)	,+,	Hous	sewife			0	NN	home
is marked other than "	Be		e (First, Middle, Last)						Neme (First, Mic		Sumame,	)
narke	10	Samuel E							ta Fiel			
om 27 is n ther traun			Name/Relationship ( Fields/Mo		1		Address (Stree					
orn 2		20a. Method of Di		11161	20b. Place	of Dispos	ition (Neme of	KIIN ST	reet, B			land 21223 lity or Town, State
Important: If Ite any Injury or of once.		1 ☑ Burial 2 4 ☐ Donation	2 Cremetion 3 5 Other (Specifical Service Licen	y)			ition (Neme of 103 or other pla rial Par		9/6/9	ARB	UTUS	n, Maryland
sician edical miner		Immediete Cause disease or conditi	(Final		the death. D			orth Av	Commun e Balt diac or respireto	i more, ry arrest,	Mar	y fand 2121 Approximate Interval Betwe Onset and De
edical miner	miner	Immediete Cause disease or conditi resulting in deeth	e (Final ion )	a	TIC INTO	XICATI a consequ	ON ence of):	orth Av	e, Balt diac or respireto	imore, ry arrest,	Mar	y land 2121 Approximate Interval Betwee Onset and De
cian and prince transit	cal Examiner	Immediate Cause disease or condit resulting in deeth sequentially list of any, leading to cause. Enter Unc Cause (Disease of Cause (Disease  e (Final ion ) conditions, immediate derlying or injury	b	Due to (or as	XICATI a consequ	ON ence of):	orth Av	e. Baltdiac or respireto	imore, y arrest,	Mar	y land 2121 Approximate Interval Betwee Onset and De	
hysician and the buriel-transit	65	Immediate Cause disease or conditions of the conditions of the conditions of the conditions of the conditions of the couse. Enter Uncause. Enter Uncause.	e (Final ion) conditions, immediate derlying or Injury	b	TIC INTO	XICATI a consequ	ON ence of):	orth Av	e. Ball+ diac or respireto	imore,	Mar	y land 2121 Approximate Interval Betwee Onset and De
ed by the attending physician and deteched for use as the buriel-transit at a constant and deteched for use as the buriel-transit at a constant and a constant at a consta	Physician/Medical	Immediate Cause disease or condition resulting in deeth sequentially list of any, leading to cause. Enter Unc Cause (Disease othat initiated even resulting in death)	e (Final ion ) conditions, immediate derlying or injury ts ) Last	b	Due to (or as	a conseque	ON ence of): ence of): enca of):	orth Av	Balltural Harding Control of the Con		use contr	y and 2121 Approximate Interval Betwee Onset and De
is been signed by the attanding physician and upper 2 should be deteched for use as the bunel-transit	by Physician/Medical	Immediate Cause disease or condition resulting in deeth sequentially list of any, leading to cause. Enter Unc Cause (Disease othat initiated even resulting in death)	e (Final ion ) conditions, immediate derlying or injury ts ) Last	b	Due to (or as	a conseque	ON ence of): ence of): enca of):	orth Av	23b. I	Old tobacco	use contr	onset and be
has been signed by the attanding physician and up to see a street buriel-transit up to see a street buriel-transit up to see a street buriel-transit up to see a street buriel-transit up to see a see	Completed by Physician/Medical	Immediate Cause disease or condition resulting in deeth sequentially list of any, leading to cause. Enter Unc Cause (Disease othat initiated even resulting in death)	e (Final ion ) conditions, immediate derlying or injury ts ) Last	b	Due to (or as	a conseque a conseque a conseque	ON ence of): ence of): enca of):	orth Av	23b. I	Old tobecco	use contr	ribute to the cause of B Probably Use 24b. Were autopsy fin available prior to completion of cau.
settificate has been signed by the attending physician and upper sector, page 2 should be datached for use as the bunel-transit upper period of the property o	Be Completed by Physician/Medical	Immediate Cause disease or condition resulting in deeth resulting in deeth sequentially list consequence. Enter Unc Cause, Enter Unc Cause (Disease othat initiated are resulting in death)  Part II. Other sign  25. Was case referexeminer?	e (Final ion )  conditions, immediate derlying or injury its ) Last	b	Due to (or as  Due to (or as  Due to (or as  ut not resulting	XICATI a a conseque a conseque a conseque	ON ence of): ence of): enca of): darlying cause gi	van in Pert I.	23b. I 24a. V	Old tobacco of Yes 20 Ves en autoperformed?  (Yes 2 □ (Y	use contr	onset and be of the cause of th
this certificate has been signed by the attending physician and the brief-transit of director, page 2 should be deteched for use as the burief-transit of the brief-transit of th	To Be Completed by Physician/Medical	Immediate Cause disease or condition resulting in deeth sequentially list of any, leading to incause. Enter Unc Cause (Disease of that Initiated even resulting in death)  Part II. Other sign	e (Final ion )  conditions, immediate derlying or injury its ) Last  ifficant conditions	b.  c.  d.  hontributing to death but the properties:  1   Inpaties   1   Inpaties   28a. Dete of Injur	Due to (or as  Due to (or as  Due to (or as  Due to (or as  as  Due to (or as  2 SERVey  28b	XICATI a a conseque a conseque a conseque g in the unc	ON  ence of):  ence of):  darlying cause gi	van in Pert I.  26. Plece of leer:	23b. I 24a. V Deeth (Check or	Old tobacco of Yes 2 (Ves en autoperformed?  Yes 2 (Ves 2	use contr	onset and be of the cause of the completion of cau of death?  1 Yes 2 No. (Specify)
tor: After this certificate has been signed by the attanding physician and the funeral director, page 2 should be deteched for use as the buriel-transit of the funeral director.	To Be Completed by Physician/Medical	Immediate Cause disease or condition resulting in deeth sease or condition resulting in deeth sease or condition resulting in deeth sease. Enter Unc Cause. Enter Unc Cause, Enter Unc Cause (Disease othat initiated even resulting in death)  Part II. Other sign  25. Was case refe exeminer?  1	conditions, mediate deriving or injury ts ) Last   ifficant conditions could be recorded to medical or red to medical or	hospitel: 1   Inpetie	Due to (or as  Due to (or as  Due to (or as  Due to (or as  as  Due to (or as  285ER/0  286  286	a consequence a	ON  ence of):  ence of):  enca of):  darlying cause gi  3 DOA  28c. Inju Wo 1	van in Pert I.  26. Plece of leer:	23b. I 24a. V p Deeth (Check or g Home 5 G R 28d. Descri	Ves en autoperformed?  Yes 2  Yes 2  Yes 2  Yes 2  He youne)  He sidence 6  be how injury	use control No 3 sy No Other	ribute to the cause of S Probably Use 2 No.
tor: After this certificate has been signed by the attanding physician and the funeral director, page 2 should be deteched for use as the buriel-transit of the funeral director.	Certification: To Be Completed by Physician/Medical	Immediate Cause disease or conditive resulting in deeth sease or conditive resulting in deeth sease. Enter Unc Cause. Enter Unc Cause, Enter Unc Cause (Disease of that initiated even resulting in death)  Part II. Other sign  25. Was case reference exeminer?  1	e (Final ion )  conditions, immediate derlying or injury its blast  ifficant conditions	hontributing to death but to de	Due to (or as  Due to	a consequence a	ON  ence of):  ence of):  ence of):  darlying cause given and only only only only only only only only	van in Pert I.  26. Plece of Iher: 4 Nursin ry at rk?  1 Yas 2 10 No	23b. I 24a. V P Deeth (Check or g Home 5   R 28d. Descri UNK NOW! 28f. Locatic City or BALTING	Old tobacco of Yes 2 Colored Programme (Street enc. Town, Stete)	No 3 Sy Other Cocurred Number 1502 YLAND	ribute to the cause of B Probably Question of cause of death?  24b. Were autopsy fin available prior to completion of cau of death?  Yes 2 No. (Specify)  FrankLin
Funeral Diractor: After this certificate has been signed by the attanding physician and pastely filled in by the funeral director, page 2 should be deteched for use as the buriel-transit of page 2.	Certification: To Be Completed by Physician/Medical	Immediate Cause disease or condition resulting in deeth sease or condition resulting in deeth sease or condition resulting in deeth sease. Enter Unc Cause. Enter Unc Cause, Enter Unc Cause (Disease othat initiated even resulting in death)  Part II. Other sign  25. Was case refe exeminer?  1	e (Final join)  conditions, immediate derlying or injury its jury its jury its jury its jury its jury invastigation of MCould not be determined	b.  c. d.  Hospitel: 1   Inpatie  28a. Dete of Injur (Month, De)  FOUND 8/31/  28e. Place of Injur (Both)	Due to (or as  Due to (or as)  Due to (or as  Due to (or as)  Due to (or as  Due to (or as)  Due to (or	a consequence a	ON  ence of):  ence of):  ence of):  darlying cause given and the live occurred at the live o	van in Pert I.  26. Plece of I.  her: 4 Nursin ry at rk? I Yas 2 XXNo	23b. 6 24a. V 24a. V P 24a. V P 1 Deeth (Check or UNK NOW) 281. Locatic City or BALTIMO	Ves en autoperformed?  Yes 2  Yes 3  Yes 3  Yes 4	use control No 3 sy No Other r occurred f Number 1502 YLAND	conset and be co
Director: After this certificate has been signed by the attending physician and in by the funeral director, page 2 should be deteched for use as the buriel-transit in by the funeral director, page 2 should be deteched for use as the buriel-transit in by the funeral director.	ledical Certification: To Be Completed by Physician/Medical	Immediate Cause disease or condition resulting in deeth sease or condition resulting in deeth sease. Enter Uncause. Enter Uncause. Enter Uncause (Disease). The sease of that initiated as well as the sease of the s	orred to medical invastigation of Micould not be determined.	hospitel: 1   Inpatie  28a. Dete of Injur(Month, De) FOUND 8/31/ 28e. Place of Injur(Juliding, etc. FOUND 1/2016   Pound 1/201	Due to (or as  Due to (or as)  Due to (or as  Due to (or as)  Due to (or as  Due to (or as)  Due to (or	a consequence a	ON  ence of):  ence of):  ence of):  darlying cause given and the live occurred at the live o	van in Pert I.  26. Plece of I her: 4 Nursin ry at rk? I Yas 2 XXNo	23b. 6 24a. V 24a. V P 24a. V P 1 Deeth (Check or UNK NOW) 281. Locatic City or BALTIMO	Ves en autoperformed?  Yes 2  Yes 4	use control No 3 sy No Other r occurred 1502 YLAND place, and	conset and be co



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middla, Last) 2. Date of Death **Physician** Month JOYCE OLIVIA WEBB 1996 /Medical Seft 04 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner N/A BON SECOUR HOSPITAL BALTIMORE CITY 8. Date of Birth (Month, Day, 5. Social Sacurity Number If Undar 1 Year If Under 24 Hrs. 7. Age (In yrs. last birthday) 9. Birthplace (Stata or Foreign Funerai Days 1□M 20 F Hours MARYLAND Yrs. Director 50 218-48-4418 the Maryland 10a. State 10b. County 10c. City, Town or Location 28a-f ehow 10d. fnside City Limits the Medical Examiner must be notified at Director MARYLAND N/A BALTIMORE CITY YYY Yes 2□No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? with ŏ 1803 W. LEXINGTON STREET 21223 U.S.A. 230 Funeral 12. Wes Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 10 No If Yes, Give Year or Datas: or Items 13. Was Decedent of Hispanic Orlgin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, Whita, atc filed within 72 hours after 1 ☐ Never Married 2 ☐ Married altimore, Maryland 21215-0020 1 ☐ Yes 21/20/No þ 3X Widowed 4 □ Divorced Specify: BLACK natural', Completed 15. Decadent's Education 16a. Decadent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry (Specify only highest grada completed) than Elementary/Secondary (0-12) College (1-4or 5+) 10th grade other t Packer ABACUS CORPORATION 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maidan Sumama) Be Pages 1 and 2 should be Health and Mental JULIUS DAY MARCELLINE WHARTON 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) permit. Pages 1 and 2: Department of Health ar Important: If Item 27 Is any Injury or other traconce. 1803 W. LEXINGTON ST, BALTIMORE, MARYLAND 21223 RONALD DAY/SON 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stata Burlal 2 Cramation 3 Removal from State 4 Donation 5 Other (Specify) Mt. Zion Cemetery 9-11-96 BALTIMORE, MARYLAND 21. Signatura of Funerel Service Licenses 22. Name and Address of Facility WILLIAM C. BROWN COMMUNITY F/H 23a. Part 14 En 17 the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each lina. 1206 W. NORTH AVENUE **Physician** /Medical Immediate Cause (Final disaasa or condition resulting In deeth) **Examiner** Examiner The law requires that the death cartificate be executed burial-transi Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initieted events resulting in death) Last Division of Vital Records, P.O. Box 68760, physician is the buria Physician/Medical attending p for use as resel ed by the a Part it. Other significant conditions contributing to death but not resulting in the underlying cause given in Part it. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ Completed 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy page 2 has certificate 1 Yes 2□ No 1 TYRS 2 No or Attending Physician: Be director 25. Was case reterred to medical axaminer? 26. Piace of Deeth (Check only one) 2 1 ☐ Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Inpatient 2 ER/Outpatient 3□ DOA After this 27. Manner of Death Certification: 28a. Dete of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 1 Natural 5 Pending Investigation death. s after death. 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 ☐ Sulcide 28e. Place of Injury - At home, 'arm, street, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) filled in by 4 ☐ Homicide To the Hospital o within 24 hours af To the Funeral DI 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) end manner stated. Medical completely (Check only one) 29b. Signature and tille of certifier 29c. License number 29d. Date signed (Month, Day, Year) 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Back mre 32. Registrar's Signature State a Davidson Registrar



State of Maryland / Department of Health and Mental Hygiene

27032

Certificate of Death

**Physician** /Medical **Examiner** 

LISA WASHINGTON

1. Decedent's Nama (First, Middla, Last)

4b. City, Town, or Location of Deeth

2. Data of Daeth

2,

SEPT.

3. Time of Death Day 1996 0709 AM

Birthplaca (Stata or Foreign Country)

10d. Insida City Limits Yas 2 No

Approximate Intarvai Batween Onset and Death

**Funeral** Director

Director Funeral by Completed

the Maryland r 28a-f show ma 23a or death with Herne? the Medical Examiner filed within 72 hours after 6 "natural" than permit. Pages 1 and 2 should be filed Department of Health and Mantai Hyg Important: If Item 27 is marked other any injury or other traumatic event,

Baltimore, Maryland

Box 68760

P.O.

Division of Vital Records,

0

21215-0020

**Physician** /Medicai Examiner

Examiner Attending Physician: The law requires that the death certificate be axecuted pue the buniel-trar Physician/Medical signed by þ Completed peed certificate has Be P this Certification: After s after deau. Hospital 4 hours a Funerel Medicai

4a. Facility Nama (If not institution, giva street and number) 4c. County of Death ROUTE#50 EAST & HALL ROAD WORCESTER 5. Social Security Number If Under 1 Yaar | If Undar 24 Hrs. 7. Age (In yrs. iast birthday) 8. Date of Birth (Month, Day, Year) 10 M 2 F Months Days Hours Yrs. 577-92-3719 11 21 74 WASHINGTON, DC Usual Rasidance of Dacadant 10a. Stata 10b. County 10c. City, Town or Location PRINCE GEORGE'S TEMPLE HILLS MD 10e. Street and Numbar 10f. Zlp Coda 10g. Citizan of What Country? 2265 ANVIL LN. USA 12. Wes Dacedant Evar in U,S. Armed Forcas? Was Decedant of Hispanic Orlgin? (Specify Yes or No. If Yas, specify Cuban, Maxican, Puerto Rican, atc.) 11. Maritel Status 14. Race - Amarican Indian, Black, Whita, etc. 1 ☐ Yes 2 No If Yas, Giva Yaar or Dates: Naver Marriad 2 Married 1 ☐ Yas 🏋 No Specify: Specify 3 Widowed 4 Divorced BLACK 16e. Dacedant's Usual Occupation (Giva kind of work dona during most of working lifts. DO NOT use retired) 15. Dacedant's Education 16b. Kind of Businass/Industry (Specify only highast grada complated) Elamantary/Sacondary (0-12) Collaga (1-4or 5+) SECRETARY DEPT. OF EDUCATION 12 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maldan Sumama) Be PAUL WASHINGTON SHIRLEY WILSON 19a. Informant's Name/Relationship (Typa, Print) 19b. Mailing Addrass (Straet and Numbar or Rural Route Number, City or Town, Stata, Zip Coda) SHIRLEY WASHINGTON 2265 ANVIL LN. TEMPLE HILLS, MD 20a. Mathod of Disposition 20b. Placa of Disposition (Nama of cematary, cramatory or other place) 20c. Location - City or Town, Stete 1 XBurial 2 Cramation 3 Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Specify) HARMONY MEMORIAL PARK 8/7/96 LANDOVER, MD 21. Signeture of Egnaral Sarvice License 22. Nama and Addrass of Fecilit ROBERT G. MASON FUNERAL HOME 1661 GOOD HOPE RD. SE WASHINGTON, DC 20020 23a. Part1. Enter the disaasa, or complications that caused the daath. Do not enter the mode of dying, such es cardiac or respiratory arrast, shock, or heart failure. List only one cause on each line. Immadiata Cause (Finel disaasa or condition rasulting in death) Sequantially list conditions, if any, laading to immadiata causa. Entar Undarlying Causa (Disaase or Injury that initieted avants rasulting in daath) Lest Dua to (or as a consequenca of) Dua to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown 24a. Wes en autopsy performed?

24b. Were eutopsy findings avellable prior to complation of cause of death? Yes 1 TYas 2 No 25. Was case rafarred to medical exeminar? 26. Placa of Daath (Check only ona) Hospitel: XX Yas 2 No Other: 4 Nursing Homa 5 Residence Wother (Specify) ROAD 1 Inpatiant 2 ER/Outpatient 3 DOA 27. Mannar of Deeth 28a. Data of Injury (Month, Day Year) 28b. Tima of Injury 28c. Injury et Work? 28d. Dascribe how Injury occurred 1 Natural 5 Pending Invastigation motor vehicle accident 9-2-96 704 AM 1 Tas 2 No 2 Accidant 6 Could not be determined 3 Sulcida 28f. Location (Street and Number or Rural Routa Number, City or Town, State) R+ 50 west f R+ 90 28e. Place of Injury - At homa, farm, streat, fectory, office building, atc. (Specify) 4 Homicida street 29a. Cartifian

(Check only one) 29b. Signature and title of cartifiar

1 Certifying Phyeician: To the best of my knowledge, death occurred at the time, dete and piece, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, dete and piece, and due to the cause(s) and manner stated. 29c. License number 29d. Data signed (Month, Day, Year)

Unito in

O.C.M.E

SEPT. 3, 1996

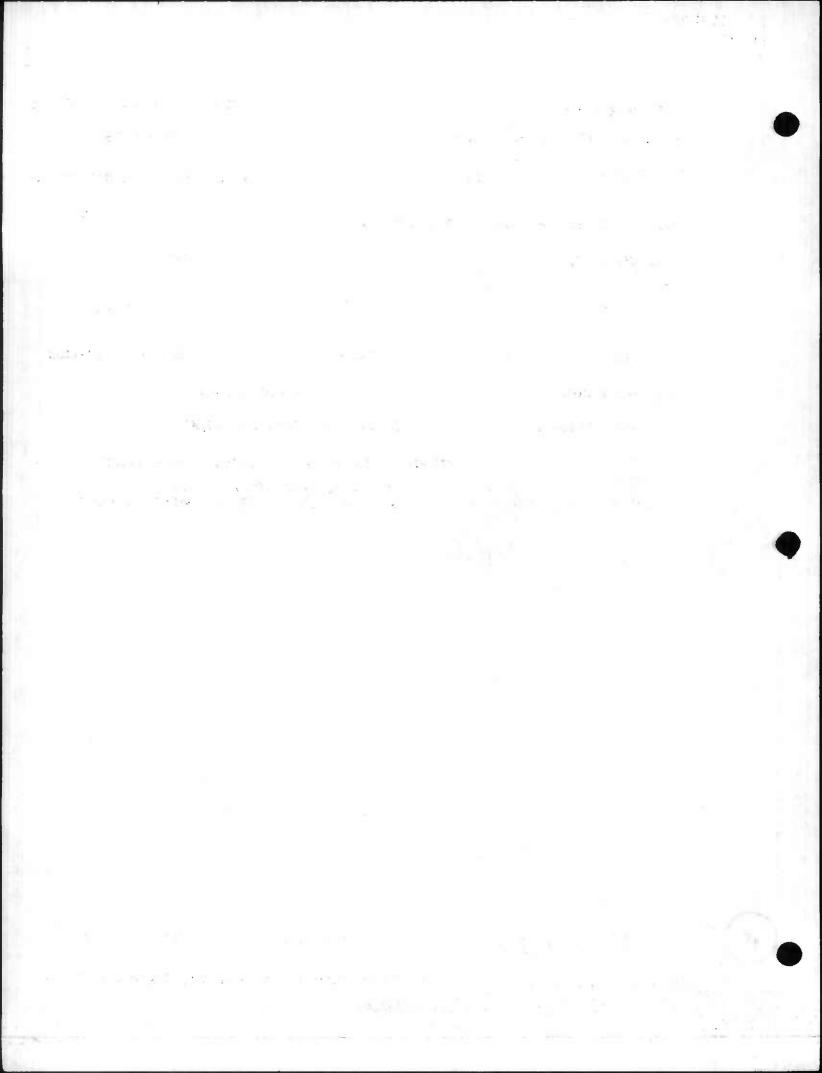
30. Nema and addrass of person who completed causa of death (Item 23a) (Type, Print)

hute m ennis

111 Penn Street, Baltimore, Maryland 21201

State Registrar 31. Data filed (Month, Day Year) SEP 1 0 1996





# ITEM: 7. PER F'.H F'ILM Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

27033

						Cer	tificate	of D	eath		Reg. No.	20	6-m   I	000	
н	Dhusia		1. Decedent's Name (First, Middle, L	ast)						2. Dete of D Month	eeth Dev	Yeer		ne of Death	
	Physic /Medi		Clark Edwar	rd .	WHAL	EY Sr	•			Septemb		996	11:3	36 Pm	
	Exami		4a. Facility Neme (If not Institution, g	ive street and num	ber)			4b.	City, Town, or	Location of Dee		ty of Deat	h		
			Franklin Square	Hospital	Cente	r		Ro	ssvill	е	Balti	lmore			
1	Funeral		Social Security Number 6.	Sax 7	. Aga (In yrs.	lest birthday)	If Under 1	Year	If Undar 24 Hr	8. Date of B	irth	9. Birtl	hpiece (St	eta or Foreig	
	Director		212-50-5434	1[XM 2□ F	-50	49 Yrs.	Months [	Deys	Hours Min	8. Date of B (Month, D	1946	Ten	untry) Nesse	ee .	
	D		Usual Residence of Decedent												
	ylan		10e. Steta 10b. County		10c. Ci	ty, Town or Lo	cation				la,		10d. Insid	le City Limit	
	r 28a-f ahow	to	Maryland Baltin	ore	E	ssex							10	Yes 2 XN	
	1 28	Irec	10e. Street and Number				10f. Zip Co	ode			10g. Citizen o	What Co	untry?		
	23a or	I D	1647 Old Eastern	Ave. Apt	- G		2122	1			U.S.A.				
	72 hours after death with the Maryland natural", or flems 23s or 28s-f show fical Examiner must be notified at	Funeral Director	11. Meritel Stetus	12. Was Deced	tent Evar in U	I,S. 13. V			panic Origin? (	Specify Yas or N		ece - Ame	rican India	n.	
0	flar dea	Fur	1 ☐ Never Merried 2 🛣 Married	Armed For	ces? 2 □ No				Maxican, Pua	Specify Yas or N to Rican, etc.)	Bi	ack, White	etc.		
320	f, or	þ	3 ☐ Widowed 4 ☐ Divorced	1 DXYas If Yes, Give Yaer or De	es: Viet	nam 1	☐ Yes 2√	No C	Specify:		Spec	'⁄y∵Whi	te		
Ö	72 hours netural', ofcal Exp		15. Decadent's E	Education		18e. Deced	ent's Usuel C	Occupati	on	1752	16b. Kind of	Business/I	industry		
715	c -	plet	(Specify only highest g	rade complated)	4. 8.3	(Give	kind of work of NOT use	done du retired)	ring most of wo	orking					
77	jiene. r than	E	Elemantery/Secondery (0-12)	Collega (1-	40r 5+)	Carp	enter				Consti	ructi	on		
P	H H	Be Completed	17. Fethar's Nema (First, Middla, Las	t)				1	8. Mother's Ne	me (First, Middle	e, Meiden Surne	eme)			
Maryland 21215-0020	should be filed and Mental Hygies marked other umatic avant, I	ToB	Lewis Edward	Whal	ev				Ruby	Thelr	na Ri	char	ds		
2	and M s mari	-	19e. Informent's Neme/Reletionship		-1	19b. Meilin	a Address /5	Street an		ural Route Numi					
X	and 2 alth ar 27 is		Lisa Jane Whaley	(wife)						Apt. G	Essex			221	
ė,	~ P E E		20a. Method of Disposition	(	20b. F	Piece of Dispo:	sition (Name	of		Dete	20c. Location	-			
0	nt of nt of		1 Buriai 2 □ Cramation 3		teta	cemetary, crem	etory or othe	er plece)							
Baltimore,	permit. Pages 1 a Department of He Important: if Item any injury or othe once.		4 ☐ Donetion 5 ☐ Other (Spec	**	HOT	ly Hil				9/10/199	6 Balt	lmor	e co.	Ma.	
Bal	Depa Impo any ir		21. Signeture Funarai Sarvica Licansee 22. Nama and Addrass of Facility Bruzdzinski Funeral Home P.A.												
	20200		forme &	neug	Dear					Ave. Es		1. 21	221		
			23a. Parts. Enter the disease, or con shock, or heart feilure. List only	nplicetions thet ca	used tha deat	th. Do not ente	er the mode o	of dylng,	such as cardia	c or respiratory	errest,		Approx	imate Between	
	Physician			1 2000 - 50									Onset a	and Deeth	
-1	/Medical		tmmediete Ceuse (Finel disease or condition	Acut	e myoc	ardial	infar	ctio	on			1	1 ho	our	
i I	Examiner		resulting in deeth)	θ		or es a conseq						i			
<u></u>	D #	ner		Arte	rioscl	erotic	cardi	ovas	scular	disease		i	3 y	ears	
	icata be axecuted physician and s the burial-transit	Examiner	Sequentially list conditions,	b. ———	Due to (d	or es e consequ	uence of):								
ó	a axe		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury									i			
68760,	ta be	Medical	tuet initiated events	C	Dua to (o	or as a consequ	uenca of):								
99	entifica ing ph a as ti	Ped	resulting In death) Lest				seme.					į			
Box	eath cer attendin for usa			d											
B	es that the death certificate be axecut igned by the attending physician and be detached for use as the burial-fran	Physician/	Part II. Other significant conditions	contributing to des	th but not ree	ulting In the un	darbina cau	on ohion	In Bort I	22h Die	I tobacco use o	ontelbute	to the ear	on of death	
0	tha yy th	hys	arti. Other agrinoant conditions	contributing to ge	un but not res	olong in the un	dailying caus	Sa Giveii	mren.		,				
0	that tha									1/2	Yes 2□ No	3   PI	obably	4 Unknor	
of Vital Records,	requires een sign hould be	d by								24s We	s an autopsy	24b. \	Vere auto	psy findings	
Ö		Completed								perl	ormed?	1	vailable p	rior to	
360	8 8 6	du										(	of death?		
=	E # 8	ပ္ပ								1 🗆	Yes 2 No	1	I ☐ Yes	2□ No	
1	ysician: The last cartificate hadirector, page	Be	25. Wes case referred to medical exeminer?	I have a final		,		1		ath (Check only	one)				
5	Physician: this cartific ral director,	2	1 ☐ Yes 201 No	-	patient 2	ER/Outpatien		Other:	4 U Nursing	Home 5 ☐ Res	idence 6 🗆 O	ther (Spec	city)		
		6	27. Menner of Deeth  1 A Neturel 5 ☐ Pending	28e. Dete of (Month	Injury Day Year)	28b. Time of Injury	28c.	. Injury a Work?	it	28d. Describe	how injury occi	urred			
Sio	Attending r death. ector: Alte by the fune	ati	2 Accident Investigetic				М	1 ☐ Ye	s 2 No						
Division		Ę,	3 ☐ Suicide 6 ☐ Could not 1 4 ☐ Homicide determined	28e. Place C	of Injury - At he	oma, farm, stre	et, fectory, o	office			(Street and Nur wn, Stete)	nber or Ru	ral Route	Number,	
	ns after al Otr led in	Certification			, - p - vvi	,,					, ,				
	Hospital or 24 hours after Funeral Direction		29e. Certifier Certifying P	hyalcian: To the b	est of my kno	wledge, deeth	occurred et t	the time,	dete and plec	a, end due to the	ceusa(s) and r	nanner as	stated.		
	the Ki	edical	one) 2 Medical Exa	miner: On the bas end menne	or axamina or steted.	tion and/or inv	estigetion, in	my opin	non, deeth occ	urred at tha tima	, dete end plece	, and due	to the cau	se(s)	
	Within 3	2	29b. Signatura and titla of certifiar				29c. L	icensa r	number		29d. Data sign				
	/ .	1	> Julie Al. Casa	in hus			De	282	14		Septer	uber	6,	1996	

30. Name and eddress of person who completed cause of deeth (Item 23a) (Type, Print)
Dr Julie Casani MD. 9000 Franklin Square Drive Baltimore Maryland 21237

State Registrar

31. Dete filed (Month, Dey, Year)

TOTAL SEE ADMINISTRATION

# ITEMS: 12. & 18. PER FI.H. FILM Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Marvland / Department of Health and Mental Hygiene

State of Maryland

d,	/	Depai	rtment	of	Health	and	Mental	Hygiene

,					Ce	ertificate of	f Death		Reg. No.			
	Physician /Medicai		1. Decedent's Name (First, Middle, Last, HENRY	WILLI	WILLIAMS			Day	Yaar 9 6	3. Time of Death		
P	Exami		4a. Facility Nama (If not institution, give street and number)  LONG GREEN NURSING HOME				4b. City, Town, or Location of De					
	Funerai Director		5. Social Sacurity Number 6. Sec 240-28-6470		ga (In yrs. lest birthde) 75 Yrs.	Months Day	If Under 24 Hrs	8. Data of Bi	rth ey, Year) 31, 1921	Cour	placa (Stata or Foreign	
	Marylend Febow	or	Usual Rasidence of Decedent  10a. State 10b. County  MARYLAND N/A		10c. City, Town or BAL	Location TIMORE	CITY			1	10d. Inside City Limits  Yas 2□No	
	r 28e	irec	10e. Street and Number			10f. Zip Code			10g. Citizen of	What Cour	ntry?	
	h with	a D	1833 AIKEN ST	REET		21	213		U.S	S.A.		
20	72 hours effer death with the Maryland hatural; or Herra 23a or 28a-f show deal Examiner must be notified at	y Funeral Director	1 Nevar Married 2 Married	12 Was Decedant Armed Forcas 1 Myes 25 If Yes, Giva	JULY, 42	. Was Dacedant of If Yas, specify Cu 1 ☐ Yes 2 ☑ No	Hispanic Origin? (Siban, Maxican, Puer o Specify:	Specify Yes or N to Rican, atc.)	Bia	ce - Americ ck, White,		
00	ural.	d by	3 √Widowed 4 □ Divorced	Year or Dates:								
Baltimore, Maryland 21215-0020	within 72 iene. than hat	To Be Completed	15. Decedent's Edu (Specify only highast gradi Eiementary/Secondary (0-12)	completed)  College (1-4or	(Giv 5+)	edent's Usuai Occi la kind of work don DO NOT use retii	a during most of wo	rking	16b. Kind of B		STANDARD	
	s 1 and 2 should be filed within 72 hours efter death with the Marylen featth and Mental Hygiene. Theatth, and Mental Hygiene from 27 is marked other than "hatural", or items 23s or 28s-f show then 27 is marked other traumatic event, the Medical Examiner must be notified at		17. Father's Name (First, Middle, Last)  BALUM MC NEII		114		18. Mother's Na CALVIN 1412 E	B. DUNU	, Meiden Sumen	IV-III I	TOME	
	2 should and Men is marke		19a. Informant's Name/Relationship (Ty	pe, Print)	19b. Ma	ling Address (Street	et end Number or R					
	Pages 1 and 2 nent of Health int: if Item 27 i		DEBORAH WILLIAMS  20a. Method of Disposition  1XI Burial 2 Cramation 3 CR		20b. Place of Disp	THE ALA  cosition (Neme of emetory or other p		TIMORE,	MD. 21 20c. Location	239 - City or To	own, State	
E	Pag ment ant: I		4 □ Ponation 5 □ Other (Specify)			RE CEMET	ERY SE	PT. 11,	1996 BA	LTO,	MD.	
Balt	permit. Pages Department of Important: If it any injury or once.		21. Signatura of Funeral Service Light	*krue	re fi.		ress of Facility B. SCRU PRESTO			HOME	MD.	
			23a. Parti. Entar the disease, or compi shock, or heart failure. List only or	cations that sayse	d ne death. Do not a	nter tha mode of d	ying, such as cardia	c or raspiratory	arrest,		Approximate Interval Between	
	Physician /Medical Examiner		Immediate Cause (Final disaase or condition resulting in death)  a. Ospiration Preumogila 10deup									
5		ner		01	Due to (or as a cons	equence or):				1	4 mill	
o,	icete be executed physician end s the buriel-fransit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury	C V	Due to (or as a cons	equence of):					) Well R	
x 68760,	leath cartificete be executed strending physician end d for use as the buriel-transit	Medical	Cause (Disease or Injury that initiated events resulting in death) Last  Dua to (or as a consequence of):									
Bo	death c e attended for us									i		
on of Vital Records, P.O.	0 0 %	by Physician	Part II. Other significant conditions con	tributing to death t	put not resulting in the	underlying cause of	given in Part I.		Yes 2 No		o the cause of death? bably 4  Unknown	
	been s	Completed b	Service disorder procedurement collis				24a. W			as an autopsy riormed? 24b. Were autoparted available proprietion of death?		
	0 - 0	Be Com						10	Yes 22 No	10	□Yas 2□ No	
	dclan: The		25. Was cese referred to medical examiner?				26. Place of De	ath (Check only	one)			
	ng Phys fter this meral di	ဥ	1 Yes 2 No F	28a. Date of Injuided (Month, De	ury 28b. Time	of 28c. Inj			how injury occur		y)	
Division	or Attending after death. Director: After in by the fune	Certification:	3 Sulcide 4 Homicide  6 Could not be determined  28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)						28f. Location (Street and Number or Rural Route Number, City or Town, State)			
	Hospital 24 hours Funeral pletely filled	edical	29a. Certifier  (Check only one)  Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.  Check only one)  Medical Examiner: On the best of examination and/or investigation, in my opinion, death occurred at tha time, date and place, and due to the cause(s) and manner stated.									
(	To th To th	M	29b. Signatura and title of certifiar		29c. Lice		29d. Date algned (Month, Dey, Year) 9-6-96					
<u> </u>	-X		30. Name and address of person who co	mpleted ceuse of MD. 5'	death (Item 23a) (Type	RAVEN	BLID	BACAD	MD	داد	39	
	Sta Registr	ar	30. Name and address of pergor who co CARL SPERUNG 31. Date filed (Month, Day, Year)  SEP1 0 6	32. Regist	rar's Signature	tall						
DH	MH 16 Rev 6/9	5		<b>y</b>								

Mary . 

96-5055-005

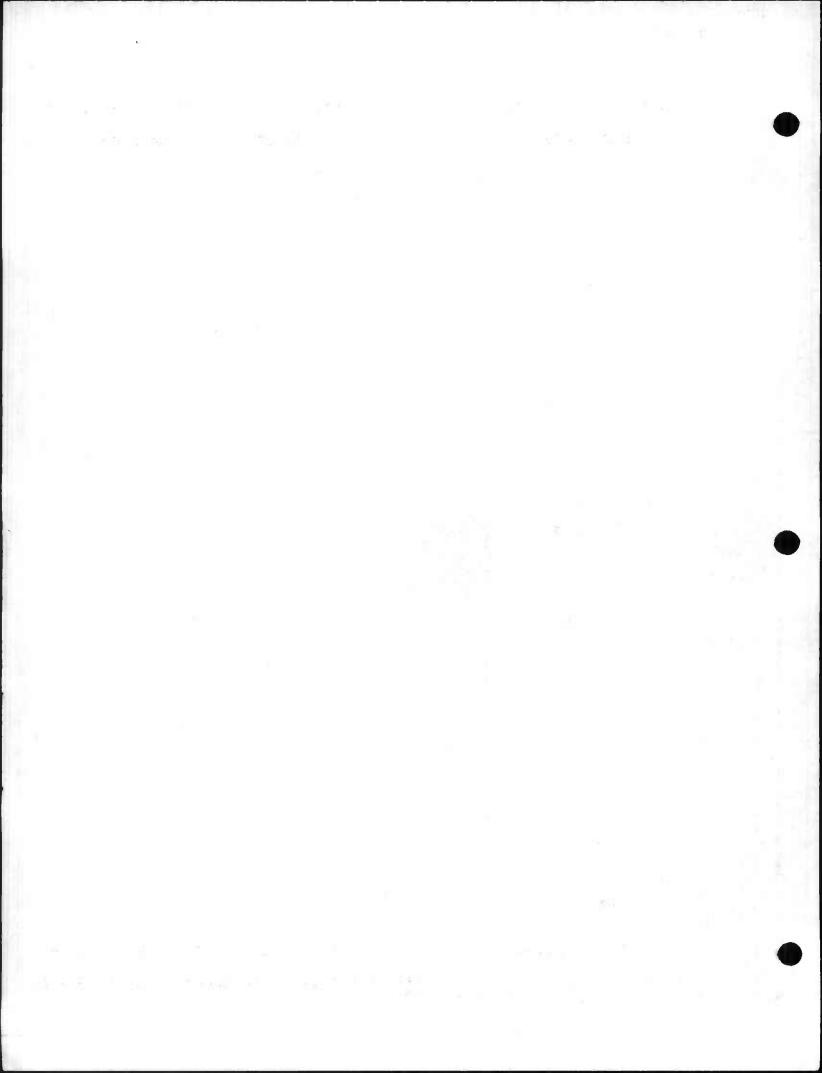
# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

27035

Security Name (If not institution, give street and number)   4b. City, Town, or Location of Dee Series   50.00   50.	The property of the second of								
A   Facility Neme (il not institution, give street and number)   90.7 GARDEN DRIVE   SSEX	th 4c. County of Death BALTIMORE  inth BALTIMORE  9. Birthplece (Stete or Martyland)  10d. Insida City 1								
90.7 GARDEN DRIVE  S. Social Security Number 216-62-0637  102M 21 F 1. Age (in yrs. last birthday)   Hunder 1 Year   Hunder 24 Hrs.   B. Date of B 216-62-0637   Hunder 1 Year   Hunder 24 Hrs.   B. Date of B 216-62-0637   Hunder 1 Year   Hunder 24 Hrs.   B. Date of B 216-62-0637   Hunder 1 Year   Hunder 24 Hrs.   B. Date of B 216-62-0637   Hunder 1 Year   Hunder 24 Hrs.   B. Date of B 216-62-0637   Hunder 1 Year   Hunder 24 Hrs.   B. Date of B 216-62-0637   Hunder 1 Year   Hunder 24 Hrs.   B. Date of B 216-62-0637   Hunder 24 Hrs.   B. Date of B	BALTIMORE  irth tal, 1954  9. Birthplece (Stele or Martyland)  10d. Insida City 1 1 Yes 3  10g. Citizen of Whet Country?  USA  14. Race - American Indian, Black, White, etc.  Specify: White  16b. Kind of Business/Industry  Food Service  a. Maiden Sumame)  Weber								
216-62-0637   125m 2] F   42 Yrs.   Months   Deys   Hours   Min.   Mayorify	10d. Insida City 1 □ Yes 3  10g. Citizen of Whet Country? USA  14. Race - American Indian, Black, White, etc.  Specify: White  16b. Kind of Business/Industry  Food Service  a. Maiden Sumame)  Weber								
10e. Steet and Number 907 Garden Drive 10ft. Zip Code 21221  11. Maritel Stetus 12 Maried 2 Maried 3 Widowed 4 Maried 3 Widowed 4 Maried 15. Decedent's Education (Specify only highest grade completed) 15. Decedent's Education (Specify only highest grade completed) 16. Specify only highest grade completed) 16. Decedent's Education (Specify only highest grade completed) 17. Fether's Name (First, Middle, Lest) 17. Fether's Name (First, Middle, Lest) 19a. Informant's Name/Reletionship (Type, Print) 19b. Malling Addrass (Street and Number or Rural Route Num Marion Warion Warion State 1 Decedent's Education 1 Dete of the state	1  Yes 3  10g. Citizen of Whet Country?  USA  14. Race - American Indian, Black, White, etc.  Specify: White  16b. Kind of Business/Industry  Food Service  a. Maiden Sumame)								
18. Mother's Name (First, Middle, Last)   18. Mother's Name (First, Middle, Last)   18. Mother's Name (First, Middle, Last)   19a. Informant's Name/Reletionship (Type, Print)   19b. Malling Addrass (Street and Number or Rural Route Number o	1  Yes 3  10g. Citizen of Whet Country?  USA  14. Race - American Indian, Black, White, etc.  Specify: White  16b. Kind of Business/Industry  Food Service  a. Maiden Sumame)								
18. Mother's Name (First, Middle, Last)   18. Mother's Name (First, Middle, Last)   18. Mother's Name (First, Middle, Last)   19a. Informant's Name/Reletionship (Type, Print)   19b. Malling Addrass (Street and Number or Rural Route Number o	USA  14. Race - American Indian, Black, White, etc.  Specify: White  16b. Kind of Business/Industry  Food Service  a, Maiden Sumame)								
18. Mother's Name (First, Middle, Last)   18. Mother's Name (First, Middle, Last)   18. Mother's Name (First, Middle, Last)   19a. Informant's Name/Reletionship (Type, Print)   19b. Malling Addrass (Street and Number or Rural Route Number o	Specify: White  16b. Kind of Business/Industry  Food Service  a, Maiden Sumame)  Weber								
18. Mother's Name (First, Middle, Last)   18. Mother's Name (First, Middle, Last)   18. Mother's Name (First, Middle, Last)   19a. Informant's Name/Reletionship (Type, Print)   19b. Malling Addrass (Street and Number or Rural Route Number o	Food Service  a. Maiden Sumame)  Weber								
18. Mother's Name (First, Middle, Last)   18. Mother's Name (First, Middle, Last)   18. Mother's Name (First, Middle, Last)   19a. Informant's Name/Reletionship (Type, Print)   19b. Malling Addrass (Street and Number or Rural Route Number o	e, Maiden Sumame) Neber								
Marion Waugh / Mother  20a. Method of Disposition 1   Burial 2   Micro   Dete   4   Donation 5   Other (Specify)  21. Signature of Funeral Service Licensee  22. Name and Address of Facility  Connelly Funeral Home of 300 Mace Ave. Baltimore  23a. Part. Enter the disease, or comblications that caused the daeth. Do not enter the mode of dying, such as cardiac or respiratory of the mode of dying of the mode	Veber								
Marion Waugh / Mother  20a. Method of Disposition 1   Burial 2   Micro   Dete   4   Donation 5   Other (Specify)  21. Signature of Funeral Service Licensee  22. Name and Address of Facility  Connelly Funeral Home of 300 Mace Ave. Baltimore  23a. Part. Enter the disease, or comblications that caused the daeth. Do not enter the mode of dying, such as cardiac or respiratory of the mode of dying of the mode									
Marion Waugh / Mother  20a. Method of Disposition 1   Burial 2   Micro   Dete   4   Donation 5   Other (Specify)  21. Signature of Funeral Service Licensee  22. Name and Address of Facility  Connelly Funeral Home of 300 Mace Ave. Baltimore  23a. Part. Enter the disease, or comblications that caused the daeth. Do not enter the mode of dying, such as cardiac or respiratory of the mode of dying of the mode	nor City or Town Chate Tin Carles								
Marion Waugh / Mother  20a. Method of Disposition 1   Burial 2   Micro   Dete   4   Donation 5   Other (Specify)  21. Signature of Funeral Service Licensee  22. Name and Address of Facility  Connelly Funeral Home of 300 Mace Ave. Baltimore  23a. Part. Enter the disease, or comblications that caused the daeth. Do not enter the mode of dying, such as cardiac or respiratory of the mode of dying of the mode									
Burial 2   XCremation 3   Removel from State	*								
Physician   Medical Examiner   M	20c. Location - City or Town, State Baltimore Md.								
Physician   Medical Examiner   M	Essex								
Physician   Medical Examiner	Md . 21221  Approximate interval Between								
Due to (or es e consequence of):  Sequentially list conditions, if eny, leading to immediate cause. Enter Undertying	Onset end De								
Cause (Diseese or injury that initiated events Due to (or es e consequence of):	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying								
S La Tolonial II dealth Last	Cause (Disease or Injury that initiated events resulting in deeth) Last  Due to (or es e consequenca of):  d.								
Cause (Disease or injury that infliated events resulting in deeth) Last  Due to (or es e consequenca of):									
Part II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I.	tobacco use contribute to the cause of o								
A Marian Salar Sal	s an autopsy 24b. Wara autopsy find evailable prior to								
I 0 + 6   5	completion of ceu of death?								
1 2 25. Was case referred to medical examiner? Hospital: Others									
L S 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	denca 6 Other (Specify)								
27. Manner of Death 1 Shatural 28a. Date of Injury 28b. Time of injury 3 Suicide 2 Accident 3 Suicide 4 Depended 6 Could not be determined 28b. Plece of Injury 3 At home, farm, street, factory, offica 28c. Injury at Work? 1 Sec. Injury at Work? 1 Sec. Injury at Work? 1 Sec. Injury at Work? 28d. Dascribe 28d. Dascribe 28d. Dascribe 28d. Dascribe 28d. Dascribe 28d. Dascribe 28d. Dascribe	how injury occurred								
building, etc. (Specify)	28f. Location (Street and Number or Rural Route Number, City or Town, State)								
29a. Certifliar (Check only only only only only only only only	(Check only 22 Medical Examinar: On the basis of examination and/or investigation, in my opinion, daath occurred at the time, data and place, and due to the causa(s)								
and manner steted.  29b. Signature end title of cartifier  29c. License number	29d. Date signed (Month, Day, Year)								
Mengite melfull O.C.M.E.	SEPTEMBER 7,1996								
30. Name and eddress of person who completed ceusa of daath (Item 23a) (Type, Print)  YAMAN A. K. K. W. 111 Penn Street, Baltim	ore, Maryland 21								

DHMH 16 Rev 6/95



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

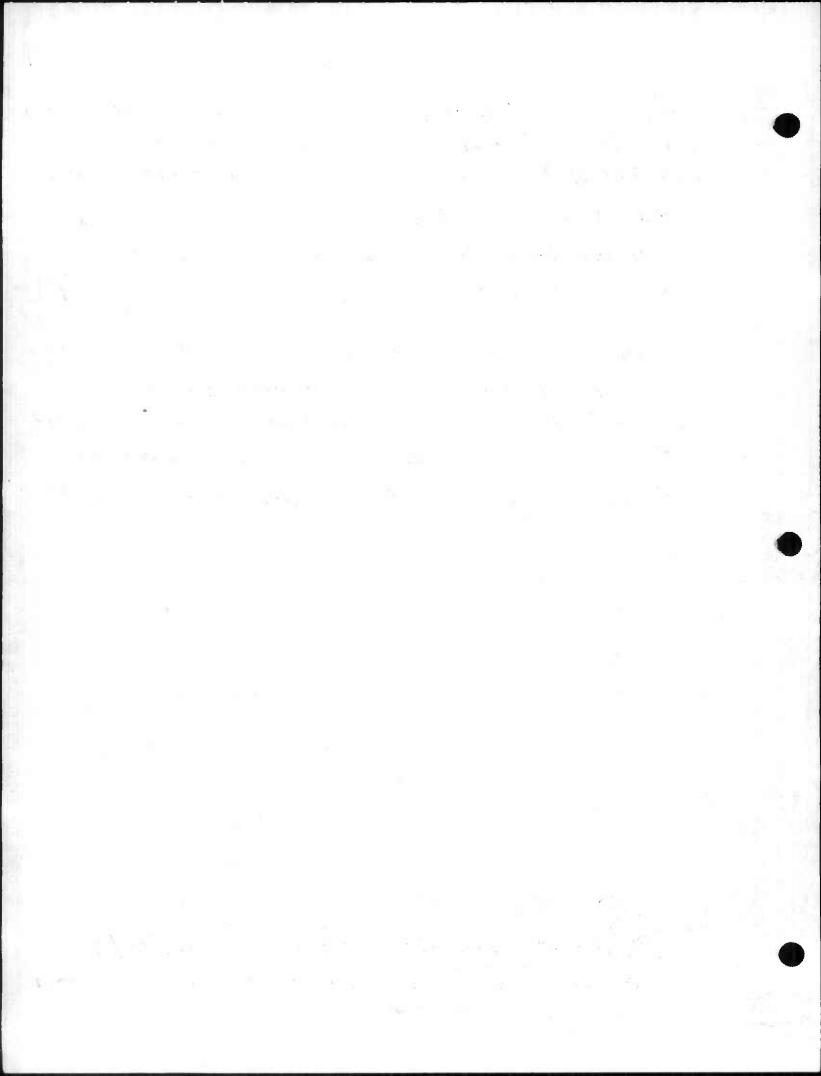
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL	HYGIENE REG. NO.	·		12 7 0 0 0	
- 1	t. DECEDENT'S NAME (First, Middle, Last)		02	10/112 01	DE/AIT	2. DATE O	F DEATH			3. TIME OF DEATH	
- 3	Donald O. Yeatts	, Sr.					September 08.19			17:50 M	
	4. SOCIAL SECURITY NUMBER	in yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH				BIRTHP	LACE (State or Foreign		
	196-16-9201 9e. FACILITY NAME (If not institution, give:	9 YRS.	May 7, 1927					Country)	Pa.		
OR	Manor Care Ruxton Towson Baltimore Co										
2	RESIDENCE OF DECEDENT  10a, STATE 10b, COUNT	γ	10c. CIT	Y, TOWN OR LOCAL	ION					10d. INSIDE CITY	
DIRECTOR	F1. Palm Beach			Highland Beach			LIMIT			LIMITS?  1× YES 2 NO	
FUNERAL	10e. STREET AND NUMBER		tot. ZIP CODE			10g. CITIZEN OF WHAT COU			HAT COUNTRY?		
買	3212 S. Ocean Blv		33487				USA				
BY FU	tt. MARITAL STATUS t Never Merried 2 Merried 3 Widowed 4 Divorced	U.S. ARMED 2 NO ATES						t4. RACE — American Indian, Black, White, etc. Specify: White			
	15. OECEDENT'S EDU		16a. DECEDENT'S	USUAL OCCUPATE	DN .	16b. I	CIND OF BUS	INESS/INDUS	TRY	WIIICC	
E	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT u	work done during mo se retired.)	st of working					1.00	
AP		4	Vice Pr	esident	of Sales	Fam	ous F	oods o	of V	'irginia	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S			NAME (First, Middle, Maiden Surneme)				
BE	Clarence Otte	erbein Ye	atts	Lula			K. Knaub				
6	19e. INFORMANT'S NAME (Type/Print)			ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)							
-	Claudia Yeatts				l Lane P	hoeni	x, Md	. 211:	31		
	20e. METHOD OF DISPOSITION  1 [X Burlel 2										
	21. SIGNATURE OF FUNERAL SERVICE LI	CENTRE		22. NAME A	D ADDRESS OF FA	CILITY	meral	Homo	T1	nc	
	1 Kull		Ruck Towson Funeral Home, Inc. 1050 York Rd. Towson, Md. 21204								
	23. PART i. Enter the diseases, or	complications that cause	d the death. Do	not enter the mo	de of dying, suc	h as cardi	ac or reapir	ratory arrea	t,	Approximata	
	ahock, or heart failure.  IMMEDIATE CAUSE (Final	List only one cause on e	ach line.							Interval Between Onset and Death	
	disease or condition resulting in death)	NEPHI	RASC	LER	19515	2	RE	NA	1	Months	
	reauting in death)	DUE TO (OR AS /	CONSEQUENCE O	F):	0 - / -		/ \ _	-//		1001111	
z	Sequentially list conditions b. FAILURE										
티	If any, leading to immediate										
CERTIFICATION	CAUSE (Disease or Injury C.										
E	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST										
問	d										
AL (	PART II. Other algorificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY									WERE AUTOPSY FINDINGS	
EDIC/							PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
MEC											
	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOODITAL	26. PLACE OF DEA	TH (Check only one,							
Si	HOSPITAL: 1 VES 2 NO 1 Language   Indicate										
H	27. MANNER OF DEATH	URY AT	28d. DESCRIBE HOW INJURY OCCURED								
BY	t Meturel 5 Pending 2 Accident Investigation		M t YES 2 NO								
	3 Suicide 8 Could not be 4 Homicide determined	26e. PLACE OF INJURY building, etc. (Spe-	( — At home, farm, cify)	me, farm, street, tactory, offica			28t, LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLET	29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the cause(e) and menner as stated.  2 MEDICAL EXAMINER: On the basic of exemination end/or investigation, in my opinion, death occurred at the time, data and place, end due to the cause(e) end menner as stated.										
	29b. SIGNATURE AND TITLE OF CERTIFIE	,y symmetry									
BE	JULY OF CERTIFIE		29c. LICENSE NU			20 41 G		E SIGNED (Month, Day, Year)			
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)					10077 1-7-76					
	AH. GHILADI, M.D. 7600 OSLER Dr. TOWSON, Mc 21204										
	31. DATE PSE P1. 0 1996 STATE SIGNAPURE										

State of Maryland / Department of Health and Mental Hygiene 96 27037

					Cer	tificate o	f Death			Reg. No.		-1001
	Dhusis	inn	1. Decedent's Name (First, Middle, La	st)			Zi M		2. Data of De	ath	Vaar	3. Time of Death
	Physic /Medi		Phillip	Voun	a				Son+	- 5 /	996	4:55 AM
)	Exami		4a. Facility Nama (If not institution, give		1		4b. City, To	wn, or Loc	ation of Death		of Death	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
			BON Secou	R HOSP			Bak	276.	md.	N.	A	
	Funeral Director		212 ~8 633/	May all a	s. last birthday) Yrs.	If Under 1 Year Months Day		24 Hrs. Min.	8. Dete of Bir (Month, Da	th y, Year) 27-30	9. Birth Cou	plece (State or Foreign intry) M .
	and and		Usual Residence of Decedent  10a. State  10b. County	10c. C	City, Town or Loc	cation						10d. Inside City Limits
	Mary f sh	5	Md N. A.		Balto.							1  Yes 2 No
	the 28s	Director	10e. Street end Number		0 00-7-	10f. Zip Code				10g. Citizen of	What Cou	-1
	ours after death with the Marylar al', or items 23a or 28a-f show Examiner must be notified at	ral Di	2421 Woods	rook AVI	3-	2/2				U.S.		nuy!
	er de	Funeral	11. Marital Status	12. Was Decedent Evar in Armed Forces?	U,S. 13. V	Vas Decadent of Yes, specify Cu	f Hispanic Orlo uban, Mexican	gin? (Spec	ify Yes or No ican, atc.)	- 14. Rad Bla	a - Ameri ck. White.	can Indian, etc.
5-0020		by	1 Naver Married 2 Married 3 Widowed 4 Divorced	1 ☐ Yes 2 💆 No If Yes, Give Yaar or Dates:		☐ Yes 2月 N				Specif	200	look
	in 72 hours "natural",	ete	15. Decadent's Ed (Specify only highest gra	lucation de completed)	16a. Deced	ent's Usual Occ kind of work don O NOT use reti	upation e during most	of working	a	16b. Kind of B	usiness/Ir	idustry
2121	iene.	Completed	Elementary/Secondary (0-12)	College (1-4or 5+)		CLh AN				Nick.	LAS	5 Amaco
pu		Be	17. Fethar's Name (First, Middle, Last)	- >			18. Mothe	r's Name	(First, Middle,	Maidan Surnan	na)	
ylan		10	JOSEPH	YOUNG			100	1150	e C.	HALM	GL.	9
, Maryl	and 2 should lealth and Mer m 27 Is marks her traumatic		19a. Informent's Name/Relationship (I FLORENCE FALLIA		19b. Meiling		et and Number	0		actor Town		Code)
ore,			20a. Method of Disposition		Place of Dispos				Date	20c. Location -	City or T	own, State
E			Wall Burial 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specify	Removal from State		mem,		91	10/96	ashal	Cu	md.
Baltimore	permit. Pag Department Important: I any Injury o		21. Signature of Funaral Service Lican	S00		Nama and Add		y				
m	88538		Marcal b.	Parks On	1	~ has	Femeral	Head	, 130	4 m. C	entr	al ap
			23a. Ranti. Enter the diseasa, or comp shock, or heart failure. List only	olications that caused the de	ath. Do not ente							Approximate
V	Physician		Shook, of Heart lander. Elst only t	one cause on each line.								Interval Between Onset and Death
ď	/Medical	Н	tmmediate Cause (Final diseasa or condition	Res	birate	ry	Fa	ule	ire			2 weeks
П	Examiner	L	resulting in death)	Due to	(or as a consequ	ience of):	•					or vocate
	pe ii	Ē		, Acute	Ce	reprov	ascula	V	Acci	dent		3 weeks
	ifficate be executed ig physician and as the burial-transit	Examiner	Sequentially list conditions, if any leading to immediate	Due to	(or as a consequ	ienca of).					1	
.00	iclan buria		if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury	· Ather	osclero,	he Co	ardiol	one	lan	Disea	4	4 year
68760	entificata be ling physicla is as the bur	edical	that initiated events resulting in death) Last	Due to (	or es e consequ	ence of):						
×	attending for usa a	3		d							i	
Bo	death e atter	clar	Data Market and and									
P.O.	the cy the	Physician	Part il. Other significant conditions co	1			given in Part I.					o the cause of death?
	that hed be dete	by P	K	enal te	rilure				10	/es 2∐ No	3 ☐ Pro	bably 48 Unknown
Records,	law requiras that the death cer as been signed by the attendin 2 should be detached for usa		0	enal Fe					24a. Was	en autopsy	24b. W	ere autopsy findings
00	w rec	ojet		noumonia	-				perfo	med?	CC	railabla prior to empletion of cause
Re	ysician: The lav ls certificate has director, page 2	Completed							400	or or the		death?
	ifficat for, pa	BeC	25. Was case referred to medical				00 Di	-1.0	1 U Y		11	Yes 2 No
5)	s cert	ToB	axaminer?	Hospital: 1 Inpatient 2	☐ ER/Outpatient	20 004 0	Wher:		Check only o		(C)	5.1
5	5 5 6	ü	27. Manner of Death	28a. Data of Injury	28b. Time of	28c. Inj				enca 6 Oth		y)
<u>o</u>	Attending Physician: In death. Sector: After this certific by the funeral director,	atio	1 Neturei 5 Pending investigation	(Month, Day Year)	Injury		ork? ⊒Yes 2.⊒N	ło				
Division	Arte ecto by th	Certification:	3 Suicide 6 Could not be determined	286. Place of injury - At I	nome, farm, stree	et, factory, office	9	28	f. Location (S	treet and Numb	er or Rure	al Route Number,
ā	s after self or  Cert	- Carronado	building, etc. (Spec	ny)				City or Tow	n, State)			
	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After th completaly filled in by the funeral	edical	29a. Certifier (Check only one) Certifying Physical Example (Check only one)	elcfan: To the best of my kn Inar: On the basis of examin and manner stated.	owledge, deeth o ation end/or Inve	occurred at the stigation, in my	time, date end opinion, deeth	piece, en h occurred	d due to the d at the time, d	ause(s) and ma late and plece,	nner es s and due to	tated. the cause(s)
	To the	X	29b. Signifure and title of certifier			29c. Licer	nse number			29d. Date signer	(Month,	Day, Year)
			) Ho Vasan	thakuma	2/	D	4251	0		09/1	6/	96
		-	30. Name and address of person who o			rint)	4251			- 1/0	0/	10
	8		M. VASANTUA	KUMAN	821	· N. 1	EUTAV	NST	, Sc	NTE 40	7 1	102/201
i	Sta Registr		31. Date filed (Month, Dey, Year) SFP101996	82, Registrar's Sign	-Anadalia							
			ULT - V NOO		- 000							

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 27038 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month **Physician** BELLE GORDON Sept.8, 1996 3;30 P.M. /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Westminster Nursing & Convalescent Center Westminster Carroll If Under 1 Yeer
Months Deys 5. Sociel Security Number if Under 24 Hrs. 7. Age (In yrs. lest birthday) 8. Dete of Birth (Month, Dey, Year) Aug. 8, 1903 Birthplace (State or Foreign Country) **Funeral** 1 M 2 F 93 Months Hours 215-09-3712 **Director** Accokeek . Md . Usuel Residence of Decedent permit. Pages 1 and 2 should be filed within 72 hours after death with the Meryland Department of Health and Mental Hygiene. Important: if Item 27 is marked other than "natural", or Itema 23s or 28s-f show any injury or other traumatic event, me Medical Examiner must be notified anonce. 10a. Stete 10b. County 10c. City. Town or Location 10d. Inside City Limits 1 Yes 2 No Director Md. Baltimore Owings Mills 10e. Street and Number 10f. Zlp Code 10g. Citizen of What Country? 10712 Reisterstown Road 21117 USA Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ᡚ No If Yes, Give Yeer or Detes: Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien. Bleck, White, etc. 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2X No Specify: White Specify: þ 3 Widowed 4 □ Divorced Completed 16e. Decedent's Usual Occupation
(Give kind of work done during most of working
life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Seamstress Dress Maker High School -0-17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be Wade H. Sears Evelina Hartge 2 19e. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Mrs. Frances Z. Keeney-Daughter 10712 Reisterstown Road - Owings Mills, Md. 21117 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 Burial 2 Cremetion 3 Removel from Stete 9/11/96 Lake View Memorial Park Sykesville, Md. 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensee 11824 Reisterstown Road 22. Name end Address of Facility Reisterstown, Md.21136 ELINE FUNERAL HOME -C7122 Part 1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List only one cause on each line. Corony Vind Dir-Onset end Deeth **Physician** 5 Y1 /Medical Immediate Cause (Finel disease or condition resulting in deeth) Examiner Due to (or es e consequence of) Examiner physician and the burial-transit requires that the death certificate be executed Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that Initiated events resulting in deeth) Lest Due to (or es e consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or es e consequence of): attending pl signed by the a Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 ☑ Unknown Lemente à 24b. Were autopsy findings available prior to completion of cause of deeth? 24e. Wes en autopsy performed? Completed certificate hes t 1 Yes 2 No 1 Yes 2 No or Attending Physician: funeral director. 25. Wes case referred to medical 28. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Yes 2 No 1 Inpatient 2 ER/Outpetlent 3 DOA this 28e. Dete of Injury (Month, Dey Year) 27. Menner of Deeth 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 1 Naturei 5 Pending efter death. Director: Aft Investigation 1 Yes 2 No 2 Accident 6 Could not be determined 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 3 ☐ Sulcide 28e. Piece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) filled in by 4 Homicide Hospital 24 hours 1 Cartifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical 29a. Certifier completely (Check only one) within 2 o the F 130 29b. Signeture end title of certifier 29d. Date signed (Month, Day, Year) 30. Name and address of person who completed cause of death (Item 23e) (Type, Print) Business Center 32 Registrer's Signeture 31. Dete filed (Month, Day, Year) State SEP 1 0 1996 Laydon-Handelle Registrar

**DHMH 16 Rev 6/95** 

. . . . 

State of Maryland / Department of Health and Mental Hygiene

96

27039

						Cei	lilicate of	Dealli			eg. No.		
П	Physici	ian	1. Decedent's Neme (First, Middle, La  Roma Barbara		ASHL	EΥ				Month	Dey	Year	3. Time of Deeth
	/Medi		4e. Fecility Name (If not institution, give					4b. City, Tov			er 9,19		1:00 P.M.
	Examir	ner	Franklin Square	A PERMIT AVERTO	7				ville	nyeed to noi	4c. County		
-	-		5. Sociel Security Number 6. 5		ge (In yrs. les	t hirthday)	If Under 1 Yea	r If Under 2	24 Hrs.   a	Date of Birth	Baltin		plane (Ctate or Familia
	Funeral Director		213-20-1262	1□M 20 F	80	Yrs.	Months Day		Min.	Dete of Birth (Month, Dey arch 9	, 1916	Mar	plece (Stete or Foreign ntry) .Yland
	pue *		Usuel Residence of Decadent  10e. Stete 10b. County		10c City 1	Town or Loc	etion						10d Incide City Limits
	s 1 end 2 should be filed within 72 hours after death with the Maryland if Health and Mental Hyglene. Item 27 is marked other than "naturel", or itema 23s or 28e-f show other traumatic event, the Medical Evanthet must be notified at	Funeral Director		Baltimore	Too. Only,	TOWN OF EOC	ation		Dunda	l.k			10d. Inside City Limits 1 ☐ Yes 2 ☒ No
	th th	lre	10e. Street end Number				10f. Zip Code			1	Og. Citizen of V	Vhet Cou	ntry?
	th wi	al	21 Vista Mobile	Drive				2122	.2		United	Sto	ites
	ep E	ner	11. Meritel Stetus	12. Wes Decedent Armed Forces	Ever In U,S.	13. W	Ves Decedent of Yes, specify Cu	Hispenic Orig	In? (Specify	y Yes or No-		e - Ameri k, White.	can Indien,
20	or it	by Fu	1 Never Married 212 Married	1 ☐ Yes 2 ℃ If Yes, Give			☐ Yes 2\\		1 4010 1110	411, 610.7	Specify	,	
8	urel.		3 Widowed 4 Divorced	Yeer or Detes:						1	Оровну	U	Thite
21215-0020	neth soles	Completed	15. Decedent's E (Specify only highest gro			16e. Deced	ent's Usuel Occi kind of work don O NOT use retir	upation e during most	of working		16b. Kind of Bu	isiness/in	dustry
12	withir sne. than	E D	Elementery/Secondery (0-12)	College (1-4or	5+)	_					D	isti	llery
42	2 should be filed withi and Mental Hyglene. Is marked other than aumatic event, the M		8 Vears 17. Fether's Neme (First, Middle, Last	1		DOL	tling L	1	da Nomo /F	ires stiddle	Melden Sumem		cco ty
an	d d o	Be		,					. Fouc		Meidell Surrien	16/	
3	d Me d Me rest	7	Frank Affayroux	T		401 44 111							
Maryland	12 st h and r te n traur		19a. Informent's Neme/Reletionship ( Henry P. Hamman				g Address (Stree Meise 1						21206
	Health Health Hern 27 I			ri/Nepriew	20h Dla				-				
0			20e. Method of Disposition  123 Buriel 2 Cremetion 3 C	Removel from Stete			sition (Neme of setory or other p				20c. Location -		
E	ment:		4 ☐ Donetion 5 ☐ Other (Special	ý)	Bel		em. Pk.				Bel Ai	,	
Baltimore,	permit. Pages 1 and 2 should be filed within 72 hours after dee Department of Health and Mental Hyglene. Important: If item 27 is marked other than "naturel; or itema any injury or other traumatic event, the Medical Enanther.m Once.		21. Signeture of Funerel Service Licenter	6			Neme end Add Duda→Rud						
	_		23e. Perf. Enter the disease or com	plications that cause	d the deeth		7922 Wi					na :	21222
	Physiolog		23e. Pent . Enter the disease, or com shock, or heert teilure. List only	one cause on each I	line.	50 110t 011t0		ywig, odori do c	Del 1000 01 10	ospirotory arr	001,		Approximete Interval Between Onset and Death
	Physician / /Medical		Immediete Ceuse (Finel							11			
1	Examiner	П	diseese or condition resulting in deeth)	e. Pneumon	11.5	V.A.1 (1.71.)		istant	strap	путос	ocus	1	.0 days
4		ě		E-1 -t	Due to (or e		uence ot):			auı	reus		
	nsit	듣		End stag			·					i	5 years
-6	n certificate be executed anding physician and use es the burial-trensit	Examiner	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events		Due to (or a	s e consequ	uence of):						
9	Siciar buri	ie	Cause (Disease or injury	c								1	
68760,	phy:	Physician/Medical	resulting in deeth) Last		Due to (or as	s e consequ	ence of):					1	
×o	ding ding	3		d									
m	atter	clar											
o.	the d	ysi	Part II. Other significant conditions of	ontributing to death b	out not resulti	ng in the un	derlying cause g	given in Pert I.		23b. Did to	bacco use cor	ntribute t	o the cause of death?
Δ.	requires thet the deeth certificete be executed been signed by the attending physician and thould be detached for use as the burial-trensit									1 🗆 Y	88 2/ No	3 Pro	bebly 4 Unknow
Records,	sign d be	d by								24e. Wes a	n autoney	24h W	ere autopsy tindings
Ö	v require been si ahould	Completed								perfor		8\	relieble prior to empletion of cause
<u>۾</u>	9 8 0	du										of	death?
<u></u>	cate he									1 🗆 Y	es 2 No	11	Yes 2 No
Vita	Physician: The this certificate ral director, per	Be	25. Was case referred to medical examiner?	Hospitel: No					of Deeth (C	heck only on	(e)		
ō	this at di	5	1 Yes 2X No	YE Inpati		l/Outpatient	3LI DOA				ence 6 Othe		fy)
Division	ending F Eath. or: Affer the Aner	Certification:	27. Menner of Deeth  1 ☑ Neturel 5 ☐ Pending  2 ☐ Accident investigation	26e. Dete of Inju (Month, De	by Year)	Bb. Time of Injury	28c. Inj W	uryet ork? ⊒Yes 2 □ N		l. Describe ho	ow Injury occurr	ed	
SE	Aften of the	flca	3 ☐ Suicide 6 ☐ Could not b		iury - At home	ferm stre				Location (S)	reet and Numb	er or Run	el Route Number.
3	1 - E c.	ert	4 Homicide determined		tc. (Specify)	5, 101111, 3(16	et, tectory, office		201.	City or Town		or or righ	or riodio ridinoor,
	Tile and		29a. Certifier to Certifying Ph	valcian: To the best	ot my knowle	dae deeth	occurred at the	time date and	I place, and	due to the o	nuso(s) and ma	222222	stated
	To the Hospital of within 24 hours el To the Funeral D completely filled in	edical		yalclan: To the best niner: On the basis o end menner st	t examinetion	and/or inv	estigetion, in my	opinion, death	h occurred (	et the time, d	ate end plece,	and due t	o the cause(s)
	o the	Me	29b. Signeture end title of ce will				29c. Licer	nse number		2	9d. Dete signed	(Month	Dev. Year)
	H 3 H 0		MAM	11 P	Zesilen	A- Ph	75.				9/9	la	
			Malalli	/V()			10 10	1910			1	1 76	)
	10		30. Name and address of person who Dr. Michael Myers					altimos	re Ma	rvlan	1 21227		
	7		DI. MICHAEL Myers	o Juur Fra	TIKTTII	oquar	e nr. D	al cimol	LE, ME	т у тапо	7 6160/		

Registrar

SEP 11 1996

96-5057-510

#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

M

ment of Health and Mental H	ygiene	96	2	7		li	ſ
icate of Death	D M.	- 0	loa	8	0		0

				State of Ma	arylan		epartment of Certificate of	Health and North	Mental Hy	/giene Reg. No.	96	270	Ļ
Physician /Medicai	ı	1. Decedant's Nama (Fin	G	. KELL	.Υ		BR	OGDON	2. Data of D Month SEPTE	aath Day	Yaar , 199	3. Time of Dec	
Examiner Funerai	ı	1508 HARF 5. Social Sacurity Number	FORD 6.	ROAD APT	304		Months Day	ar If Undar 24 Hrs.	IMORE 8. Data of B	irth ay, Year)	n/a	laca (Stata or Fo	
Director		100		XX	70		or Location		FEB. 1	2, 1926		TIMORE,	imit
th with the Marylar 23a or 28a-f show ust be notified at al Director		MD 10e. Straat and Number 1508 HA	RFORD	N?A AVENUE			BAL 10f. Zip Code	TIMORE 21202		10g. Citizan of UNITED		try?	] N
urs after dee		11. Marital Status 1 □ Nevar Married  X ☑ Widowad 4 □ I		12. Was Dacedant Armed Forcas? 1 ☐ Yas XXII If Yas, Giva Yaar or Datas:	Evar in U,	S	13. Was Decedant of If Yas, specify C	of Hispanic Origin? (Spuban, Maxican, Puarto	pecify Yas or N Rican, atc.)	o- 14. Ra Bla Specia	ca - Amaric ick, Whita, i	atc.	
ges 1 and 2 should be filed within 72 hours t of Heath and Mental Hygiene. If flem 27 is marked other than "natural; or other treumetic event, the Medical Exa  To Be Completed by	-	(Specify on Elamantary/Secondery	(0-12)	Education rada complated) Collaga (1-4or 5	i+)	()		cupation na during most of work ired)	king	16b. Kind of E		M HA	
should be filed within and Mental Hygiene. marked other than marke event, the M. To Be Comp	1	10 th 7. Fathar's Nama <i>(First,</i> HERMA	Middla, Las			L	OOMESTIC	18. Mothar's Nam				ome	
1 and 2 should Health and Men em 27 is merke other treumetic TO		19a. Informant's Name/F CASAN	Relationship IDRA I	Type. Print BRISTOW		19b. 1	Mailing Address (Stre LAWTON	ROAD, WRAI	PPING		, Steta, Zip NY	Coda) .2590	
permit. Pages 1 end Department of Health Important: If Item 27 eny Injury or other to page.	1	20a. Mathod of Disposition 1 ☐ Bytrial 2 ☐ Cra 4 ☐ Dornation 5 ☐	mation 3	□Ramoval from State	CB	matary,	isposition (Nama of cramatory or other p		Data 96 9-1:	20c. Location ARBU		wn, Stata MAR YL AN	D
permit. Page Department of Important: If eny Injury or 2002e.	1	Signature of Funeral	Sarvice Lice	LYKAT Å	as	2	22. Nama and Add	MARCHFH.	-1101	E. NORTH	l AV	ENUE	
Physician /Medical Examiner		Part / Entar tha dis shock, or haart failu immediate Causa (Final disaasa or condition rasulting in daath)	aasa, or cor ure. List only	Arterio	scle	rot		iovascula				Approximata Interval Between Onset and Deat	h
sate be executed by state and the buriat-transit close colored to a cl		Sequantially list condition of any, leeding to immedicause. Entar Underlying Causa (Disaase or injury	ns, eta	b	Dua to (or	as a co	nsaquance of):				1		
deeth certificate be executed to attending physicien and ad for use as the buriet-transit sician/Medical Examir	C ti r	hat initieted avants esulting in daath) Last	J	d	Dua to (or	as a cor	nsequance of):						
ed by the detach		Part II. Other significant	conditions	contributing to death bu	ut not rasu	ting in t	na undarlying causa	givan in Part I.		tobacco use co		1	
w requires s been sign ? should be	-								perf	s an autopsy ormed? ECTION	cor	re autopsy findin illable prior to npletion of cause leath?	
certificate has rector, page 2	2	25. Was casa rafarred to examinar?	medical	Hospital:				26. Place of Deel		Yas XXNo	1	Yas 2□ No	

Division

Medical Certification: T

To the Hospital or Attending the within 24 hours after death.

To the Funeral Director: After this completely filled in by the funeral d

State

Registrar

30. Nama and eddrass of parson who completed causa of daath (Itam 23a) (Type, Print) Margarita Korell M.D.

5 Pending invastigation

6 Could not be determined

29c. Licansa number who

28c. Injury at Work?

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) and manner as stated.

2 Medical Examinar: On the best of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner steted.

1 ☐ Yas 2 ☐ No

O.C.M.E.

29d. Data signed (Month, Day, Year)

28f. Location (Street and Number or Rural Route Number, City or Town, State)

SEPTEMBER 7,1996

111 Penn Street, Baltimore, Maryland 21201

28d. Dascribe how injury occurred

31. Data filad (Month, Day, Yaar) SEP 11 1996

29b. Signature and titla of certifia

27. Mannar of Death

1 Natural

2 Accidant

3 Sulcida

29a. Cartifiar (Check only one)

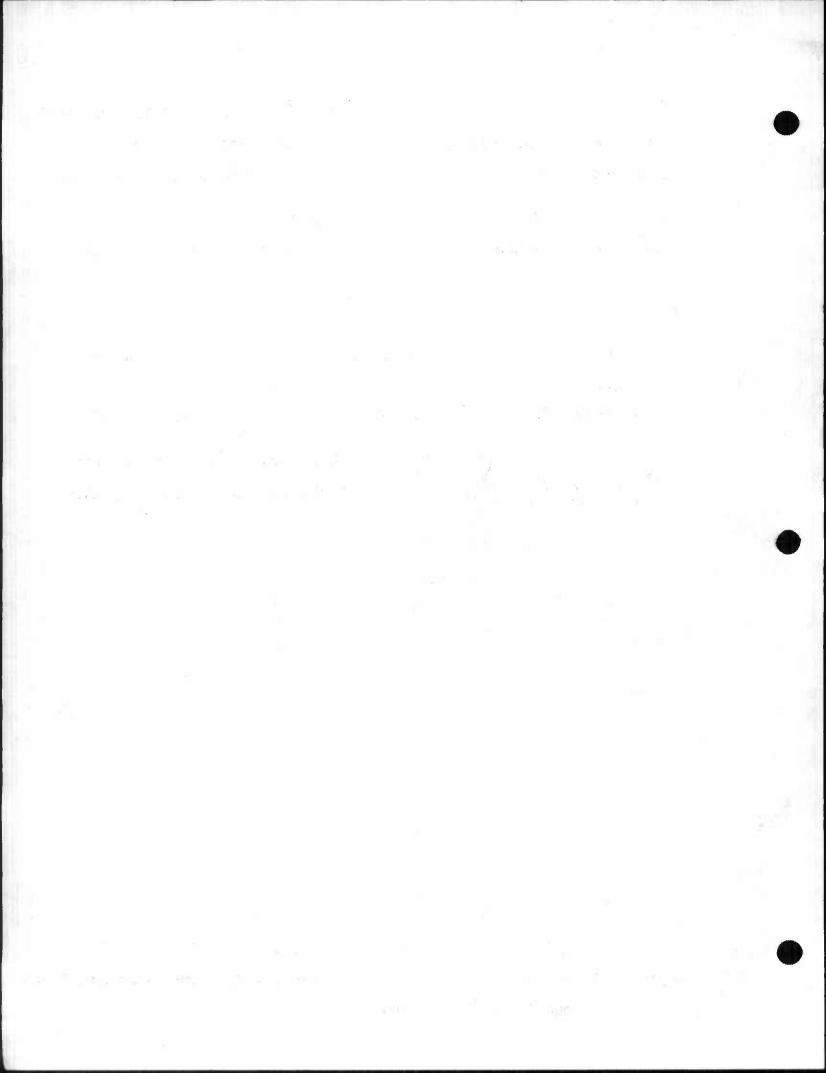
4 Homlcida

72. Registrar's Signatura

28b. Time of Injury

28e. Place of Injury - At homa, farm, streat, fectory, office building, atc. (Specify)

28a. Data of Injury (Month, Day Year)



			Please			/ Depar		k. Assure Al Health and M f Death	lental Hyg	_	96 27041
	Physic /Medi		1. Decedant's Nema (First, Middle, Le Clementina	BONAVEN	ΓURA				2. Data of Daa Month Septemb	Day Der 10,	3. Tima of Death Yaar 1996 5:55 pm
)	Exami		4a. Facility Nama (If not institution, giv	e street end number)				4b. City, Town, or Lo		4c. County	of Death
	Funeral Director		284-10-6825D	re Hospi Sax 7.Ag □ M 2⊠F	tal la (In yrs. lest 92		If Undar 1 Yaa Months Day		8. Data of Birth (Month, Dey, 12/23		more County  9. Birthplaca (State or Foreign Country)  Italy
	Maryland -f show	tor	Usual Rasidanca of Dacadant  10a. Stata 10b. County  MD			own or Local					10d. Insida City Limits 11√2 Yas 2 □ No
	h with tha 23a or 28a	al Director	10e. Street and Number	Street			10f. Zip Coda 212		1	0g. Citizan of W	/hat Country?
020	ould be filed within 72 hours after death with the Maryland Mantal Hygiene.  erked other than "netural", or farms 23a or 28a-f show eatic event, tra Mozical Examiner must be notified at	by Funeral	11. Marital Status  1 □ Navar Marriad 2 □ Marrled  3 ☑ Widowed 4 □ Divorced	12. Was Dacedant Armad Forces? 1 ☐ Yas 2 ☑ If Yas, Giva Yaar or Datas:			s Dacedant of as, specify Cu Yas 2 🔀 No	Hispanic Origin? (Spe ban, Maxican, Puarto Specify:	ecify Yas or No- Rican, atc.)	Biech	Amarican Indian, k, Whita, atc. White
21215-0020	netur	leted	15. Dacedant's Ed (Specify only highest gre		16	6e. Dacedan (Give kin	t's Usual Occi	upation e during most of working ed)	ng	16b. Kind of 90	siness/industry
212	d within giena. rr then	Completed	Elamantary/Sacondary (0-12) 5th	Collage (1-4or 5	)+J	Homen		<del>9</del> a)		In ow	n home
nd n	be filed tal Hygi d other event, to	Be	17. Fathar's Name (First, Middle, Last) Salvatore Pel:					18. Mothar's Nama	(First, Middle, I	Aaiden Surneme	9)
Maryland	should b ind Manta marked umatic e	10			h + o m 1	Oh Mailian	Address /Chr.		Giamm		0.4.
	l and 2 see the arm 27 is her trau		19a. Informant's Name/Ralationship (1) Tina D'Eugenio  20a. Mathod of Disposition		20b. Placa	131 S		on Stree	t Balt	imore,	Md . 21224 City or Town, Stata
Ē	Page nent c ant: If ury or		1 ☐ Burlal 2 ☐ Cramation 3 ☐ 4 ☐ Donation 5 🖾 Othar (Specify	Ramoval from Stata  Entomb.			emete		/13/96	Balti	more, Md.
Baitimore,	pemit. Pages 'Department of H Important: If ite any Injury or of once.		21. Signature of Funaral Sarvica Lican	Zanner	-0				-		ino Jr.F.H. e, Md.21224
Š.	Physician		23a. Pert 1. Enter tha diseesa, or communication shock, or haart feilura. List of hy	lications thet causad ona causa on aach lii	I tha daath. D	o not antar t	he moda of dy	ring, such as cardiac o	r raspiratory arra	ast,	Approximata Interval Batween Onsat and Daath
	/Medical Examiner	<u>_</u>	Immadiata Causa (Final disaasa or condition rasulting in daath)	a. Pneumon	ia Dua to (or as	a c <i>ons</i> equa	nca of):				3 days
,	be executed sician and burial-transit	Examiner	Sequantially list conditions, if any, leeding to Immadieta	b	Dua to (or as	a consequar	nca of):			B. 41 - 44 - 1	
09/99	leath cartificate be a strending physiciar for usa as the buri	100	causa. Entar Undarlying Causa (Disaasa or injury thet initiated events rasulting in deeth) Last	c	Dua to (or as	a consequar	nce of):				
X O O	death car e attendin ed for usa	lan/N		d	•						
	that the cled by the detached	y Physician/Medic	Part II. Other significant conditions of Urinary Tract			j in the unda	rtylng causa g	ivan in Part I.			tribute to the cause of death?  3 Probably 4 Unknown
Spicores	E 8 C	Completed by							24a. Was ai	n eutopsy nad?	24b. Wera eutopsy findings availabla prior to complation of causa of death?
מושו	The ate h	Com							1□ Ya	s 25tNo	1 Yas 2 No
V 160	Physician: The	Be	25. Was casa rafarrad to medical axaminar?	Hospitel:				26. Placa of Daath	(Check only on	9)	
0 10	ding Ph	Mon: To	1 Yes 2XNo  27. Mannar of Death  1 X Natural 5 Pending 2 Accident Invastigation	28a. Data of Injur (Month, Des	y 28b	. Tima of Injury	28c. Inju	ther: 4 Nursing Hon ury at ork? 2 No	na 5 □ Rasida 28d. Dascribe ho		
DIVISION	Blor Att	Certifie	3 ☐ Suiclda 6 ☐ Could not be datarmined	28a. Placa of injubuilding, ato	ury - At homa, :. (Specify)	farm, straat,	factory, office	2	28f. Location (St. City or Town		or or Rurel Route Number,
	To the Hospi within 24 hour To the Funer completely fill	Aedicai	(Check only 2 Madical Exam	ysician: To the best of liner: On the basis of and mannar sta	axamination e	ge, deeth oc and/or invest	igetion, In my		ed at the tima, da	ite and placa, a	nd dua to tha cause(s)
	ot vitil	Σ	29b. Signature and titla of certifier	) 1	- 14	.0	29c. Licar	isa number	29	/	(Month, Dey, Year)
}	4		30. Nema and address of parson who	complated cause of da	aath (Itam 23a	) (Type, Prir	) D 4	11768		9/11/	
	Sta Registra		Michael D. M 31. Data filed (Month, Day, Year) SEP 11 1996	lartin	MO	15	76 Me	eratt Bl	ud B	alto.	MD. 21222
	negistr	ui	SEP 11 1996 0			,					

DHMH 16 Rev 6/95

10f. Zip Code

1 ☐ Yas 2 X No Specify:

State of Maryland / Department of Health and Mental Hygiene 27042 Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Tima ot Death Month Day Vaar С. Badolato Mary 10:15 p.m. Sept. 1996 8, 4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Harford 2229 Larchmont Drive Fallston 8. Data of Birth (Month, Day, Year) If Undar 1 Yaar if Undar 24 Hrs. 7. Aga (In yrs. last birthday) 9. Birthplaca (Stata or Foreign Days Months 1 M 2 F Hours 88 Maryland Jan. 30, 1908 10c. City, Town or Location 10d. insida City Limits

Baltimore City

Was Decedant of Hispanic Origin? (Specify Yas or No-it Yas, specify Cuban, Maxican, Puarto Rican, atc.)

21206

1X Yas 2 No

10g. Citizan of What Country?

Specify:

United States

14. Raca - American Indian,

Biack, Whita, atc.

**Funeral** Director

**Physician** 

/Medical

Examiner

with the Maryland **ehow** r than "naturel", or items 23s or 28s-f show death

filed within 72 hours after Baltimore, Maryland 21215-0020 permit. Pages 1 and 2 should be filed within 7. Department of Health and Mental Hygiene. Important: If item 27 is marked other than "na eny injury or other traumatic event, the Menta 2006.

> **Physician** /Medical **Examiner**

> > siclan and burial-transit

attending physician for use as the buria

signed by the at d be detached fo

should should

has

certificata

this funeral

After Attending

I or Attending after death. Director: Aft

Hospital 24 hours a 24 hours

To the Hosp within 24 ho To the Fune completely fi

director.

2

that the death certificate be execu P.O. Box 68760.

Records,

Division of Vital

Examiner Physician/Medical à Completed Be 2 Certification: Medical

5. Social Security Number 216-10-0910 Usual Rasidance of Dacadant 10a. Stata 10b. County Director Md. 10e, Street and Number Funeral 11. Marital Status 1 Nevar Married 2 Married þ 3 ₩idowad 4 Divorced Completed Be 9 Carmela Toth 20a. Mathod of Disposition Milton Immediate Cause (Final disaasa or condition rasulting in death) Sequentially list conditions, if any, leading to Immadiata causa. Entar Undarlying Causa (Disaase or injury that initiated events rasulting in death) Last

N/A

4004½ Overlea Avenue

12. Was Dacedant Evar in U,S. Armed Forces?

1 Yas 2 No

White Year or Datas 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT use retired) 15. Decedant's Education (Specify only highast grade completed) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) Collega (1-4or 5+) Homemaker Own Home 18. Mother's Nama (First, Middle, Maidan Sumama) 17. Fether's Nema (First, Middla, Last) Badolato Vernerando Carmela Giardina 19b. Mailing Address (Streat and Number or Rural Routa Number, City or Town, Stata, Zip Code) 19a. Intormant's Name/Ralationship (Type, Print) Fallston, Maryland 21047 2229 Larchmont Drive 20b. Placa of Disposition (Nema of 20c. Location - Cify or Town, State cematary, cramatory or other place) 1 ☐ Burial 2 ☐ Cramation 3 ☐ Removal from State 4 Donation 5 Other (Specify) Entombment Baltimore Maryland 9/12/96 Moreland Memorial 21. Signature of Funaral Sarvice Lipensee Milton & Knight Jr 22. Nama and Addrass of Facility Leonard J. Ruck, Inc. 5305 Harford Road Baltimore, Md. 21214 m 23a. Part1. Enter the disease, or complications in caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause or each line. Approximata Interval Batween Onset and Death Due to (or as a consequence ot) Dua to (or as a consequence of) Dua to (or as a consequence of) Part ti. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 Salo 3 Probably 4 Unknown 24b. Ware autopsy tindings available prior to complation of causa of death? 24a. Was an autopsy performed? 1 Yas 2 No 1 Yas 2 No 25. Was case reterred to medical axaminar? 26. Place of Deeth (Check only one) Othar: 4 Nursing Homa Statistance 6 Othar (Specify) 1 Yas 2 No 1 Inpatiant 2 ER/Outpatient 3 DOA 27. Mennar ot Death 28a. Deta of Injury (Month, Dey Year) 28b. Tima of 28d. Describe how injury occurred 28c. Injury at Work? Watural 5 Panding invastigation 1 Yas 2 No 2 Accident 6 Could not be 3 Suicida 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, street, tactory, office building, atc. (Specify) 4 Homicida Cartifying Physician: To the best of my knowledga, daath occurred at tha tima, data and place, and dua to tha causa(s) and mannar as stated.

Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, daath occurred at tha tima, data and place, and dua to the cause(s) and mannar stated. 29a. Certifier 29b. Signatury and title of 29d. Data signed (Month, Day, Year) 29c. Licansa number 9

State

Registrar

6801 Belair Rd. Baltimore, Maryland 32. Registrar's Signetura

Mary Carroll, M.D. 31. Data tiled (Month, Day, Year) 111996

30. Name and address of person who complated cause of deeth (Item 23e) (Type, Print)

DHMH 16 Rev 6/95

policia de la companya del companya de la companya del companya de la companya de 

F FUNERAL ON.
VITHIN 72 hours.
VT. If Item 28

BY

COMPLETED

BE

0

3 Suicide

4 Homicide

29a. CERTIFIER

After death

TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II

28 is OIRECTOR: /

ITEM: 21. PER F'.H. F'ILM G-739 9/11/96 t.t FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1996 YEAR DAY July 21, Thomas Carter 9:10A A SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. A. BIRTHPLACE (State or Foreign 1 XM 2 - F YRS 218-26-9320 July10 931 MD Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR VA Maryland Health Care System Perry Point Cecil 10b. COUNT 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Harford Aberdeen YYES 2 NO permit. FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? filled in by the funeral director, page 5 should be detached for use as the burial-transit on, or removal. 341 Walker St. 21001 USA Page 6 may be retained by the hospital or attending physician. 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYPES 2 NO 13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yea or No—If yee, specify Cuben, Maxican, Puerto Rican, etc.)

1 YES 2 YNO Specify: 14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 FORCES? 1 TYPES 2 N IF YES, GIVE WAR OR DATES 1951 to 1954 1 Never Merried 2 Merried BY Specify: Black 3 Widowed 4 Divorced COMPLETED 15. OECEDENT'S EOUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INQUSTRY (Give kind of work done life, Do NOT use retired.) ntary/Secondary (0-12) College (1-4 or 5 +) 12 cook military 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Sumeme) Samuel Carter to Mary BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Grace Ross 124 MT Calvary Church Rd Aberdeen, MD 20a, METHOD OF DISPOSITION 9 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must Burlei 2 Cremation 3 Removal from State Calvary Cem. 4 Donation 5 Other (Specify) 7-96 Aberdeen, examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY PER DVR Beard Funeral hours after death. Home ARNOLD BEARD 552 Lewis ST. Havre de Grace, medical 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate shock, or heart failure. List only one ceuse on each line. IMMEDIATE CAUSE (Final Onset and Death the disease or condition\_ and completely fi o burial, cremation Acute Myocardio Infraction unknown resulting in death) event. DUE TO (OR AS A CONSEQUENCE OF): Hypertension unknown other traumatic CERTIFICATION Sequentielly list conditions, QUE TO (OR AS A CONSEQUENCE OF) the attending physician at Mental Hygiene prior to If any, leading to immediate cause. Enter UNDERLYING Diabetes Mellitus unknown CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST any injury. PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO signed by the COMPLETION OF CAUSE 1 - YES 2 NO OF DEATH? 1 YES 2 NO has been s PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN I 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) this certificate h **EXAMINER** HOSPITAL: OTHER:
4 \subseteq Nursing Home 5 \subseteq Residence 8 \subseteq Other (Specify) OR ATTENDING PHYSICIAN: 1 TYES 2 X NO 1 Inpatient 2 XER/Outpatient 3 I DOA the of 27. MANNER OF DEATH 28c. INJURY AT WORK? 28e. OATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 284. OESCRIBE HOW INJURY OCCURED marked. 1 Natural
2 Accident 5 Pending

> 2 \_\_ MEDICAL EXAMINER: On the beela of examination and/or investigation, in my opinion, death occurred at the time, data and pieca, and due to the ceuse(a) and menner se stated. 29b. SIGNATURE AND TITUE OF CERTIFIER -ahed Ou

8 Could not be

29c. LICENSE NUMBER

MD0000024840

1 YES 2 NO

29d. DATE SIGNED (Month. Day, Year)

07/21/96

281. LOCATION (Street and Number or Bural Route Number, City or Town, State)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Fahed Kouli, M.D.

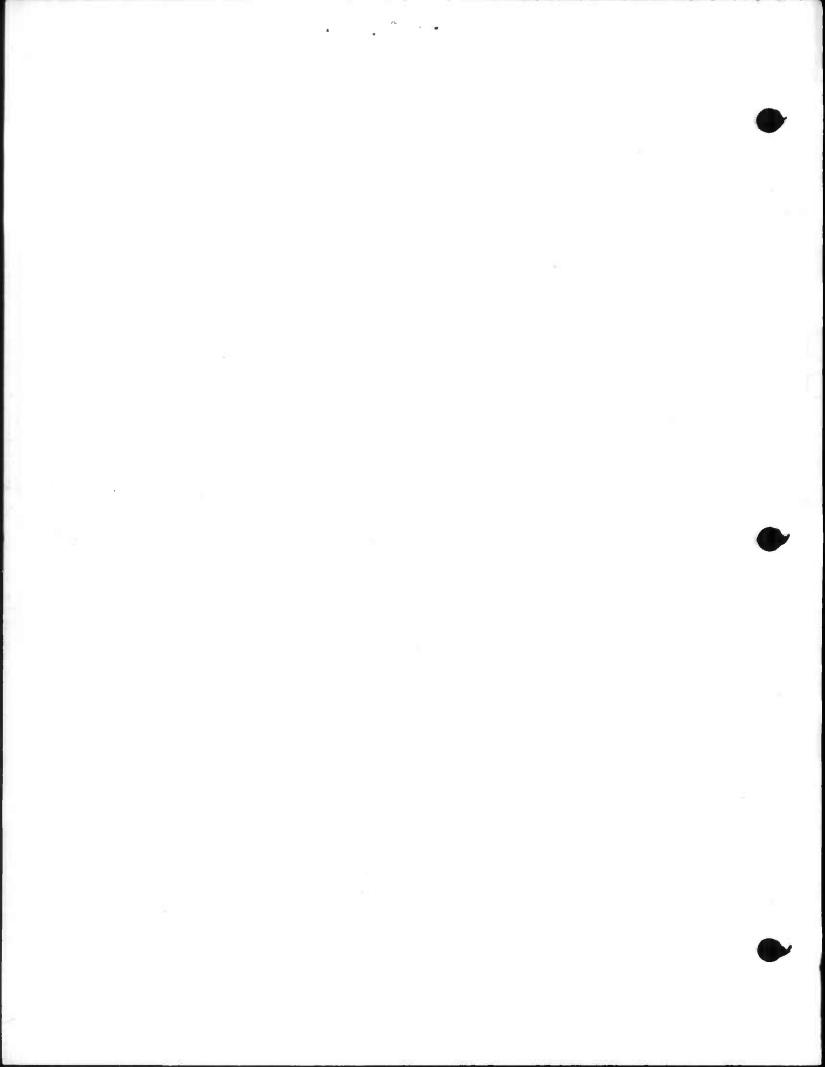
Perry Point, MD 21902

1 X CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, date end place, end due to the cause(e) and manner se stated.

31. DATE FILED (MONITY DOWN 100 1996

122 MEGISHARISISHARISTALL

28a. PLACE OF INJURY — At home, term, street, fectory, offica building, etc. (Specify)



State of Maryland / Department of Health and Mental Hygiene

A

Ce	rtif	ica	to	of	Do	2	th
Ce	IIII	ıca	le.	OI	De	0	m

Physician
/Medicai
Examiner

**Funerai** Director

> 28a-f show Director 6 items 23a Funeral by Completed

Be

2

traumatic event, the Medical Examiner must be notified at 1 and 2 should be filled within 72 hours after whealth and Mental Hygiene. permit. Pages 1 and 2 s Department of Health an Important: If item 27 is any injury or other trau

Baltimore, Maryland 21215-0020

**Physician** /Medical Examiner

Examiner physician and the burial-transit The law requires that the death certificate be executed Physician/Medical signed b þ Completed page 2 Be To 8 Affler

Division of Vital Records, P.O. Box 68760,

within 24 hom To the Furnal completely III Medical

1. Decedent's Name (First, Middle, Last) THELMA 2. Date of Death 3. Time of Deeth COLES Month 1996 O 2 7:03 4e. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death E. FAYETTE ST. BALTIMORE If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth (Month, Dey, Year) 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (Stete or Foreign Country) 1 M 25 Yrs 218-76-3646 VÁ MAR 18, 1923 Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits BALTO MD N/A XXYes 2□No 10e. Street and Number 10f. Zip Code 10g Citizen of What Country? 21224 U.S.A 2434 E. FAYETTE ST 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: 14. Raca - American Indian, Black, White, etc. 13. Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Never Married 2 Married 1 Yes 2 No Specify: BLACK 3 ☐ Widowed 4 ☐ Divorced 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) N UNEMPLOYED N/A 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Melden Surneme) MARIE COLES UNKNOWN 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 2434 E. FAYETTE ST BALTO, MD 21224 ARSENIA TUGGLE 20b. Place of Disposition (Neme of cometery, cremetory or other piece) 20a. Method of Disposition 20c. Location - City or Town, Stete Dete 1 Burial 2 □ Cremation 3 □ Removal from State 4 □ Donetion 5 □ Other (Specify) SEP 6 ZION CEM 1996 BALTO, MD 21. Signature of Funeral Service Licensee 22. Name end Address of Facility BETTS FUNERAL HOME 1129 N. CAROLINE ST BALTO, MD 21213 23e. Pel 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one ceuse on each line. Approximete Intervel Between Onset end Death Immediate Ceuse (Final diseese or condition resulting in deeth) . Hypertensive atheroscleronic cardiovascular Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last Due to (or as a consequence of) Due to (or as a consequence of):

Part II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I.

23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☑ Unknown

Siezure disorder

24a. Was an autopsy performed?

24b. Were autopsy findings available prior to completion of cause of death? 1 Yes 2 No

25. Was case referred to medical 1 X Yes 2 No

1 ☐ Inpatient 2 ☐ ER/Outpatlent 3 ☐ DOA 28a. Date of Injury (Month, Dey Year) 28h Time of

28c. Injury at Work?

Other: 4 Nursing Home 5 \$\mathbb{M}\$ Residence 6 Other (Specify) 28d. Describe how Injury occurred

1 Yes

26. Place of Death (Check only one)

27. Manner of Death 1 Natural 2 Accident 3 Suicide

4 Homicide

5 Pending Investigation 6 Could not be determined

28e. Place of Injury - At home, farm, street, factory, offica building, etc. (Specify)

1 ☐ Yes 2 ☐ No

28f. Location (Street and Number or Rural Route Number, City or Town, State)

2 No

29e. Certifier

1 Certifying Physicien: To the best of my knowledge, death occurred at the time, dete and place, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

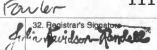
29b. Signeture and title of certifier

29c. License number O.C.M.E

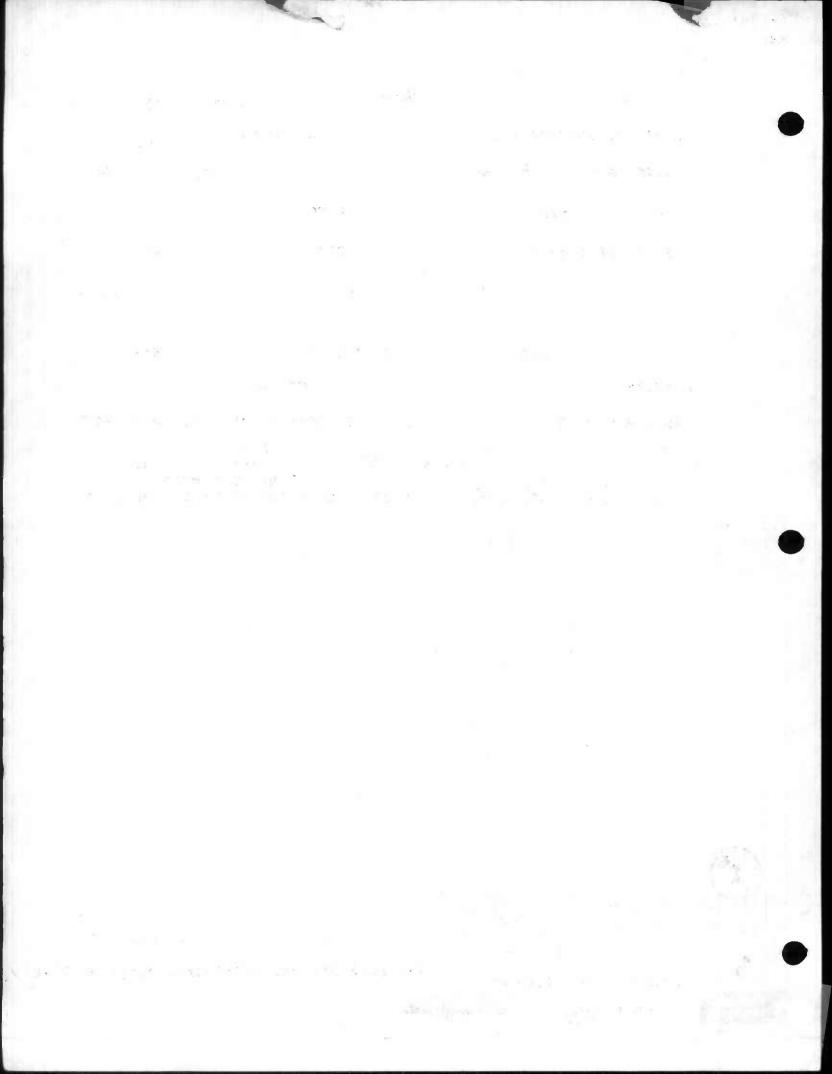
29d. Dete signed (Month, Dey, Year) SEPT 02,1996

30. Name and address of person who completed cause of death (Item 23a) Type Print Penn Street, Baltimore, Maryland 21201 Duvid

31. Date filed (Month, Dey, Year)



State Registrar



State of Maryland / Department of Health and Mental Hygiene

Q	6	2	7	0	1.	5
-	U	5	1	V	4	U

						. 00	ertificate	or Death		Re	eg. No.		
hysiclan		Decedent's Name (Fig.	rst, Middle, La							2. Date of Deet Month	h Day	Yeer	3. Time of Death
/Medical	ı,	MICHAEL			OHN			COE		AUGUS1		1996	1700PM
Examiner	ľ	4a. Fecility Name (If not	institution, giv	e street end nui	mber)			4b. City, Tov	vn, or Loc	ation of Death	4c. County	of Death	
No.	_	JOHNS HOP								CITY		N/A	
ineral rector		5. Social Security Number 145–68–9336 Usual Rasidence of Dec	5 1	Sex IMM 2□ F	7. Age (In y	rs. lest birthday, Yrs.		ear If Undar 2 eys Hours	Min.	8. Date of Birth (Month, Dey, June 25)			ace (State or Foreign y) Jersey
A 11	- 1		. County		10c.	City, Town or L	ocation					10	d. inside City Limits
r 28a-f show	5	NJ E	Burling	iton		Willin	gboro						1 X Yes 2 □ No
23a o		10e. Street and Number 517 Garfi	eld Av	e.			10f. Zip Co	08065		10	Og. Citizen of USA	What Countr	y?
by by	5	11. Marital Status  ↑  ↑  ↑  ↑  ↑  ↑  ↑  ↑  ↑  ↑  ↑  ↑  ↑		12. Was Dece Armed Fo 1 ☐ Yes if Yes, Giv Year or Da	rces? 201 No re	U,S. 13.	Was Decedent If Yes, specify ( 1 ☐ Yes 2√2	of Hispanic Orig Cuben, Mexicen, No Specify:	in? (Spec Puerto R	cify Yes or No- licen, etc.)		ce - Amarica ck, Whita, at y: Whi	tc.
natur of cal		15. I (Specify on	Decedent's Ed	ducetion de completed)		16a. Dece	edent's Usual Oc kind of work do	ccupation one during most atired)	of working	g 1	16b. Kind of B	usiness/Indu	ustry
		Elamentary/Secondary	/ (0-12)	Collage (1	-4or 5+)						~~~	2.5	
e ut	1	17. Father's Name (First,	Middle, Last)			FOI	CKILLE (	Operator		(First, Middle, M	C&G Fo		st.
umatic event, the		John Coe								Fisher			
e ma		19a. Informant's Nama/F	Relationship (1	Type, Print)				reet end Number	or Rural	Route Number,	City or Town,	State, Zip C	Code)
Der tr		Theresa C				517	Garfie.	ld Ave.,	Wi1	lingbor	co, NJ	0806	5
important: if item 2/1s marked other than eny injury or other treumatic event, if a Monce.  To Be Comp	2	20a. Method of Disposition 1 □ Burial 2 K Cre 4 □ Donation 5 □	mation 3 🗆		State	cemetery, cre	osition (Name o metory or other ount Cre	place)	9/	4- 4	Baltin		
any Injury		21. Signature of Funeral						drass of Fecility	1	2/30	Datein	ore, i	
eny fr		D//4	6	2110			LTENBUR			ME. DA			
ician dical niner	1	23a. Port Enter the dis- stock, or heart land immediata Cause (Final disease or condition rasulting in daath)				ath. Do not an	009 Har: ter the mode of	ford Rd. dying, such as c	, Ba erdiac or	ltimore respiratory arra	e, MD st,	li C	Approximate ntervel Between Onset and Death
le buriel-transit	1 con	Immediata Cause (Final disease or condition			Dua to	ath. Do not an	DO9 Har: ter the mode of quence of):	ford Rd	, Ba erdiac or	ltimore respiratory arra	e, MD st,	li C	ntervei Between
e as the bunel-transit  Nedical Examiner	in or	Immediata Cause (Final disease or condition rasulting in death)  Sequentially list condition fam, leading to immediause. Enter Underlying Cause (Disease or injury hat initiated events			Dua to	(or as a consec	DO9 Har: ter the mode of quence of):	ford Rd. dying, such as c	, Ba erdiac or	ltimore respiratory arra	e, MD st,	li C	ntervei Between
for use as the buriel-transit	i con con con con con con con con con con	Immediata Cause (Final disease or condition rasulting in death)  Sequentially list condition fam, leading to immediause. Enter Underlying Cause (Disease or injury hat initiated events	ns, , ate	a. B.lum b c	Due to	(or as a consection of consect	ter the mode of quence of):	Ford Rd. dying, such as c	, Ba erdiac or	altimore respiratory arra	le conte		ntervei Between
be deteched for use as the buriel-transit  by Physician/Medical Examiner	Sin Control of the P	Immediata Cause (Final disease or condition resulting in death)  Sequentially list condition fany, leading to immediate. Enter Underlying Cause (Disease or injury hat initiated events esulting in death) Last	ns, , ate	a. B.lum b c	Due to	(or as a consection of consect	ter the mode of quence of):	Ford Rd. dying, such as c	, Ba erdiac or	altimore respiratory arra	le conte		ntervel Between Onset and Death
be deteched for use as the buriel-transit  by Physician/Medical Examiner	Sin Control of the P	Immediata Cause (Final disease or condition resulting in death)  Sequentially list condition fany, leading to immediate. Enter Underlying Cause (Disease or injury hat initiated events esulting in death) Last	ns, , ate	a. B.lum b c	Due to	(or as a consection of consect	ter the mode of quence of):	Ford Rd. dying, such as c	, Ba erdiac or	altimore respiratory arra	Dacco use col	ntribute to ti	the cause of death?  bly 4 Unknown  a autopsy findings able prior to oletion of cause
mpleted by Physician/Medical Examiner	Sin Control of the P	Immediata Cause (Final disease or condition resulting in death)  Sequentially list condition fany, leading to immediate. Enter Underlying Cause (Disease or injury hat initiated events esulting in death) Last	ns, , ate	a. B.lum b c	Due to	(or as a consection of consect	ter the mode of quence of):	Ford Rd. dying, such as c	, Ba erdiac or	23b. Did tob	Dacco use consecuted autopsy	ntribute to ti	the cause of death?  bly 4 Unknown  a autopsy findings able prior to oletion of cause
ector, pege 2 should be deteched for use as the buriel-transit  Be Completed by Physician/Medical Examiner	Sin octor	Immediata Cause (Final disease or condition resulting in death)  Sequentially list condition fany, leading to immediate. Enter Underlying Cause (Disease or injury hat initiated events esulting in death) Last	conditions co	a. B.l.s.s. b c d entributing to dea	Due to	(or as a consection of consect	ter the mode of quence of): quence of): quence of):	Ford Rd.  dying, such as co  feed to  given in Part I.	Pagerdiac or	23b. Did tob 1 Yes  24a. Was en perform	Dacco use conse 2□ No autopsy ed?	ntribute to ti	ntervel Between Onset and Death  he cause of death?  bly 4 Junknown  a autopsy findings ebie prior to oletion of cause ath?
Idirector, page 2 should be deteched for use as the buriel-transit	P P	Immediata Cause (Final disease or condition resulting in death)  Sequentially list condition fary, leading to immediates. Enter Underlying Cause (Disease or injury hat initiated events esulting in death) Last	conditions co	a. B.l.s b	Due to  Due to  Due to  patient 2[	(or as a consection of the unit of the uni	ter the mode of quence of):  quence of):  quence of):	Ford Rd. dying, such as c  feed (u)  given In Part I.	Paath (ing Home	23b. Did tob 1 Yes  24a. Was en perform  1 Yes  Check only one	pacco use consecutive de la consecutiva della co	ntribute to ti 3 Probal  24b. Wars availe compond of de	ntervel Between Onset and Death  he cause of death?  bly 4 Junknown  a autopsy findings ebie prior to oletion of cause ath?
Idirector, page 2 should be deteched for use as the buriel-transit	P P	Immediata Cause (Final disease or condition resulting in death)  Sequentially list condition fany, leading to immediate. It is the condition of the condition o	conditions co	a. B.L b	Due to  Due to  Due to  patient 2[	(or as a consection of the unit of the uni	ter the mode of the the mode of the the mode of the decrease o	egiven in Part I.  26. Piace of Othar:  4   Nurselliury at Nork?	of Daath (ing Home	23b. Did tob 1 Yes  24a. Was en perform	Decco use consectory ed?	ntribute to ti 3 Probal  24b. Wars availe compond of de	ntervel Between Onset and Death  he cause of death?  bly 4 Junknown  a autopsy findings ebie prior to oletion of cause ath?
the funeral director, page 2 should be deteched for use as the buriel-transit cation: To Be Completed by Physician/Medical Examiner	P P	immediata Cause (Final disease or condition resulting in death)  Sequentially list condition from the condition of any, leading to immediates. Enter Underlying Cause (Disease or injury hat initiate devents esulting in death) Last  Pert II. Other significant of the condition of	conditions co	a. B. Lusando. b	Due to  Due to  Due to  Due to  patient 2[ injury, Day Year)	(or as a consection of the unit of the uni	ter the mode of the the mode of the the mode of the decrease o	eord Rd.  dying, such as co  feed by  given in Part I.  26. Place of  Othar: 4   Nurs  njury at  Nork?   Yes 2   Nore	Daath (ing Home	23b. Did tob  1 Yes  24a. Was en perform  1 Yes  Check only one  5 Resident  d. Describe how  City or Town,  City or Town,	Dacco use consection of the state of the sta	availing of de 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	the cause of death?  the cause of death?  bly 4 Unknown  a autopsy findings ebie prior to oletion of cause ath?  Yes 2 No
the funeral director, page 2 should be deteched for use as the buriel-transit cation: To Be Completed by Physician/Medical Examiner	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	immediata Cause (Final disease or condition resulting in death)  Sequentially list condition fany, leading to immediate ause. Enter Underlying Cause (Disease or injury hat initiated events esulting in death) Last  Pert II. Other significent of the cause of the caus	medicel  Pending investigation Could not be determined  Certifying Physics	a. B.L b. c. d. montributing to dea  28a. Data of (Month Sician: To the b	Due to  Due to  Due to  Due to  Due to  Ath but not re  Injury  Day Year)	(or as a consection of the unit of the uni	ter the mode of the true of the mode of th	Ford Rd. dying, such as co  Revolution  General Action  26. Place of Othar: 4   Nurse Nork?   Yes 2   Norce	Death (ing Home	23b. Did tob 1 Yes  24a. Was en perform  1 Yes  Check only one e 5 Resident id. Describe how  Location (Stre City or Town,  23 cttt	Dacco use col  autopsy ed?  Set of Oth winjury occurr	24b. Wars available composition of the composition	he cause of death?  bly 4 Unknown  a autopsy findings abile prior to loletion of cause ath?  Yes 2 No
mpletely filled in by the funeral director, pege 2 should be deteched for use as the buriel-transit  Addical Certification: To Be Completed by Physician/Medical Examiner	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	immediata Cause (Final disease or condition rasulting in death)  Sequentially list condition fany, leading to immediate ause. Enter Underlying Cause (Disease or injury hat initiated events esulting in death) Last  Fert II. Other significent of axaminer?  1 Yes 2 No  Menner of Death  Natural 5 Accident  Suicide 6 Homicida  9a. Certifier (Check only one)	medicel  Pending investigation Could not be determined Certifying Phyledical Exami	a. B.L b. c. d. montributing to dea  28a. Data of (Month Sician: To the b	Due to  Due to  Due to  Due to  Due to  Due to  Apatient 2[  injury,  Day Year)  finjury - At  g, etc. (Spec	(or as a consection of the unit of the uni	ter the mode of the tree the mode of the tree the mode of the tree tree tree tree tree tree tree	eord Rd. dying, such as collected Rd. 26. Place collected Rd. dying, death Rd. dying, such as collected	Death (ing Home	23b. Did tob 1 Yes  24a. Was en perform  1 Yes  Check only one e 5 Resident id. Describe how  1 Location (Stree City or Town,  23 Check to the cat, at the time, dat	Dacco use col  autopsy ed?  See 6 Oth winjury occurr use(s) and ma a and plece, to	24b. Wars availing composition of de 1 ft. Lear of Rural F	he cause of death?  bly 4 Unknown  a autopsy findings able prior to loletion of cause ath?  Yes 2 No  Route Number.
itely filled in by the funeral director, pege 2 should be deteched for use as the buriel-transit	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	immediata Cause (Final disease or condition resulting in death)  Sequentially list condition fany, leading to immediate ause. Enter Underlying Cause (Disease or injury hat initiated events esulting in death) Last  Pert II. Other significent of axaminer?  1 Yes 2 No  7. Menner of Death 1 Natural 5 2 No 7. Menner of Death 1 Natural 5 4 Homicida  9a. Certifier (Check only 2 X	medicel  Pending investigation Could not be determined Certifying Phyledical Exami	a. B. Luca b	Due to  Due to  Due to  Due to  Due to  Due to  Apatient 2[  injury,  Day Year)  finjury - At  g, etc. (Spec	(or as a consection of the unit of the uni	poop Har: ter the mode of quence of): quen	Ford Rd. dying, such as co  Revolution  General Action  26. Place of Othar: 4   Nurse Nork?   Yes 2   Norce	Death (ing Home	23b. Did tob  1 Yes  24a. Was en perform  15 Yes  (Check only one e 5 Residen for Town,  15 Location (Street)  d due to the cau at the tima, dat	Dacco use col  autopsy ed?  Set of Oth winjury occurr	24b. Wars availing of de 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	he cause of death?  bly 4 Unknown  a autopsy findings able prior to loletion of cause ath?  Yes 2 No  Route Number.

State Registrar 31. Data filed (Month, Dey, Year) SEP 11 1996 39 Registrar's Signature

gar on grand and programme Karantana ng wasawa sa ay n

414 x

State of Maryland / Department of Health and Mental Hygiene 96

1. Decedant's Name (First, Medical Examiner)   1. Decedant's Name (Fir							Certifica	ate of	Death		Reg. No.		/ 0 / 0
## CENTIFICATION   For an experimental property of the propert		Dharat	15	1. Decedant's Name (First, Middla, Last	t)					2. Deta of Dea	ith	Vees	3. Time of Death
## A field where affects betablox, pays are streament or number)    Second Source of Leading Control Policy   Seco	П			ME	LINDA E. (	CROWTH	IER						11:30 Pt
Social Security Funder   6 Sep   1 April 19   10 Sep				and the second s	street and number)				4b. City, Town, or				
213-2-6-0-570 IDM 30F 89 vs. Months Object 100cc Mn. Month Object 10											1	A/N	
The Sales   10c. County   10c. State   10c. County   10c. State   10c. County   10c. State   10c				213-26-0570			Month			n. (Month, Day	7, Year) 1907		
William Roger Mosher  William Roger Mosher  William Roger Mosher  William Roger Mosher  19a. Internative Name-PlateIncher (Type, Print)  19b. Malicry Address (Sweet and Number of Paral Rouse Number, City or Town, Stein, Zip Code)  3817 Houcks Rd., Monkton, MD 21111  20b. Malicry Address (Sweet and Number of Paral Rouse Number, City or Town, Stein, Zip Code)  20b. Paral of Disposition  10g fund 2 Comments on Signature of Stein  10g fund 2 Comments on S		pue M			100	. City, Town	or Location					10	Od. Insida City Limits
William Roger Mosher  William Roger Mosher  William Roger Mosher  William Roger Mosher  19a. Internative Name-PlateIncher (Type, Print)  19b. Malicry Address (Sweet and Number of Paral Rouse Number, City or Town, Stein, Zip Code)  3817 Houcks Rd., Monkton, MD 21111  20b. Malicry Address (Sweet and Number of Paral Rouse Number, City or Town, Stein, Zip Code)  20b. Paral of Disposition  10g fund 2 Comments on Signature of Stein  10g fund 2 Comments on S		Mary	ò	MD N/A		Pol.	timoro						1X Yas 2 No
William Roger Mosher  William Roger Mosher  William Roger Mosher  William Roger Mosher  19a. Internative Name-PlateIncher (Type, Print)  19b. Malicry Address (Sweet and Number of Paral Rouse Number, City or Town, Stein, Zip Code)  3817 Houcks Rd., Monkton, MD 21111  20b. Malicry Address (Sweet and Number of Paral Rouse Number, City or Town, Stein, Zip Code)  20b. Paral of Disposition  10g fund 2 Comments on Signature of Stein  10g fund 2 Comments on S		the	rec			Dal					10a. Citizen of	What Couni	in?
William Roger Mosher  William Roger Mosher  William Roger Mosher  William Roger Mosher  19a. Internative Name-PlateIncher (Type, Print)  19b. Malicry Address (Sweet and Number of Paral Rouse Number, City or Town, Stein, Zip Code)  3817 Houcks Rd., Monkton, MD 21111  20b. Malicry Address (Sweet and Number of Paral Rouse Number, City or Town, Stein, Zip Code)  20b. Paral of Disposition  10g fund 2 Comments on Signature of Stein  10g fund 2 Comments on S		3a o		2209 Hamilton A	ve.			2	21214		C. Maria		
William Roger Mosher  William Roger Mosher  William Roger Mosher  William Roger Mosher  19a. Internative Name-PlateIncher (Type, Print)  19b. Malicry Address (Sweet and Number of Paral Rouse Number, City or Town, Stein, Zip Code)  3817 Houcks Rd., Monkton, MD 21111  20b. Malicry Address (Sweet and Number of Paral Rouse Number, City or Town, Stein, Zip Code)  20b. Paral of Disposition  10g fund 2 Comments on Signature of Stein  10g fund 2 Comments on S	0	efter death or items 2 miner ma	Funera		Armed Forces? 1 ☐ Yes 2 No	in U,S.		cedeni of I pecify Cub	Hispanic Origin? ( an, Mexican, Pua	Specify Yes or No- irto Rican, atc.)	14. Rai Bla	ce - America ck, Whita, a	
William Roger Mosher  William Roger Mosher  William Roger Mosher  William Roger Mosher  19a. Internative Name-PlateIncher (Type, Print)  19b. Malicry Address (Sweet and Number of Paral Rouse Number, City or Town, Stein, Zip Code)  3817 Houcks Rd., Monkton, MD 21111  20b. Malicry Address (Sweet and Number of Paral Rouse Number, City or Town, Stein, Zip Code)  20b. Paral of Disposition  10g fund 2 Comments on Signature of Stein  10g fund 2 Comments on S	8	iral.	d by	3 ☑ Widowed 4 ☐ Divorced	Year or Dates:		1 1 1 1 1 1 1 1 1	202110	эреспу.		Specif	Wh	ite
William Roger Mosher  William Roger Mosher  William Roger Mosher  William Roger Mosher  19a. Internative Name-PlateIncher (Type, Print)  19b. Malicry Address (Sweet and Number of Paral Rouse Number, City or Town, Stein, Zip Code)  3817 Houcks Rd., Monkton, MD 21111  20b. Malicry Address (Sweet and Number of Paral Rouse Number, City or Town, Stein, Zip Code)  20b. Paral of Disposition  10g fund 2 Comments on Signature of Stein  10g fund 2 Comments on S	N T	natu rdica	ete			16a.	Decedent's U (Giva kind of	suai Occup work dona	pation during most of w	orking	16b. Kind of B	usinass/Ind	ustry
William Roger Mosher  William Roger Mosher  William Roger Mosher  William Roger Mosher  19a. Internative Name-PlateIncher (Type, Print)  19b. Malicry Address (Sweet and Number of Paral Rouse Number, City or Town, Stein, Zip Code)  3817 Houcks Rd., Monkton, MD 21111  20b. Malicry Address (Sweet and Number of Paral Rouse Number, City or Town, Stein, Zip Code)  20b. Paral of Disposition  10g fund 2 Comments on Signature of Stein  10g fund 2 Comments on S	12	within the the	mpi		Collega (1-4or 5+)								
William Roger Mosher  William Roger Mosher  William Roger Mosher  William Roger Mosher  19a. Internative Name-PlateIncher (Type, Print)  19b. Malicry Address (Sweet and Number of Paral Rouse Number, City or Town, Stein, Zip Code)  3817 Houcks Rd., Monkton, MD 21111  20b. Malicry Address (Sweet and Number of Paral Rouse Number, City or Town, Stein, Zip Code)  20b. Paral of Disposition  10g fund 2 Comments on Signature of Stein  10g fund 2 Comments on S	9	Hygie Hygie Ifher I				Re	tail S	alesp	erson	ama /First Middle	Clot	hing	
Worlder A. Crowtner  381 House State  382 A Mandred of Deposition  18 Duris 2 Commands of Superson (Name of Chip or Town, Sisis and Address of Feeling)  18 Duris 2 Commands of Superson (Name of Chip or Town, Sisis and Address of Feeling)  28 Name and Address of Feeling  29 A Superson of Superson (Name of Chip or Town, Sisis and Address of Feeling)  20 Name and Address of Feeling  21 Signatury of Signata Sarvice Licensee  ALTENBERG FUNERAL HOME, P.A.  6009 Hartford Rd., Baltimore, MD  21 Sarvin Finite the disease or completations that dusted the death. Do not enter the mode of dying, such as cardiac or respiratory arrest.  Physician  Approximate  Finite disease or completations that dusted the death. Do not enter the mode of dying, such as cardiac or respiratory arrest.  Intrinsedate Couse (Final Intrinsedate Cous	aŭ	S is S	Be		osher				1000			iia)	
Worlder A. Crowtner  381 House State  382 A Mandred of Deposition  18 Duris 2 Commands of Superson (Name of Chip or Town, Sisis and Address of Feeling)  18 Duris 2 Commands of Superson (Name of Chip or Town, Sisis and Address of Feeling)  28 Name and Address of Feeling  29 A Superson of Superson (Name of Chip or Town, Sisis and Address of Feeling)  20 Name and Address of Feeling  21 Signatury of Signata Sarvice Licensee  ALTENBERG FUNERAL HOME, P.A.  6009 Hartford Rd., Baltimore, MD  21 Sarvin Finite the disease or completations that dusted the death. Do not enter the mode of dying, such as cardiac or respiratory arrest.  Physician  Approximate  Finite disease or completations that dusted the death. Do not enter the mode of dying, such as cardiac or respiratory arrest.  Intrinsedate Couse (Final Intrinsedate Cous	2	houle d Me mark mark	ĭ			10h	Mailing Addr	ase /Straal				State 7in	Code
Company Comments of Comments		od 2 s ith an ith an ith an											Cooay
4   Donation   S   Dohne (Specify)   MOYELAND   MCRISTIAN   PARK   S   11/96   Baltimore, MD   21. Signature (Specify)   Support   Suppo	ē,	Hear Stern Southern		20a. Mathod of Disposition	20	b. Piaca of	Disposition (/	Vama of					wn, Staia
ALTERBURG FUNRAL HOME, P.A.  6009 Harford Rd., Baltimore, ND 21214  20s. And the first the displays of completations that dused the death. Do not enier the mode of dying, such as cardiac or respiratory arrest. Interval Baltimore, ND 21214  20s. Sequentially list conditions  a. Amusclout. Via cultur. Displays a condition feature of condition features of condition features of condition features of condition.  20s. Sequentially list conditions.  20s. Sequentially list conditions.  21s. Marcasa (Disease or Aprillo Interval Baltimore).  22s. Was an autopay findings evaluated by the conditions of conditions.  22s. Was an autopay indings evaluated by the conditions of conditions.  22s. Was an autopay indings evaluated by the conditions.  22s. Was an autopay indings evaluated by the conditions.  22s. Was case relatered to mode at a same finding and the conditions.  22s. Was an autopay indings evaluated by the conditions.  22s. Was an auto	9	ages ant of t: If if			Ramoval from Staia	-			,	0/11/06			
ALTERBURG FUNRAL HOME, P.A.  6009 Harford Rd., Baltimore, ND 21214  20s. And the first the displays of completations that dused the death. Do not enier the mode of dying, such as cardiac or respiratory arrest. Interval Baltimore, ND 21214  20s. Sequentially list conditions  a. Amusclout. Via cultur. Displays a condition feature of condition features of condition features of condition features of condition.  20s. Sequentially list conditions.  20s. Sequentially list conditions.  21s. Marcasa (Disease or Aprillo Interval Baltimore).  22s. Was an autopay findings evaluated by the conditions of conditions.  22s. Was an autopay indings evaluated by the conditions of conditions.  22s. Was an autopay indings evaluated by the conditions.  22s. Was an autopay indings evaluated by the conditions.  22s. Was case relatered to mode at a same finding and the conditions.  22s. Was an autopay indings evaluated by the conditions.  22s. Was an auto	₫	artme ortan				JOLETO				9/11/90	Balti	nore,	MD
Priys Ical and Control of the Contro	ũ	Dep Park any		W. Hum ()	U. a.		ALTEN	BURG	FUNERAL				
Physician Medical Examiner  The sequentially list conditions, a property of data and position of cause of health of season of the sequential disease or condition resulting in death)  The sequentially list conditions, a property of data and position of cause of death of the sequential disease or condition resulting in death)  The sequentially list conditions, a property of data and positions of the sequential disease or condition resulting in death)  The sequentially list conditions, a property of data and position of death of the sequential list conditions, a property of the sequential list conditions, a property of the sequential list conditions, a property of the sequential list conditions, a property of the sequential list conditions, a property of the sequential list conditions, a property of the sequential list conditions, a property of the sequential list conditions, a property of the sequential list conditions, a property of the sequential list conditions, a property of the sequential list conditions, a property of the sequential list conditions, a property of the sequential list conditions, a property of the sequential list conditions, a property of the sequential list conditions, and the sequential list conditions, and the sequential list conditions, and the sequential list conditions and the sequential list conditions and the sequential list conditions, and the sequential list conditions, and the sequential list conditions and the sequential list conditions and the sequential list conditions and the sequential list conditions and the sequential list conditions and the sequential list conditions and the sequential list conditions and the sequential list conditions and the sequential list conditions and the sequential list conditions and the sequential list conditions and the sequential list conditions and the sequential list conditions and the sequential list conditions and the sequential list conditions and the sequential list conditions and the sequential list conditions and the sequential list condi		_			ications that dausad tha	daath Don	6009 I	Harfo	ord Rd.,	Baltimor	e, MD		
The content of the	Ų	Physician		/shock, or heert lailula. Lisi only or	one ceuse on aach lina.			,	3	,		1	Interval Batween Onsat and Death
Sequentially list conditions contribute to the cause of death of the contribute of the cause of death of the c	Ē÷.			Immediata Ceuse (Final	A The S	· land	T. Vo	2001	en Du	(201-1		į	
Sequentially list conditions contribute to the cause of death of the contribute of the cause of death of the c		Examiner		rasulting in death)	a. Dua	to for as a c	onsequence of	nf).					
Sequentially list conditions contribute to the cause of death of the contribute of the cause of death of the c		B #	ner		Adrin	erl	Age	.,.					
Cause (Disease or Inluy that britished examis rasulting in death) Last  Cause (Disease or Inluy that contributed examis rasulting in death) Last  Cause (Disease or Inluy that contributed examis rasulting in death) Last  Cause (Disease or Inluy that contributed examis rasulting in death) Last  Cause (Disease or Inluy that contributed examis rasulting in death) Last  Cause (Disease or Inluy that contributed examis rasulting in death) Last  Cause (Disease or Inluy that contribute to the cause of death to		cuted	ami										
Description of the cause of death of the cause o	Ö,	e exe ian e uriel-l		if any, laading to immadiata causa. Entar Undarlying									
Description of the cause of death of the cause o	876	ate b hysic the b	dica	triat miniated evants	C. Dua 1	o (or as a c	onsequanca o	f):				1	
1   Yes   2   No   1   Yes		ing p	Mec		4							-	
1   Yes   2   No   1   Yes	Q Q	ath ce ttend or us	lan/		d								
1   Yes   2   No   1   Yes		the a	/sic	Part ii. Other significant conditions cor	ntributing to death but not	rasulting in	the undarlyin	g causa giv	van in Part I.	23b. Dld t	obacco use co	ntribute to	the cause of death?
1   Yes   2   No   1   Yes		d by detac		Sessia						101	108 2 No	3 Prob	ably 4 Unknown
1   Yes   2   No   1   Yes	က်	ras ti signe										T	
1   Yes   2   No   1   Yes	Ö	reen	etec									eve	ileble prior to
Second Part   Part	ec	has b	ign j									of d	leath?
Second Part   Part	=	cata pag	S							1 🗆 Y	es 2 No	1 🗆	Yas 2□ No
Second Part   Part		cian		axaminer?	Hoonital.			04		eeth (Check only o	na)		
Part   Part		this ai di		ILI Yas ZIZI NO	1 L Inpatiant			DUA	4 Jur Nursing				)
29a. Cartiflar (Check only one)    29a. Cartiflar (Check only one)   29b. Signalura and titla of certifiar   29b. Signalura and titla of certifiar   29c. Licansa number   29d. Dete signed (Month, Day, Year)   29b. Signalura and titla of certifiar   29c. Licansa number   29d. Dete signed (Month, Day, Year)   29b. Signalura and titla of certifiar   29c. Licansa number   29d. Dete signed (Month, Day, Year)   29b. Signalura and titla of certifiar   29c. Licansa number   29d. Dete signed (Month, Day, Year)   29b. Signalura and titla of certifiar   29c. Licansa number   29d. Dete signed (Month, Day, Year)   29d. Dete signed (Month,		Ifing F	lo l	1 Netural 5 Pending	(Month, Day Yea		ijury			28d. Dascribe n	ow injury occur	red	
29a. Cartiflar (Check only one)    29a. Cartiflar (Check only one)   29b. Signalura and titla of certifiar   29b. Signalura and titla of certifiar   29c. Licansa number   29d. Dete signed (Month, Day, Year)   29b. Signalura and titla of certifiar   29c. Licansa number   29d. Dete signed (Month, Day, Year)   29b. Signalura and titla of certifiar   29c. Licansa number   29d. Dete signed (Month, Day, Year)   29b. Signalura and titla of certifiar   29c. Licansa number   29d. Dete signed (Month, Day, Year)   29b. Signalura and titla of certifiar   29c. Licansa number   29d. Dete signed (Month, Day, Year)   29d. Dete signed (Month,	S	death death ctor: y tha	Cal	3 ☐ Suicida 6 ☐ Could noi be	28a Place of Injury	At home for			1145 2 110	28f Location /9	Street and Numi	her or Rura	I Route Number
29a. Cartiflar (Check only one)    29a. Cartiflar (Check only one)   29b. Signalura and titla of certifiar   29b. Signalura and titla of certifiar   29c. Licansa number   29d. Dete signed (Month, Day, Year)   29b. Signalura and titla of certifiar   29c. Licansa number   29d. Dete signed (Month, Day, Year)   29b. Signalura and titla of certifiar   29c. Licansa number   29d. Dete signed (Month, Day, Year)   29b. Signalura and titla of certifiar   29c. Licansa number   29d. Dete signed (Month, Day, Year)   29b. Signalura and titla of certifiar   29c. Licansa number   29d. Dete signed (Month, Day, Year)   29d. Dete signed (Month,	$\leq$	Or A Direct	ert	4 Homicida datamined	building, etc. (Sp	ecify)	iii, siiaat, laot	ory, ornice				DO: 01 110101	riopia riomber,
29b. Signalura and titla of certifiar  29c. Licansa number  29d. Dete signed (Month, Day, Year)  7/10/96  30. Nama and addrass of person who completed causa of death (Itam 23a) (Type, Print)  Roysent Liberto, MD- 3508 Birnk ST Birnto, Null 2/2 Jy	_	ppital ours peral filled		29a. Cartiflar +PC Cartifying Phy	sician: To the best of my	knowledge	death occurre	ed at the ti	ma data and niac	a and dua in the	euse(s) and m	anner as st	ated
29b. Signalura and titla of certifiar  29c. Licansa number  29d. Dete signed (Month, Day, Year)  10/16  30. Nama and addrass of person who complated causa of death (Itam 23a) (Type, Print)  Robert Liberto, wo. 3508 BANK ST BARTO, Null 2/224		Hos 24 h Fur etely	dic	(Uneck only 2 Medical Exami	nar: On the basis of axar	nination and	/or investigati	on, in my	opinion, daath occ	curred at tha tima,	date and place,	and dua to	tha causa(s)
30. Nama and addrass of person who completed causa of death (Itam 23a) (Type, Print)  ROBERT LIBERTO, MD. 3508 BANK ST BARTO, Null 2/1224		the state of		29b. Signalura and titla of certifiar			1	29c. Licans	sa number		29d. Dete signe	ed (Month, L	Day, Year)
30. Nama and addrass of person who completed causa of death (Itam 23a) (Type, Print)  ROBERT LIBERTO, MD. 3508 BANK ST BARTO, Null 2/1224	1			01.	luto us			Da	14611		9/10	146	
ROBERT LIBERTO, MD. 3508 BANK ST BARTO, MIL ZIZZY	1	L)	1	30. Nama and addrass of person who ca	omplated causa of death	Itam 23a) /	Type, Print)				4		
	1				mp. 310	8 B	ANK	57	BAZID	nul Z	1214		
		Sta	te		32. Ragistrar's S	ignatura			21-101		1		

DHMH 16 Rsv 6/95

State of Maryland / Department of Health and Mental Hygiene Certificate of Death Items: 4,8,9 per Fi.H. G-739 9/10/96 reb 1. Decedent's Nama (First, Middla, Last) 2 Data of Death 3. Time of Death Month Veer **Physician** Deppisch, Sr. September John 0600 4a. Facility Name (If not institution, give street and number) 1996 /Medical 4b. City, Town, or Location of Deeth 4c. County of Death Examiner N/A Baltmore If Undar 24 Hrs. 8. De Mercy W 5. Social Sacurity Number Medical Center If Under 1 Yeer 8 Say 7. Aga (In yrs. last birthdey) 8. Dete of Birth (Month, Day, Year) 1915 9. Birthplace (State or Foreign Country) MARY LAND **Funeral** 10M 20F Days Hours Min. RO Yrs. Director 216-01-078 November 17, 1916 Usual Rasidance of Decedent filed within 72 hours efter deeth with the Meryland 10a Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 7 is marked other than "natural", or items 23s or 28s-1 show traumatic event, the Medical Examiner must be notified at 1 Yas 2 No Directo Maryland N/A Baltimore City 10e. Street and Number 10f. Zip Coda 10g. Citizan of Whet Country? 5809 Plumer Avenue 21206 U.S.A. 12. Was Decedent Ever in U,S. Armed Forcas? 1 ☐ Yes 2 ☐No If Yas, Giva Yaar or Dates: 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-It Yes, specify Cuben, Maxican, Puerto Rican, etc.) 14. Race - Amarican Indien, Bleck, White, etc. 11. Marital Status 1 Nevar Merried 2 X Marriad altimore, Maryland 21215-0020 1 Yas 2 No Specify: þ Specify: White 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work dona during most of working life. DO NOT usa retired) 15. Decedant's Education (Specify only highest grada completed) 16b. Kind of Business/Industry I Hyglene. Elemantery/Secondary (0-12) 8th Grade Collega (1-4or 5+) pemit. Pages 1 and 2 should be filed with Department of Heelth and Mentel Hyglen. Important: if item 27 is marked other that any injury or other traumatic event, Insulons. Auto Mechanic Self Employed 17. Father's Nama (First, Middla, Last) 18. Mothar's Nema (First, Middla, Maiden Surname) John Adam Deppisch Martha Gertrude Denn 19a. Intormant's Name/Ralationship (Type, Print) 19b. Malling Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) George John Deppisch, Jr./Son 3604 Mary Avenue, Baltimore, Maryland 21206 20a. Method of Disposition 20b. Placa of Disposition (Nama of cematery, crematory or other piece) 9/11/96 Data 20c. Location - City or Town, Stata 1 Burial 2 Cramation 3 Ramovel from Stata Gardens of Faith Cemetery Baltimore, Maryland 4 Donation 5 Othar (Specify) John C. Miller, Inc. 6415 Belair Road, Baltimore, Maryland 21. Signeture of Funarel Sarvice Licensee 23a. Partf. Entar tha diseasa, or complications that eaused the datch. Do not entar the mode of dying, such es cardiec or raspiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Intarvai Between Onset and Death **Physician** /Medical Immedieta Causa (Final 2 wecks Lymphomaters disaasa or condition rasulting in death) Examiner Dua to (or es a consequance ot): Examiner Hodykins physician and the buriel-transit Sequantially list conditions, if any, laading to immadiata cause. Entar Undarlying Ceuse (Diseasa or injury that initieted events rasulting in death) Last Dua to (or as a consequence of): Records, P.O. Box 68760, Physician/Medical Dua to (or as a consequence ot) been signed by the a should be detached ( Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Wera autopsy tindings available prior to completion of causa of death? Completed 24a. Wes an autopsy performed? 1 Yas 2 No 1 ☐ Yes 2 ☐ No Division of Vital i or Attending Physician: after death. Director: After this certifica 25. Was casa rafarred to medical Be 26. Pleca of Death (Check only ona) axaminar? Othar: 4 Nursing Homa 5 Rasidance 8 Othar (Specify) 1 Yas 20 No 2 12 Inpatient 2 ER/Outpatient 3 DOA funeral 28a. Data of injury (Month, Dey Year) 27. Mannar of Deeth 28d. Dascribe how injury occurred 28b. Time of Certification: 28c. injury at Work? 1 Natural 5 Pending 1 ☐ Yas 2 ☐ No invastigation 2 Accidant 6 Could not be datarminad 3 Suicida 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 28e. Place of tnjury - At homa, ferm, straat, tactory, office building, atc. (Spacify) 4 - Homicida To the Hospital min 24 hours a To the Funeral D Hospital edicai 10 Certifying Physician: To the best of my knowledge, death occurred et tha tima, data and piece, end due to the ceuse(s) and mannar as stated.

"Medical Examiner: On the basis of examination and/or invastigation, in my opinion, deeth occurred at the time, data and piece, and due to the ceuse(s) and mannar stated. 29e. Cartifian 29b. Signature and titla of certifier 29c. Licansa number 29d. Dete signed (Month, Day, Year) D40854 MD September 9, 1426 30. Name and addrass of person who complated cause of daeth (Itam 23a) (Type, Print) David A. Rischery, MD MD 21201

State Registrar 31. Data filed (Month, Dey, Year)

SEP 1 0 1996

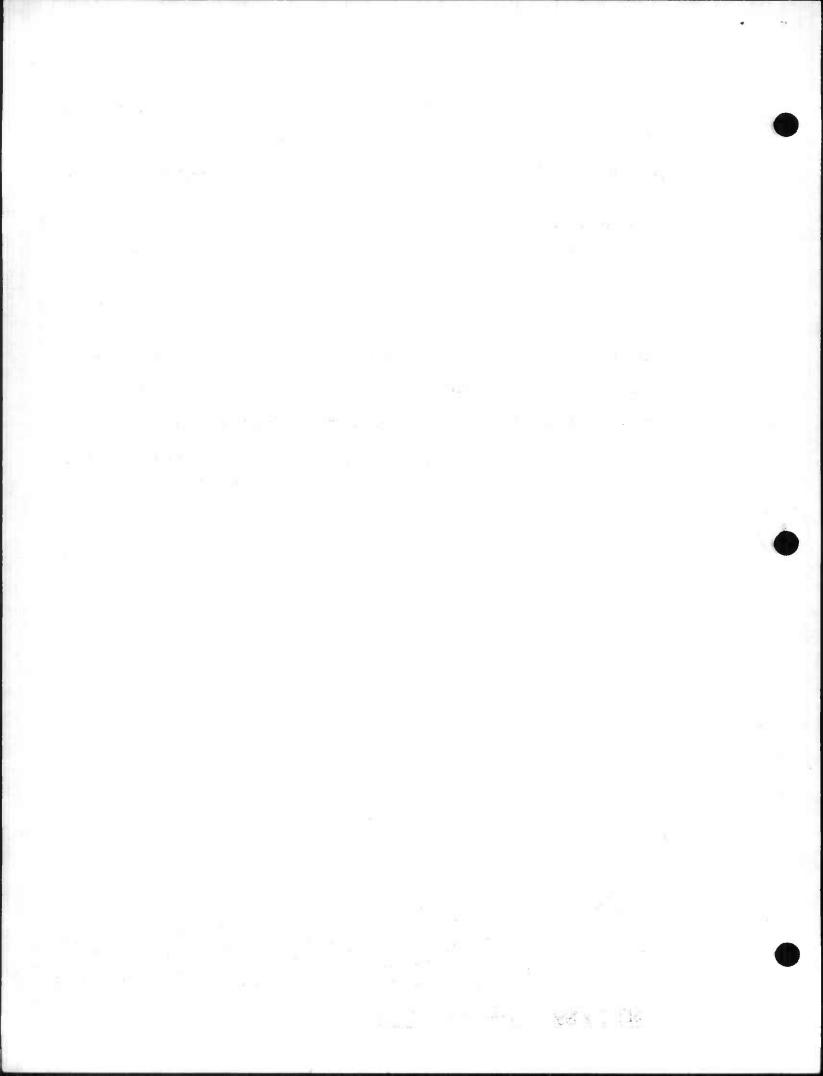
32. Registrar's Signature relia Davidson State of Maryland / Department of Health and Mental Hygiene

27048 Certificate of Death 1. Dacadant's Nama (First, Middla, Last) 2. Data of Daath 3. Tima of Deeth **Physician** Month Yaar Vernon Easton 4, Sept. 1996 /Medical 11:00 PM 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Baltimore City 712 Pacific Street Baltimore Hours Min. Aug 19ay, 1925 5. Social Sacurity Number If Under 1 Yaar 7. Aga (In yrs. last birthday) **Funeral** 9. Birthplace (Stata or Foraign 1**√**M 2□ F Months Days 71 Yrs. Maryland 213-20-1609 Director Usual Residence of Dacedant death with the Marylend 10a Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits r than "natural", or items 23a or 28a-f show the Medical Examiner must be notified at 1 Yes 2 □ No **Funeral Director** Maryland Baltimore City Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 712 Pacific Street 21211 USA 12. Was Decedant Evar in U,S. Armad Forces? 1≿¥as 2 □ No if Yes, Giva Yaar or Datas: WWII Was Dacedant of Hispanic Orlgin? (Specify Yes or No-If Yas, specify Cuban, Maxicen, Puerto Rican, atc.) 14. Race - American Indian, Biack, Whita, atc. 11 Marital Status filed within 72 hours efter 1 Never Marriad 2 Married 21215-0020 1 ☐ Yas 2 No Specify: þ 3 ☐ Widowed 4 ☐ Divorced WWII Specify. white Be Completed 15. Decedent's Education (Specify only highast grada completed) 18a. Decedant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa retired) 16b. Kind of Businass/Industry I Hygiene. Elamantary/Secondary (0-12) Collaga (1-4or 5+) Insulation Pipe coverer f Health and Mental Hygitem 27 is marked other other traumetic event, altimore, Maryland 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Name (First, Middla, Maiden Surnama) Pages 1 and 2 should be nent of Health and Mental Jay H. Easton Ruth McLess 2 19e. Informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) permit. Pages 1 and 2 a Department of Health ar Important: If item 27 Is any Injury or other trau Lealia Easton (Wife) 712 Pacific Street Baltimore, Maryland 21211 20a. Mathod of Disposition 20b. Place of Disposition (Nama of cematary, cramatory or other place) Data 20c. Location - City or Town, Stata Burial 2 Cramation 3 Removal from State Crestlawn Memorial Garden 9/7/96 Eldersburg, Maryland 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signature of Funeral Service Licenses 22. Nama and Addrass of Facility Burgee-Henss Funeral Home laury 3631 Falls Road Baltimore, MD 21211 Approximata Interval Between Onset end Death Physician /Medical Immediata Causa (Final Mito chondrial disaasa or condition resulting in death) Examiner Examiner The law requires that the deeth certificete be executed Bud Sequantially list conditions, if any, laading to Immadiata ceusa. Enter Undarlying Causa (Disaasa or Injury that initiated asserts. Dua to (or as a consequence of): use es the bunal-tra P.O. Box 68760, ettending physician Physician/Medical that initiated evants rasulting in daath) Last Dua to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 3 1 Yes 2 No 3 Probably 4 Onknown signed b Division of Vital Records, þ Completed 24b. Wara autopsy findings avallabla prior to 24a. Was an autopsy performed? peen n of ceusa hes certificate Attending Physician: 25. Was cesa refarrad to medical axaminar? Be 26. Plece of Daath (Chack only one) Other: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) Hospitel: 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA P 1 ☐ Yas 2 XNo this Certification: 27. Mannar of Daeth Deta of Injury (Month, Day Year) 28c. Injury et Work? 28d. Describe how injury occurred After 5 Panding investigation LE Naturel death. 1 ☐ Yas 2 ☐ No 2 Accident the after death 6 Could not be datarmined 3 ☐ Sulcida 3 28e. Place of Injury - At homa, farm, streat, factory, office building, atc. (Spacify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicida \*Sertifying Physician: To the bast of my knowledge, death occurred at the time, date and place, and due to the causa(s) and mennar es stated.

2 Medical Examiner: On the basis of examinetion and/or invastigation, in my opinion, deeth occurred at the time, date and place, and due to the causa(s) and mannar stated. 29e. Certifian £ (Check only one) å å 29b. Signatura and titla of certifiar 29c. Licansa number 29d. Data signed (Month, Day, Year) 30. Nama and address of parson who complated causa of daath (Item 23e) (Typa, Print) Vark Druce Baltimore Mirarchi habisopharis Isoghar Revolution -- mo 31. Data filed Mor State Registrar

			ITEM#27 g739 9/11/	State of Maryla 96agperDr.	-	ate of Death		g. No.	00 2/049
	Physic	an	1. Decedent's Neme (First, Middle, Las	Michael Jose	eph Ferrace	ci	2. Dete of Deeth		3. Time of Deeth
	/Medi	cal	MICHAEL JO .  4e. Feclity Neme (If not institution, give	-	a	4h City Town	or Location of Deeth	bon 6,1	996 / P
7	Examii	ner	En 115 ton Cen	CIPI Hos	01 40 /		S Los	4c. County	or Je an
	Funeral Director		5. Sociel Security Number 8. Se			der 1 Year   If Under 24 I	Hrs. 8. Dete of Birth	Year) ,1907	Birthpiece (State or Foreign Country)     Maryland
	show sd st		10e. Stete 10b. County	10c. C	ity, Town or Location				10d. Inside City Limits
	Per ser	ctor	Maryland Harford	County Jor	ра				1 ☐ Yes 2 ☐ No
	th with th 23a or 28 unt be no	ral Director	10e. Street and Number 642-C Harborside	Drive		Zip Code 1085		og. Citizen of W nited S	
020	Juithin 72 hours effer death with the Meryland John. John. Than "natural", or items 23s or 28s-4 show the Modes Example must be notified at	by Funeral	11. Meritel Stetus  1 Never Merried 2 Married  3 XWidowed 4 Divorced	12. Wes Decedent Ever in the Armed Forces?  1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Detes:	If Yes, a	cedent of Hispenic Origin? apecify Cuban, Mexican, Pu s 2 XNo Specify:	(Specify Yes or No- erto Rican, etc.)		a - American Indien, k, White, etc. White
21215-0020	C .	Completed	15. Decedent's Edu (Specify only highest grad	cation e completed) College (1-4or 5+)		work done during most of T use retired)	working		siness/Industry
10 2	5 5 4 F	Be Co	8th Grade  17. Fether's Neme (First, Middle, Last)		Salesman		Neme (First, Middle, N		
ylar	9 4 5 0	To B	Dominic Unkn	own Fern	cacci	Mary	Unknown	Ge	iger
Maryland	d 2 should h and Mer 7 is marks treumatic		19e. Informent'a Neme/Reletionship (T)			ess (Street end Number of			
	leaft im 2		M. Donald Ferracci  20e. Method of Disposition	20b.	Plece of Disposition (	field Road, J.			City or Town, Stete
OE .	00 -		1 ☐ Buriel 2 ☐ Cremetion 3 ☐ F 4 ☐ Donetion 5 ☐ Other (Specify)	remover from Stete	cemetery, cremetory of arkwood Cen		9-9-96		nore,MAryland
Baltimore,	permit. Pag Department Important: If eny Injury o		21. Signeture of Funeral Servica Licens		22. Name	end Address of Fecility  C. Miller, I	6415 Be		
	Sec. of		23a. Perfl. Enter the disease, or composhock, or heert feilure. List only o	VILLANGUI					Approximete Interval Between
	Fhysician /Medical		Immediate Cause (Finet		2.1	4			Onset end Deeth
	Examiner		disease or condition resulting in death)	CA W an	y ar	ey des	emo		3 years
	70 #	Iner		Due to (	or es e consequence	or):			
	icate be executed physician and s the burial-transit	Examiner	Sequentietly list conditions, if any, leeding to immediate cause. Enter Underlying	Due to (	or ea e consequenca	of):			
68760,	sician buria	edical E	cause. Enter Underlying Cause (Diseese or Injury that initiated events	),	and the same of				
	rificating phy as the		resulting in deeth) Last	Due to (	or as e consequence o	51):			
Box	death certifi e ettending ad for use as	Physician/M		1,					
0	that the de led by the e detached f	ysic	Pert II. Other significant conditions con	ntributing to death but not re-	suiting In the underlyin	g cause given in Pert I.	23b. Did tol	bacco uss con	stribute to the cause of death?
0,	res that i	by Pt					1 T	8 2□No	3 Probably Unknown
Records,	been s	Completed b					24e. Wes er perform		24b. Were eutopsy findings aveilable prior to completion of cause of death?
_	The ate h	Com					1 □ Ye	s ak No	1 □ Yes 2 No
Vital	Physician: The this certificate ral director, peg	Be	25. Wes case referred to medical examiner?	lospitel:		Othor	Deeth (Check only one	9)	
of	Phys this ral di	7: To	1 Yes 3 No 10 27. Megner of Death	28e, Dete of Injury	28b. Time of	DOA VITTER 4 Nursin	g Home 5 Resider		
ion	Attending Ir death. ector: After by the funer	ation	1 Neturel 5 Pending Investigation	(Month, Day Year)	Injury M	Work? 1 ☐ Yes 2 ☐ No			
-=-	after deat Director: In by the	Certification:	3 Suicide 6 Could not be determined	28e. Place of Injury - At h building, etc. (Speci	nome, ferm, atreet, fec	tory, office	28f. Location (Str City or Town		er or Rural Route Number,
	Atat o arra af ral Di								
	Mospitat o 24 hours af Funeral Di stely filled Ir		29a. Certifier (Check only one) 1 Certifying Physical Examination (Check one) 1 Certifying Physical Examination (Check one) 1 Certifying Physical Examination (Check one) 1 Certifying Physical Examination (Check one) 1 Certifying Physical Examination (Check one) 1 Certifying Physical Examination (Check one) 1 Certifying Physical Examination (Check one) 1 Certifying Physical Examination (Check one) 1 Certifying Physical Examination (Check one) 1 Certifying Physical Examination (Check one) 1 Certifying Physical Examination (Check one) 1 Certifying Physical Examina	sician: To the best of my knowner. On the basia of examinating	owledge, deeth occurr ation and/or investiget	ed et the time, dete end pla ion, in my opinion, deeth o	ece, end due to the ce ccurred et the time, da	use(s) and me te and plece, e	nner ea stated. and due to the cause(s)
	the Hospital in 24 hours the Funeral opletely filled	Medical C	(Check only /2   Medical Exami	sician: To the best of my known of the basia of examinating and menner steted.	ation and/or investiget	ed et the time, dete end pla ion, in my opinion, deeth o 29c. License number	ccurred et the time, da	te and plece, e	nner ea stated. and due to the cause(s)  I (Month, Day, Year)
	To the Hospital of within 24 hours at To the Funeral Di completely filled in	edical	one) // Madical Exami	net: On the basia of examina	ation and/or investiget	ion, in my opinion, deeth o	ccurred et the time, da	te and plece, e	and due to the cause(s)
	To the Hospital of within 24 hours at To the Funeral Discompletely filled in	edical	one) // Madical Exami	on the basia of examinating and menner steled.	ation and/or investiget	ion, in my opinion, deeth o	ccurred et the time, da	te and plece, e	and due to the cause(s)

DHMH 16 Rsv 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. item #1, filmg 739, 9/11 State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Name (First, Middle, Last) EDWARD A. GONSALVES SR. 2. Dete of Deeth 3. Time of Death Gonsalven Sr Month **Physician** 1:58 PM September a word /Medical 4e. Facility Nema (If not Institution, giva street end number 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Hedical Battimore
If Under 1 Year If Under 24 Hrs. 8, D enter herty 8. Deta of Birth (Month, Day, Year) June 30, 1936 5. Sociel Security Number 7. Age (In yrs. lest birthday) 9. Birthplace (State or Foraign Country) **Funeral** Days Hours 18 M 2□ F 13-32-6573 Yrs. Director Va Usual Rasidence of Decedant 10a State 10b. County 10c. City, Town or Location 10d. Insida City Limits 7 is marked other than "natural", or items 23s or 28s-f show traumstic event, the Medical Examiner must be notified at Battimore 1 Vas 2 □ No Director NA 10e. Street and Number 10f. Zlp Coda 10g. Citizen of What Country? Woodhaven 4103 21216 permit. Peges 1 and 2 should be filed within 72 hours after death 1 Department of Heelth and Mentel Hygiene. Important: If frem 27 is marked other than "natural", or flame 22 any injury or other traumeth. Funeral 12. Was Decedent Ever In U,S. Armed Forcas? 1 ☐ Yes 2 ☐ No If Yas, Giva Yaar or Datas: 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuben, Maxican, Puerto Rican, atc.) 11. Maritel Status 14. Rece - Amarican Indien, Black, Whita, atc. 1 Nevar Married 2 Married 1 ☐ Yas 2 1 No Specify: by Specify: Bladi 3 Widowed 4 Divorced Completed 15. Decedant's Education (Specify only highest grede complated) 16a. Decedant's Usuai Occupation (Giva kind of work done during most of working lifa. DO NOT use ratired) 16b. Kind of Business/Industry Company Insurance Elamentary/Secondary (0-12) Collage (1-4or 5+) Insurance Salezman 12th grade 140 17. Fathar's Name (First, Middla, Last) 18. Mothar's Name (First, Middia, Maiden Sumame) Annie 19a. informant's Name/Ralationship (Type, Print) Gunsalues Hamlet 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Baltimore. Dorothy G 20a. Mathod of Disposition -wite 4103 Woodhaven red 20b. Place of Disposition (Nama of cemetary, cramatory or othar place) 20c. Location - City or Town, Stata Data 1 ☐ Buriel 2 ☑Cramation 3 ☐ Ramoval from Stata 4 ☐ Donetion 5 ☐ Othar (Specify) Cremator 21. Signatura of Funaral Sarvice Licensee 22. Nema and Addrass of Pecility 21215 F. H. West 4300 Wabash 23a. Part1. Entar the disease, or complications that caused the death. Do not entar the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Balto My Approximata intarval Batween Onset end Death **Physician** Severe Cordiony opath /Medical immediata Causa (Finai diseese or condition resulting in death) **Examiner** Mouths Examiner Ischemic bunel-transit Sequentially list conditions, if any, laading to immadiata causa. Entar Undarlying Causa (Disaase or Injury that initiated evants resulting in death) Last Dua to (or as a consequence of) physician s s the buriel-Physician/Medical Dua to (or es e consequance of): Pert ii. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? signed by 1 Yes 2 No 3 Probably 4 Unknown à 24b. Wara eutopsy findings aveileble prior to complation of cause of death? Completed 24a. Was an autopsy performed? 2 No 1 ☐ Yas al or Attending Physician: The safter death.

It Director: After this certificate ed in by the funeral director, pa 25. Was casa refarrad to medical axaminer? Be 26. Piaca of Deeth (Check only ona) Hospitai: 2 1 No Othar: 4 Nursing Homa 5 Rasidence 8 Othar (Specify) 1 Inpatiant 2 1 Yas 2 ER/Outpatient 3 DOA 28e. Data of Injury (Month, Day Year) 27. Manner of Death Certification: 28b. Tima of 28d. Dascribe how injury occurred 28c. injury at Work? 1 Natural 5 Pending 1 ☐ Yas 2 ☐ No Invastigation 2 Accidant 6 Could not be datarmined 3 Sulcide 28f. Location (Street end Number or Rural Routa Number, City or Town, Stata) 28a. Plece of Injury - At homa, farm, streat, fectory, office building, atc. (Specify) 4 Homicida To the Hospital or A within 24 hours after To the Funeral Direcompletely filled in b 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical 29a. Cartifian 29b. Signatura and titia of certifian 29c. License number 29d. Data signed (Month, Day, Year)

and

peed

certificate

Division of Vital Records, P.O. Box 68760.

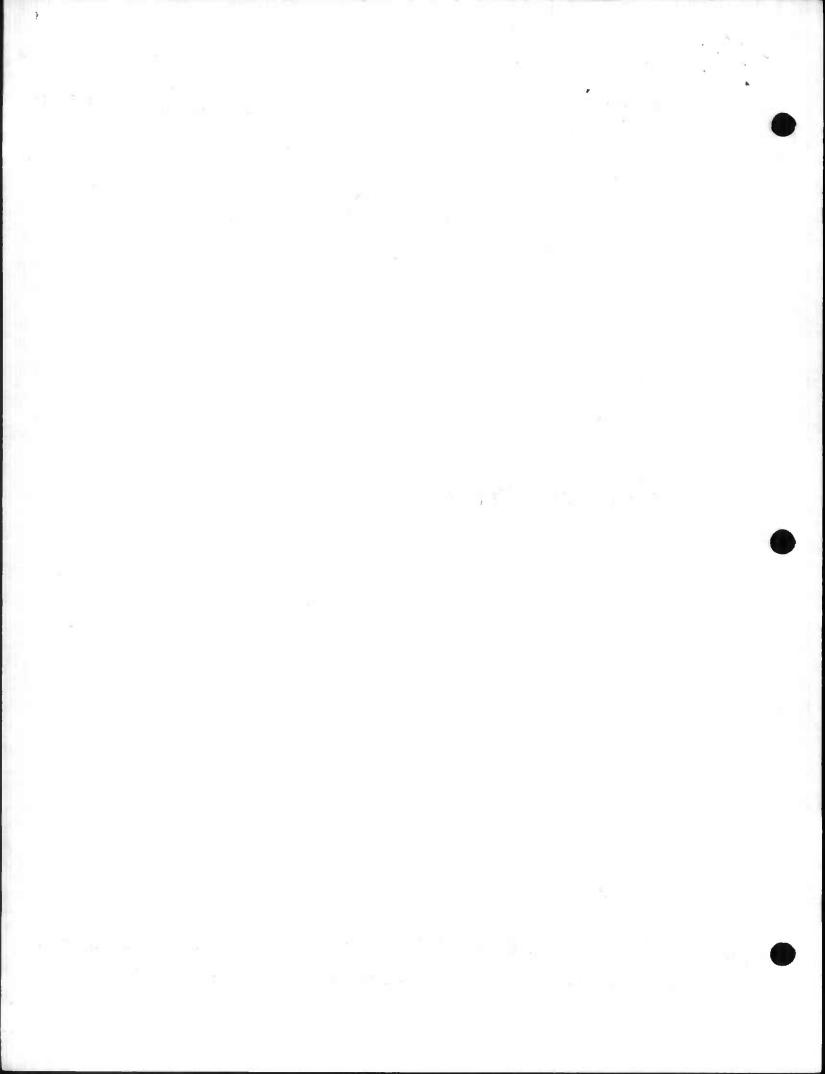
the Merylend

Baltimore, Maryland 21215-0020

State Registrar 30 Nama and addrass of person who complated cause of death (Itam 23a) (Type, Print) Geovae E. Wicks M. D. 2600 Deovae E. Wicks I 2600 September 6, 1996

31. Data filed (Month, Day, Year) 32. Registrar's Signature SEP 1 1 1996 Dulia Davidson-Randell

E. Wills II



	Physic /Medi		1. Decedent's Name (First, Middle, Las GREEN SEI	GENE VEWEVE	EVIEVE P	. Greer	1		2. Data of D Month SEPTEM	Day	Year 94	3. Time of Death 9.079
	Exami		4a. Facility Nama (If not institution, give HAR BOR HOS PITA	e street and number)	- 0	1 SOU NOVER		4b. City, Town, o BALTI		th 4c. County	of Death	
	Funeral Director		214 20 3210	ex 7. Ag □ M 2 <b>2</b> 5F	ge (In yrs. last	Yrs.	If Undar 1 Yaa Months Days		n. (Month, E	irth (Year) 29,1930		ca (Stata or Foreig Sy) Sylvania
	the Maryland 28e-f show	tor	Usual Rasidence of Decedent  10a. State 10b. County  Maryland N/A			own or Loca					100	d. Inside City Limits
	after death with the Maryla or items 23a or 28s-1 shor	Director	10e. Streat and Number 2717 Wegworth La				10f. Zlp Code 212	30		10g. Citizen of V		13
	er death w items 23a	Funeral	11. Marital Status	12. Was Decedent	Ever In U,S.	13. W		Hispanic Origin? ( ban, Mexican, Pus	Specify Yas or N	U • S	e - Amaricar	
21215-0020		by	1 ☐ Never Married 2 ☐ Married 3 ☑ Widowed 4 ☐ Divorced	Armed Forces?  1  Yes 2 X  If Yas, Giva  Year or Datas:			Yes 2 Wo		nto Mican, atc.)	Specify	ck, White, et Wh	ite
15-(		Completed	15. Decedent's Ed (Specify only highest gra	lucation de completed)	1	8a. Decede (Give ki	nt's Usual Occu nd of work done O NOT use ratio	pation during most of wed)	orking	16b. Kind of Bu	usiness/Indu	stry
212	filed within Hyglene. ther than ent, the Mer	omo	Elementary/Secondary (0-12) 6th	College (1-4or	5+)		e Clerk			Automo	bile	Company
pur	s 1 and 2 should be filed I Health and Mental Hygi tem 27 is marked other other traumatic event,	Be	17. Father's Neme (First, Middle, Last)		77 9 9 23.				`	e, Maiden Suman Delsit		
Maryland	2 should be fi and Mental H Is marked of	To	19a. Informant's Name/Relationship (7		Hullih		Address /Stree	et and Number or I	Edna M.			anda)
	alth ar		Judy Giron	ype, / IIII/			Wegwort			imore, Ma		
Baltimore,	Department of Her Department of Her Important: If Hern any Injury or othe page.		20a. Method of Disposition  1 □ Burial 2 □ Cremation 3 □	Domewal from State	20b. Place ceme	e of Disposi etary, crema	tion (Name of story or other pla	ace)	Date	20c. Location -	City or Tow	n, State
tim	ment of I		4 ☐ Donation 5 ☐ Other (Specify	)			matory,		9/9/96	Baltimo	ore, M	aryland
Bal	permit. Pag Department Important: I any Injury o		21. Signature of Funeral Service Licen	see D nemeca	uh		Name and Adda Ol Ritc	ess of Facility hie High		Funeral timore,		
744	Physician /Medical Examiner		23a. Fart / Enlar the disease or companion of the compani			ATIC	· LU	ing, such as cardi			1 10	Approximate nterval Between Onset and Death
	uted Insit	Examiner		b. ————			, ,					
0,	a exection and and and and and		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury		Due to (or as	a conseque	ence of):				1	
Box 68760,	th certificate be executed ending physician and r use as the bunal-transit	an/Medical	that initiated events resulting in death) Last	d	Due to (or as	a conseque	ence of):					
0	that the death oned by the attended for us	Physician	Part II. Other significant conditions co	ontributing to death b	ut not rasultin	ng in the und	lerlying causa g	ivan In Part i.				he cause of death
0	es that igned b	by Pł							-1 (2	Yaa 2□No	3 Proba	bly 4 🗆 Unknow
of Vital Records,	aw requii s been s 2 should	Completed								s an autopsy ormed?	svail	e autopsy findings able prior to pietion of cause eath?
al B	The ate h								10	Yes 2 No	10	Yes 2□ No
<b>Z</b>	Physician: The this certificate ral director, pag	To Be	25. Was case referred to medical examiner? 1 ☐ Yes 2 ☑ No	Hospital:	nt onen	/Outpatient	3□ DOA O	hor	eath (Check only		(04.)	
ion of	Attending Physic death.  ector: After this by the funeral di		27. Manner of Death  1 BNetural 5 Pending 2 Accident Invastigation	28a. Date of Inju (Month, Da		b. Time of Injury	28c. Inje			how Injury occur		
Division	tal or Attendent settle of Attendent settle of the ctor: ed in by the	Certification:	3 Sulcide 6 Could not be determined	28e. Place of Inj	ury - At home c. (Specify)	, farm, strae	it, factory, office			(Street and Numb own, State)	er or Rural F	Routa Number,
	To the Hospital or Attending Ph within 24 hours effer death.  To the Funeral Director: After th completely filled in by the funeral	edicai	29a. Certifier (Check only one) 1 Certifying Phy	valcian: To the best of the basis of and manner sta	exa <i>m</i> ination	dge, death o end/or Inve	eccurred et the t stigation, in my	ime, date and place opinion, deeth occ	ce, and due to the curred at the time	cause(s) and ma , date and piece,	nner as stat and due to th	ed. ne cause(s)
	Tot with Tot	M	29b. Signature and title of certifier  V. Chandra subhi	rhedds, Pe	SYI I	N SAL MEDI		244161	4-48	29d. Date signed SEPTEMB		
	10		30. Name and address of person who co		eath (Item 23	a) (Type, Pr	int)	TER, 30	SAL CLAN	H HANOU		

Day, Year)
SEP 1 1 1996 > Julia Davidson-Randelle

BALTIMORE

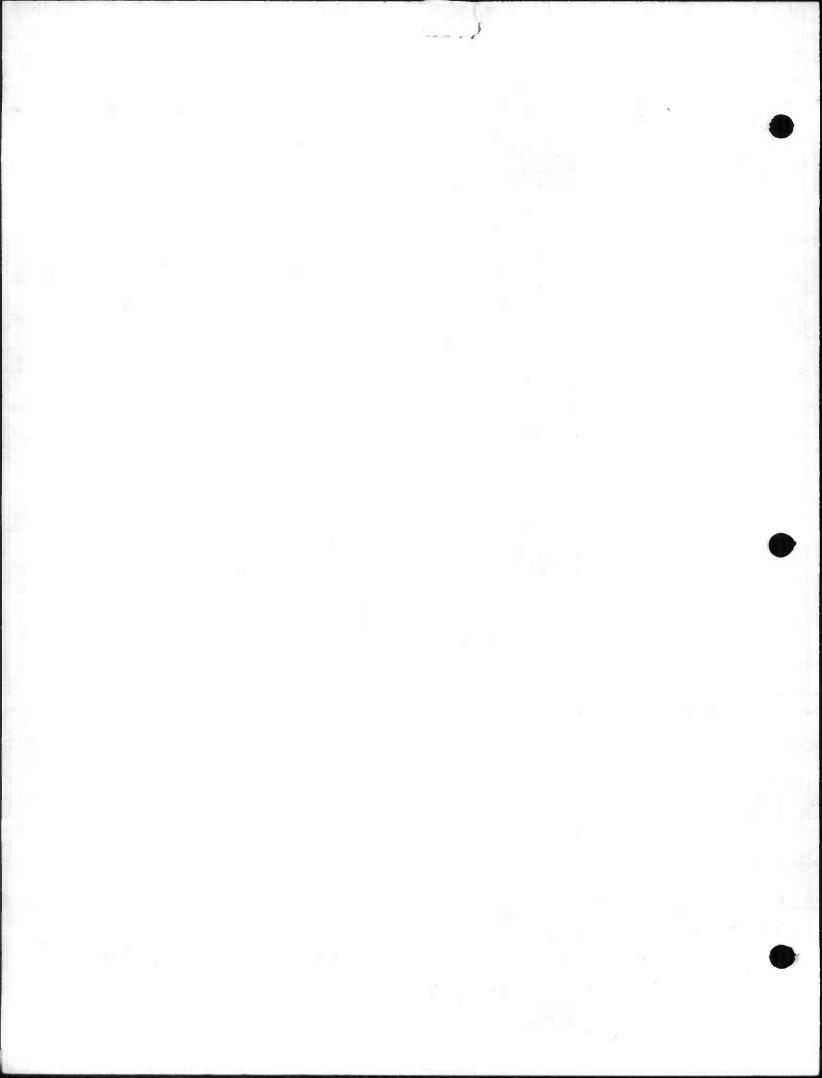
State Registrar 31. Date filed (Month, Day, Year)

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

27052

						Cer	uncate of	Dealli			Reg. No.				
Dhualaian	_	I. Decedent's Nam	e (First, Middle	, Last)					2	Data of Dea	nth Day	Yaar	3. Tima of Death		
Physician /Medical	_	E55	ie e	gar don							ber 2 /	996	7:08/		
Examiner		la. Facility Name (I	f not Institution	give street end number)				4b. City, To	own, or Loca	ition of Death	4c. County	of Death			
	ı	Singi	10.	spital				B911	FIMAR	- ML		n/	'a		
uneral	5	. Social Security N	lumber	6. Sex 7. Ag	a (In yrs. last bi	rthdey)	If Under 1 Year		24 Hrs. 8	Data of Birt	Yearl	9. Births	olaca (Stete or Fore		
irector		230-70-5	755	1□M 2□FX	100	100 Yrs. Months Days Hours Min.				8. Data of Birth DEC. 11, 1895 SA			Birthplaca (State or Fore SCURY, NC		
	-	Jsuat Residence of													
show dat		IOa. Stata	10b. County	- 1-	10c. City, Tow							1	10d. Inside City Lin		
28a-f sho notified at rector		VA n/a RICHMOND											1 Yes 2		
be notified Director	10e. Street and Number 10f. Zip Coda										ntry?				
23a 23a 3a		513 W. MARSHALL STREET 232									UNITED	STA	ATES		
niner must	1	1. Marital Status		12. Was Decedant	Ever in U,S.	13. W	as Decedant of I	lispanic Or	igin? (Speci	fy Yas or No-	14. Rac		can Indian,		
		Armed Forces?, If Yas, specify Cuban, Maxican, Puar								can, atc.)		ck, Whita, RI	ACK		
<u>و</u> ا		3 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \							:		Specif	Specify: DETTOR			
n, the Medical Ex-		(000	15. Decedent	16a	. Deced	ent's Usuai Occup	pation	of all constitutes	16b. Kind of Business/Industry			dustry			
- 3	-	Eiementary/Seco		t grada completed)  College (1-4or:	5+)	life. D	Give kind of work done during most of work ife. DO NOT use retired)			king					
ther than		4 th		_		DOMESTIC					in	home	9		
	1	7. Fathar's Name									Meiden Sumer	n <i>e)</i>			
A .		REV.	JOSEPH	1 TORENCE					ANNA	BAKER					
7 is marke traumatic To		19a. Informant'a Na			198	o. Meiling	Address (Street	end Numb	er or Rural I	Route Numbe	r, City or Town	City or Town, Stete, Zip Code)			
7.4		CATHE	RINE	GODWIN	1	1604	CHESAP	EAKE	AVE.	, BALT	IMÓRE,M	D 2	21226		
other	2	20a. Method of Disp	position		20b. Place of Disposition (Neme of					Dete 20c. Location - City or Town, Stata			own, Stata		
= 8		DESCRIPTION 3 Removel from State   Cometery, cremetory or other place)							0	9-6-96 RICHMOND, VIRGINIA					
nin	-	22. Nama and Address of Facility  WM. C. MARCH FH1101 E.									J-0 / DICTORINGTO, VINGINIA				
Important: I any injury o once.	15										NOD TH	0115			
											NOR TH	AVE	•		
	1	23a. Part1. Enter ti shock, or hea	he disaase, or o rt failure. List o	complications that causa only one cause on each li	s that causad tha daath. Do not anter the mode of dying, such as cardiac or re se on each line.						rest,		Approximata interval Betwee		
sician	1	Immediate Cause (Fine)									1	Onset and Deat			
edical miner	10	Immediate Cause (Fine) disease or condition resulting in death)  a. Myocardial Infanta													
	- 1	resulting in death)  Due to (or as e consequence of);										Ī			
= le	1			- RPC	tal	13/6	eding	1				i			
in and hal-transit Examiner	1	Sequentially list conditions, if any teading to immediate									t				
oute Oute	18	Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that influted events  Due to (or as a consequence of):  5													
use as the burta	t	that initiated events resulting in death) Last  Due to (or as a consequence of):													
Me as										/ .					
for us												1			
gned by the atte be defached for by Physicia	P	Part II. Other eignif	Icant condition	ns contributing to death b	ut not resulting i	in the un	derlying causa gh	van In Part	I.	23b. Dld 1	obacco uee co	ontribute t	o the cause of de		
Phy	`									10	ree 2 No	3 Pro	bably 420nk		
d be de	٠ -														
page 2 should Completed											an autopay med?	av	era autopsy findia allabte prior to		
pier spe	-									III M		CC	ompletion of cause death?		
page 2										101	es 2DNo	11	□Yes 2□No		
		25. Was case refer	red to medical					ne Dien	a of Death /			1			
irrector of Be	1	exeminer?		Hospitat: Inpatio	ent 2 ER/O		oll post Ott	nor:		Check only o		nan (Canad	4.1		
ral din		7. Manner of Deetl				Time of	30 004	-4014			lence 6 Oth		ny)		
tion in the		1 DNaturat	5 Pending		y Year)	injury	28c. Inju Wo M 1□	rk? ∣Yes 2.⊟							
the House		2 Accident 3 Suicide	6 ☐ Could n	ot be	ury - At home for	arm etre	et, factory, office			f. Location (5	Street and Num	ber or Run	al Route Number,		
al Director: Ahar I led in by the funer Certification:		4 Homictde	determi	building, et	c. (Specify)	3110				City or Tox			,		
	-	29e. Certifier	1 Carellula	Physician: To the best	of my keeplede	a death	nonurrad at the th	me data	nd piece s=	d due to the	nausa(s) and —	anna:	tated		
ompletely fill	1	(Check only one)	2 Medical E	Physician: To the best examiner: On the basis o	f examination ar	e, death nd/or inv	astigation, in my o	me, aete er opinion, des	ath occurred	at the time,	data and piece,	and due to	o the cauae(s)		
Wed Apple	2	29b. Signature and	title of codition	and mannar st	ared.		29c. Licens	a number		- 1	29d. Date signe	ad (Month	Day Veerl		
28	1	h 1/	The second	//					-1		LAS /	y (Month)	Juy, 1001)		
		6.	MIL	ww			104	163	26		20/	lember	. 1990 MD		
	3	0. Name and/addr	ess of person v	who completed cause of	leath (item 23a)	(Type, F	Print)			,	11	70			
		Khos	row	[ABASS)	IMD.		Sinai	16250	ital	Be	1. fimor	0 11	MD		
State	3	31. Date filed (Mon		32 Registr	arie Signature	2.	00	1				,			
State Registrar	ľ		EP 11	1996	Davidson-1	fande									



State of	Maryland /	Depa	rtment o	f H	lealth	and	Mental	Hygiene	

				State o	of Maryla					Health a Death	and M	Mental H	ygien Reg. N		b	21	053	
Dhamisia		1. Dacadant's Nama (First, Middla, Last)										2. Deta of D				3. Time	3. Time of Death	
Physician /Medical Examiner		MICHAEL	V	VILLIA	M	(	GAM	IINDI	Ξ			SEPT	07	07 <sup>ay</sup> 1996 <sup>aar</sup>		9:	LO PM	
		4a. Fecility Nama (If not institution 7620 GOUGH					4b. City, To				ocation of Dae	eth 4c. County of Deeth BALTIMORE		RE				
Funeral Director		5. Sociel Sacurity Numbar  218 ← 44 ← 0034  Usual Residence of Dacadant	6. Sa	X ÛM 2□F	7. Aga (In yn		t birthdey) If Under 1 Year Months Days				24 Hrs. Min.	8. Data of B Month, D May 1	irth Day, Year 19	irth 9. Birth ay, Year) 9. Birth Goi 1948 Ma		thpleca (Stata or Foraign ountry) ULYLAND		
than 'natural, or items 23s or 28s-f show he Medical Examiner must be northed at		10a. Stete 10b. County Maryland		'timore		ity, Town	or Loc	ation		Dund	alk				10		City Limits	
or 28		10e. Straat and Number						10f. Zlp	Coda				10g. Cl	tizen of Wha	at Count	ry?		
238	ē	7620 Gough St	7620 Gough Street							2122	4		u	nited	Sta	tes		
of Health and Mental Hygiene. If item 27 is marked other than "natural", or items 23s or 28s-f show or other traumatic event, the Medical Examinat must be northed as To Be Completed by Europeal Dispersed.	2	11. Marital Status 1 ☐ Navar Married 2 ☐ Mar 3 ☐ Widowad 4 篇 Divorced	12. Was Dacedant Ever In U,S. Armed Forcas? 1 ☑ Yas 2 ☐ No If Yas, Giva Yaar or Datas:		13. Was Dacedant of Hispanic Origin? (Spe If Yas, specify Cuban, Maxican, Puarto f 1紀 Yes 2日 No Specify: Span						14. Race - Amaricen Indien, Black, Whita, etc.  Specify: Spanish							
Jeal Jeal		15. Decedar (Specify only higha	t's Edu	tucetion and the complete of			16a. Decedant's Usuel Occupa (Give kind of work dona do			upation					f Business/Industry			
ygiene.	Compie	Completed	Elamantary/Secondary (0-12) 12 Years		Collaga (	1-4or 5+)		lifa. D	ck Driver				WOIKING		Transp		portation	
is and Mental Hygiene. is marked other than raumatic event, the Manager To Be Commentation of the Manager To	ă	17. Fethar's Nama (First, Middla, Pedro Gaminde									ia (First, Middl La Bowi							
Health and em 27 is me ther traum												west V			ata, Zip ( 2480			
Department of Health Important: If Item 27 any injury or other tr once.		20a. Method of Disposition  12 Burial 2 Cramation 3 Ramovel from Stata  4 Donation 5 Other (Specify)  20b. Place of Disposition (Nema of cematery, cramatory or other place)  Baltimore National Cem. 9/11/96  Baltimore, Marylan  21. Signature of Funeral Service Decrease  22. Nama and Address of Facility  Duda-Ruck Funeral Home of Dundalk, Inc.											yland					
0 5 3 0		23a/Part L Frier the disease of	compl	ications that o	-C	ath Do n	79	22 W	ise	Ave.	Dunc	talk, M	aryl		2122	2		
nysician Medicai		23a (Part   Emer the disaasa, or heart failure. List	only or													Approxima Interval Ba Onset end	atween I Daeth	
xaminer	ı	disaasa or condition rasulting in daath)	6	Arteriosclerotic Cardiovascular Disease  Dua to (or as a consaquence of):														
				b.														
physicien end the buriel-transit	CXamillier	Sequantially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disaasa or Injury thet initiated avants	ſ	Due to (or as a consaquence of):														
ing physicie e es the bur	rasulting in daath) Last																	
d by the ettending physicien end eteched for use es the burlet-transit Physician/Medical Exami		Pert II. Other significant condition	one con	ntributing to de	eath but not ra	sulting In	tha un	derlying co	eusa gh	ven in Pert I.		23b. Dio	i tobacco	use contril	bute to	the cause	of death?	
80											1	Yee 2	2□ No 3)	Prob	ably 4	Unknown		
2 should						_							s an auto formed?	psy 2	eval	re eutopsy llable prior pletion of aath?	to	
rificate hartor, page												1)%	Yes 2	□No	1)25	Yas 2	□ No	
Be	1	25. Was cesa raferred to madica axaminar?		loonital:					10		of Deal	th (Chack only	ona)					
T die	٠  -	1 XYas 2 No	F		npatiant 2	1			~		rsing H	oma 5 💢 Ras			Specify)	)		
ector: After the funeral by the funeral thication:		27. Manner of Daath  1 XNatural 5 Pandin 2 Accidant invasti	ation	28a. Data (Mont	of Injury h, Day Year)	28b. Ti	ma of ury	M 2	8c. Injui Woi 1 🗆	ryet rk? Yes 2 ☐ !	No	28d. Dascribe	how Inju	ry occurred				
ector: After by the fune		3 ☐ Suicida 6 ☐ Could datarm		28a. Place	28a. Place of Injury - At home, farm, streat, factory, office						28f. Location (Street and Number or Rural Routa Number,							

1 Certifying Physician: To tha best of my knowladge, deeth occurred et tha time, dete end plece, end due to the ceusa(s) and menner es stated.

2 Medical Examinar: On tha bests of axamination and/or invastigation, in my opinion, death occurred at tha tima, data and plece, end dua to tha cause(s) and mannar stated.

29c. Licensa numbar

O.C.M.E.

29d. Data signed (Month, Day, Year)

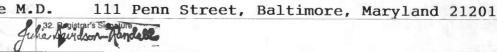
SEPT.08,1996

Medical Cer

State Registrar

J. Laron Locke M.D. 31. Data filed (Month, Day, Year) SEP 111996

29b. Signatura a



30. Nama and eddress of person who completed ceusa of daath (Itam 23a) (Typa, Print)

State of Maryland / Department of Health and Mental Hygiene 96

27054

					Cer	tificate of	Death	Re	g. No.	0 _	1001
	Bh		1. Decedent's Name (First, Middle, I	ast)			2	Dete of Deeth	Dey	Yeer 3.	. Time of Death
	Physic /Medi		Felix (TU	rinto			5	epteml	ner in	1996	12 50 AM
	Exami		4a. Facility Neme (If not Institution, g	ive street end number)			4b. City, Town, or Loca		4c. County	of Deeth	
			Johns Honkins	Genntric	Center		Raltim	re	Rolt	more	city
	Funeral		5. Sociel Security Number 6.		In yrs. lest birthdey)	If Under 1 Yeer Months Deys		Defe of Birth (Month, Dey,	Vaac	9. Birthpiece	(Stete or Foreign
	Director		092-16-1998	10(M 2□ F	92 Yrs.	Months Days		ebruary	19,19	04 Phil	(State or Foreign ippines
	D.		Usuel Residence of Decedent								
	phow		10e. Stete 10b. County	1	Oc. City, Town or Lo	cation					Inside City Limits
	o M	cto	Maryland Baltimon	2	Baltimore						1 Yas 2 X No
	1 1 2 X	Dire	10e. Street end Number			10f. Zip Code		10	g. Citizen of V	Vhat Country?	
	23a	-	=7402 Fairbrook F	Road		2120	07		U.S.A		
	within 72 hours after death with the Meryland one, than "natural", or items 23s or 28s-f show the Medical Examinat has be notified at	Funeral Director	11. Merifel Stefus	12. Wes Decedent Eve Armed Forces?	er in U,S. 13. V	Vas Decedent of I	Hispenic Origin? (Speci pan, Mexican, Puerto Ri	fy Yes or No-		e - American Ir k, White, etc.	ndien,
0	or it	F	1 ☐ Never Merried 2 ☐ Married	1 XYes 2 No	1	☑Yes 2□No		,	Specify		
21215-0020	72 hours "natural",	d by	3 ☑ Widowed 4 ☐ Divorced	Year or Detes:	ii	*****	Philipp	ino	Asian		
5-	natur	Completed	15. Decedent's (Specify only highest g	Education trade completed)	16e. Deced (Give	ent's Usuel Occu kind of work done	pation during most of working ed)	1	6b. Kind of Bu	isiness/Industr	У
121	within ene. than	T D	Elementary/Secondery (0-12)	College (1-4or 5+)			ed)	· 3	Social Se	ial Security Admin.	
	Hygle Hygle ther th		47 Falbada Nama /Fina Adidda La	2	Clerk		40.10.11.11			П.	
ano	should be filed within and Mental Hyglene. merked other than metic event, the Mental county that Mental county the Mental county that Mental count	Be	17. Fether's Neme (First, Middle, La	51/		18. Mother's Nem			alden Sumem	10)	
Z Z	should be ind Mental marked o	2	Benito Guinto				Paula Med				
Maryland	C/ 80 80 80		19e. Informant's Neme/Reletionship				t end Number or Rural F	Route Number,	City or Town,	State, Zip Coo	fe)
ore,	ges 1 and 2 should be filed within to Mealth and Mental Hyglene. If flem 27 is marked other than or other traumatic event, the Mean or other traumatic event, the Mean traumatic event		Felix J. Guinto /			Remmell Av	e. 21206	-			
	Pages 1 nent of H mt: if ite iry or ot		20a. Method of Disposition 1 (2) Burial 2 (2) Cremetion 3		20b. Plece of Dispos cemetery, crem	sition (Neme of netary or other ple	oce)	Dete 2	Oc. Location -	City or Town,	Stete
			4 ☐ Donetion 5 ☐ Other (Spec	24-3	Meadowridge	Memorial	Park 9/13/	96 E	lkridge	. Marvla	and
a	Department mportant: nny lojury		21. Signetally of Funerei Service Lid			Neme end Addre	ess of Fecility			,	
Щ	205 2 2		Toronto Cal	Wales See		Leonard J 5305 Harf	. Ruck Funera ord Road - Ba	l Hame, l ltimace	INC. Marvlar	rd 21214	
	o		23a. Part1. Enter the disease, or co shock, or heert feilure. List on	mplications that caused the	e deeth. Do not ente	er the mode of dyi	ing, such es cardiec or i	respiretory erre	st,	Apr	proximete erval Between
V	Physician		orious, or most rought. Edit of	The second of th			*			On	set end Deeth
ч	/Medical		Immediate Cause (Final disease or condition	Oneu	monia	1hv	MYICH			d	2115
2	Examiner		resulting In deeth)		e to (or as a consequ	1	100 1100				2
_	D #	iner		arrhi	Mhmia	with	volume	OVER	load	d	CIES
	law requires that the death certificate be associted es been signed by the attending physician and 2 should be detached for use as the burial-transit	Examiner	Sequentially list conditions,	D. D.	e to (or as a consequ	uence of):	1		10-10		Sy -
00	e axe		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury	s/o ne	n and	adenc	pple5				
68760,	hysic the b	Jica	thef initiated events resulting in death) Lest	17 001.							
9 x	ing p	Medical		Alzha	imers	dise	250			1	pars
Bo	eath cert attendin i for use	an		0		0100				7	ear
	the at the di	Physician/	Pert II. Other significant conditions	contributing to death but r	of resulting in the un	derlying cause gi	ven in Pert I.	23b. Dld tob	oacco usa con	ntribute to the	cause of death?
P.0	that the de ad by the detached	Phy	anemia Tu	ALS DUD	anstr	itic		1 □ Ye	8 2□ No	3 Probabl	y 4 Unknown
	w requires the been signed I should be det	Completed by F	41.411100	1)1100.	, yasıı	1112+					
ord	been s		Pullauc A	an abiac				24e. Was en		24b. Were a availab	autopsy findings ble prior to
900	hes be	ple	Dallar D	cinpringe	)[0]					comple of deat	etion of cause th?
æ	The I	E	,	, ,				1 □ Yes	s 2DNo	1 □ Ye	s 2 No
Vital Records,		Bec	25. Wes case referred to medical				26. Place of Death (	Check only one	)		
<b>1</b>		To	examiner? 1 ☐ Yes 2 ☑ No	Hospitel: Inpatient	2 ER/Outpatient	3□ DOA Ot	her: 4 Nursing Home	5 Residen	nce 6 Othe	er (Specify)	
n of	ling Phys After this funeral d		27. Menner of Deeth	28e. Dete of Injury (Month, Dey Y	ear) 28b. Time of fnjury	28c. Inju Wo	ry at 28	d. Describe hov	w Injury occurr	ed	
۔ھر	tor: Aff	atic	1 Neturel 5 ☐ Pending 2 ☐ Accident Investigati	Yes 2□No							
is Mis	4 3 2 5	ti Ei	3 ☐ Sulcide 6 ☐ Could not determine	28	f. Location (Stre		er or Rural Ro	ute Number,			
a	e d in	Certification:	4 Homicide building, etc. (Specify)  City or Town, Stete)								
-	Hospita 24 hour Funeral stely fillex		29e. Certifler 1 Certifying F	hysician: To the best of m	ny knowledge, deeth	occurred at the ti	me, dete end plece, en	d due to the car	use(s) end me	nner as stated	1.
	To the Hoedful or within 24 hour To the Funeral Dir completely filled in	Medical	one) 2 Medical Ex	miner: On the basis of ex end menner steted	t.	esugenon, in my (	opinion, deeth occurred	et the time, de	te and piece, a	aria aue to the	Cause(s)
	To the To the comple	Σ	29b. Signeture and fitie of certifier	111	MAR	29c. Licens		29	d. Dete signed	(Month, Day,	Year)
	(		Muly	1 Anh	MD	D4	6360	Ç	11019	76	
	H		30. Neme end eddress of person who	completed cause of deat	h (Item 23a) (Type, F	Print)			1	-	
	(		5505 HOPKI	NS BAYU.	1ew Cil	RCLE (	BALTIMORE	e,MD	21	224	
	Sta	ite	31. Defe filed (Month, Dey, Yeer)	3. Begistrar's	Signeture Gandel	-					
	Registr	ar	SEP 1119	96 Jan	ason-Navigi						

The section of the se 

### Pleas

System

10c. City, Town or Location

BALTIMORE

10f. Zlp Code

7. Age (In yrst last birthday)
56 Yrs.

ease Type or Print in Black Indelil	ble Ink. Assure All Copies Are Legib	ole.
State of Maryland / Departme	ent of Health and Mental Hygiene	96 27055
Certific	ate of Death Reg. No.	
ddla, Last)	2. Data of Death	3. Time of Death
D. Hamilton	September 7 10	196 Z3:16pm

Baltimore,

4b. City, Town, or Location of Death

If Under 1 Year If Under 24 Hrs. 8. Date of Birth Months Days Hours Min. AUG. 2, 1940

**Physician** /Medical Examiner 1. Decedent's Name (First, Middla.

Elwood

217-34-3966

Usual Residence of Decedent

10a. Street and Number

10a State

MD

4a. Facility Nama (If not institution, give street and number)

University of Mary land Madical
5. Social Security Number 8. Sex

n/a

10b. County

1 M 2 □ F

**Funeral** Director ahow

the Maryland 7 is merked other than "natural", or itams 23a or 28a-f show traumade event, the Medical Examinar must be notified at

Director 527 N. GILMORE STREET 21217 death Funeral 12. Was Decedant Evar in U,S. Armed Forcas? 1X XYes 2 □ No If Yes, Giva Yaar or Dates: Was Decedent of Hispanic Origin? (Specify Yas or No-if Yes, specify Cuban, Maxican, Puarto Rican, atc.) 11. Marital Status permit. Pages 1 and 2 should be filed within 72 hours after c Department of Health and Mental Hygiene. Important If item 27 ie merked other than "natural". or have any injury or other trainment. 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 unk. 1 ☐ Yes 2 ☐ XNO Specify: by 3\\ Widowed 4 □ Divorced Completed 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working life. DO NOT use retired) 15. Decedant's Education (Specify only highast grada completed) Elementary/Secondary (0-12) College (1-4or 5+) 12 LABORER th 17. Father's Name (First, Middla, Last) 18. Mother's Name (First, Middle, Malden Sumama) Be MAR THA WILLIAM HAMILTON 19a. tntormant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) MARTHA GREENE TUNIS MILLS ROAD. BA. 20b. Placa of Disposition (Name of cametary, cramatory or other place) Date 96 9-12 20a. Method of Disposition 1 以 Burlal 2 □ Cremation 3 □ Removal from State VOSHELL MEMORIAL GARDI 4 □ Donation 5 □ Other (Specify) 21. Signature of Funeral Service Licens 22. Nama and Addrass of Facility FH.-1101 E. NORTH WM. C. MARCH 23a. Part . Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. **Physician** /Medical Immediate Ceuse (Final disaesa or condition resulting in death) Dancreatitis Examiner Due to (or as a consequence of): Examiner physician and the burial-transit Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting In death) Last Due to (or as a consequence ot): Division of Vital Records, P.O. Box 68760. alcohol asuse Physician/Medical Due to (or as a consequence of): attending 080 ò Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. been signed by should be detac þ Completed page 2 has certificate Spital or Attending Physician: nours after death. 25. Was case refarred to medical examiner?
1 ☐ Yes 2 ☑ No Be 26. Place of Death (Check only ona) Hospital: 1 ☐ Impatient 2 ☐ ER/Outpatlent 3 ☐ DOA this 28a. Data of injury (Month, Day Year) 27. Manner of Death Certification: 28h. Time of 28c. injury at Work? After 1 Naturel 5 Pending after death. 1 Yes 2 No investigation 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, tactory, office building, etc. (Specify) in by 4 Homicide within 24 hours To the Funeral 1 Cortifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, end due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) and manner stated. Medical 29a. Certifier (Check only one) 29b. Signetura and title of certifier 29c. Licansa number 30. Name end address of person who completed cause of death (item 23a) (Type, Print) M.D.

10d. Insida City Limits 1 Nas 2 No 10g. Citizen of Whet Country?

STATES

9. Birthpleca (Stata or Foraign

WASHINGTON, DC

14. Race - American Indian, Black, Whita, atc. BLACK

DUNDALK, MARYLAND

16b. Kind of Business/Industry

4c. County of Death

part time various

UNITED

CHASE

EASTON. MD 21609 20c. Location - City or Town, State

AVENUE

Approximata Intarvai Between Onset and Death

23b. Did tobacco use contribute to the cause of death?

1 Yes 2 No 3 Probably 4 Unknown

24b. Were sutopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed?

1 Yes 2 No 1 ☐ Yes 2 ☐ No

Other: 4 Nursing Homa 5 Residence 6 Other (Specify)

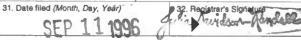
28d. Dascribe how injury occurred

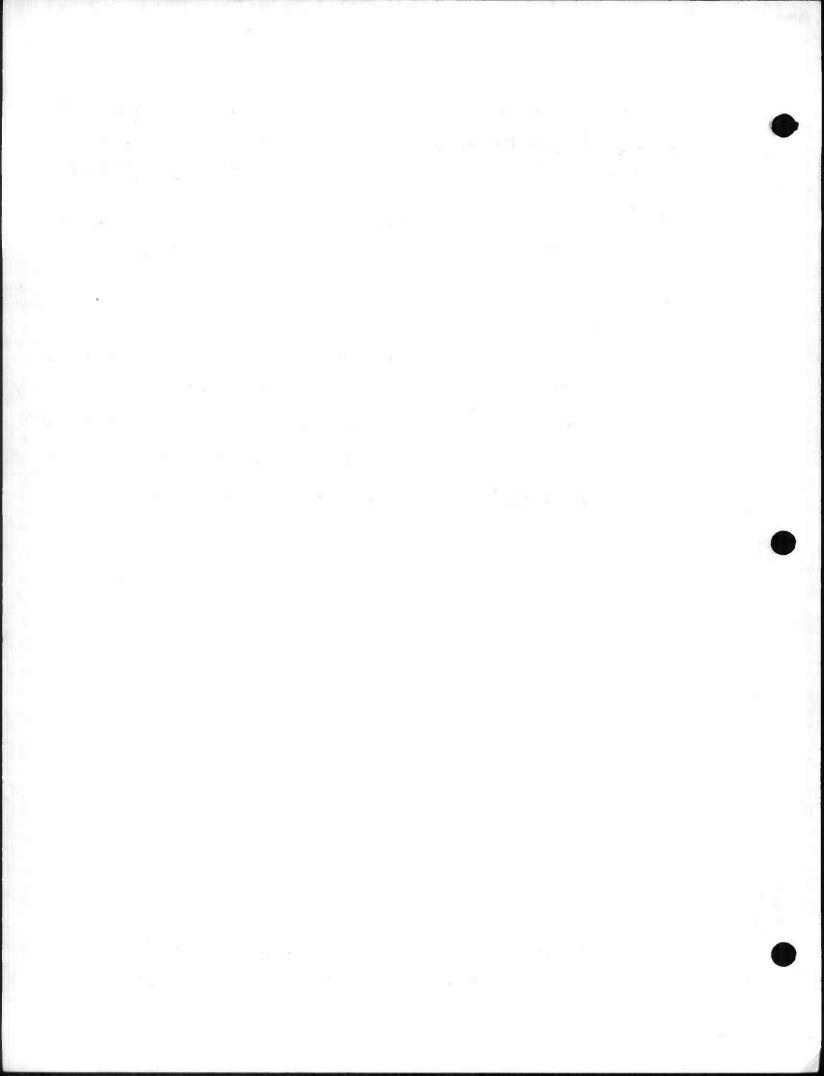
28f. Location (Straat and Number or Rural Route Number, City or Town, State)

29d. Date signed (Month, Day, Year)

22 S. GREENE ST BACTIMORE MD 21201 LORCH

State Registrar



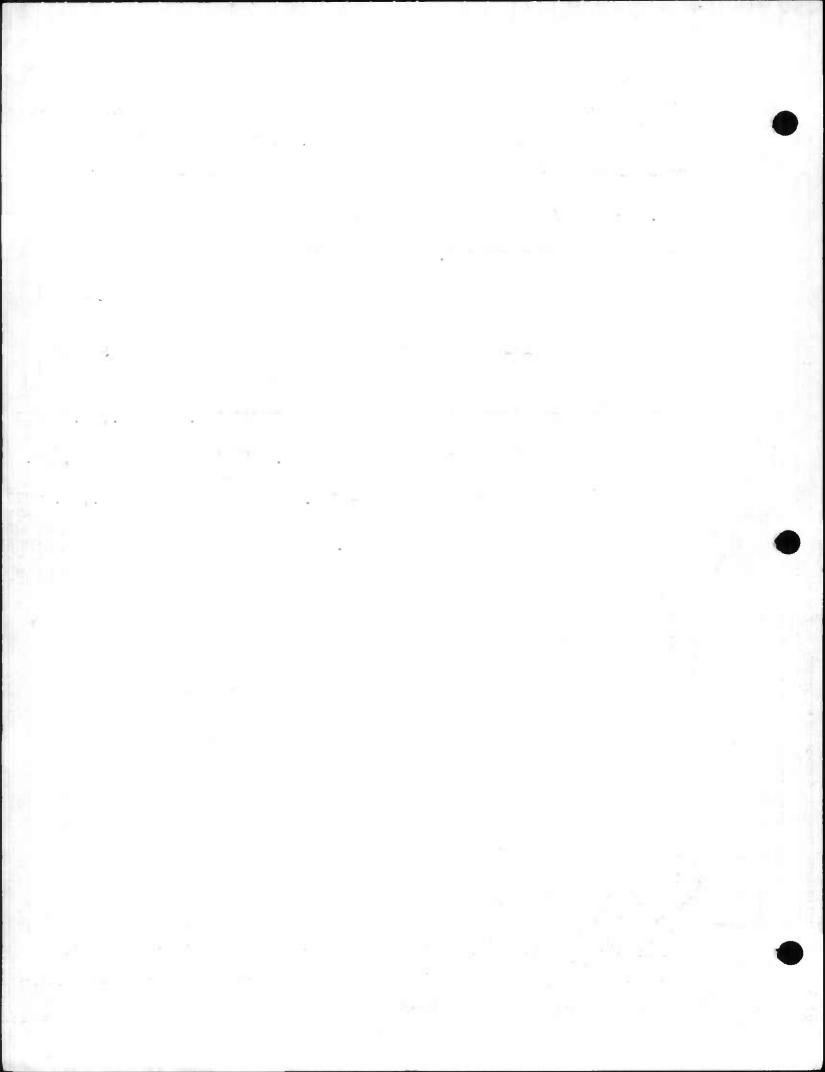


#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

27056 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Day Month **Physician** EURENE W 6:25 Dm 1996 DENTEMBER /Medical 4e. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** SECOURS HOSPITAL BALTIMORE N/A If Under 1 Year | If Under 24 Hrs. 8. Dete of Birth (Month, Day, Year) 9-21-1954 5. Social Security Number 7. Age (In yrs. lest birthday) 9. Birthplece (State or Foreign **Funerai** Deys MEM 2□F Months Hours MARYLAND 220-64-9160 41 Director Usuel Residence of Decedent with the Maryland 10e. Stete 10b. County 10c. City. Town or Location Item 27 is marked other than "natural", or itema 23a or 28a-f show other traumatic event, the Medical Examinar must be notified at 10d. Inside City Limits BALTIMORE MD. N/A 1 Tyes 2 No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 21215 US 2605 LIBERTY HEIGHTS AVE. death v Funeral 12. Wes Decedent Ever in U,S Armed Forces? Was Decedent of Hispenic Orlgin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien. Bleck, White, etc. hours after Y Yes 2 □ No If Yes, Give Year or Detes: 1 Never Merried 2 Married 6 Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify à 3 ☐ Widowed 4 ☐ Divorced BLACK Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) permit. Pages 1 and 2 should be filed within 72 l Depertment of Health and Mental Hygiene. Important: If Item 27 is marked other than "nath any Injury or other traumatic event. In 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) MAIL HANDLER POSTAL SERVICE 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be UNKNOWN DELORES JOHNSON 2 19e. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 2605 LIBERTY HEIGHTS AVE. BALTIO., MD. DELORES JOHNSON (MOTHER) 21215 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Buriel 2 Cremetion 3 ☐ Removel from Stete 9/13/96 OWINGS MILLS, MD. GARRISON FOREST VET. 4 □ Donetion 5 □ Other (Specify) 21. Signeture of Funerel Service License 22. Name end Address of Fecility PHILLIPS FUNERAL HOME CSFP #281 1721-27 N. MONROE STREET BALTIO., MD. 21217 pech 23e. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feilure. List only one cause on each line. Approximate Intervel Between Onset and Deeth **Physician** Immediate Cause (Final disease or condition resulting in death) acquired Immuno Veficiency SEVERALYEARS /Medical Examiner Due to (or es a consequence of): Examiner certificate be executed the bunel-trensit Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury thet initieted events resulting in deeth) Lest Due to (or es e consequence of) Records. P.O. Box 68760. physiclan Physician/Medical Due to (or es e consequence of) 98 for use es Pert II. Other signiffcant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco usa contribute to the cause of death? 5 1 Yes 2 No 3 ☐ Probably 4 ☑ Unknown à 24b. Were autopsy findings aveilable prior to completion of cause of death? Completed 24e. Wes en eutopsy performed? page 2 certificate has 1 🗆 Yes 2 12 No 1 ☐ Yes 2 ☐ No Division of Vital Be 25. Wes case referred to medical 26. Piece of Deeth (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) To 1 Yes 2 No 1 Impatient 2 ER/Outpatient 3 DOA this 28e. Dete of Injury (Month, Dey Year) 27. Menner of Deeth To the Hospital or Attending PI within 24 hours after death.
To the Funeral Director: After the completely filled in by the funera After t Medical Certification: 28b. Time of 28c. fnjury et Work? 28d. Describe how injury occurred After death. 5 Pending investigation 1 Neturel 1 ☐ Yes 2 ☐ No 2 Accident 3 ☐ Suicide 6 Could not be determined 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, ferm, street, fectory, office bullding, etc. (Specify) 4 ☐ Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the ceuse(s) end menner as steted.
2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, dete end piece, end due to the cause(s) end menner steled. 29e. Certifier (Check only one) 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) SEPTEMBER, 8, 1996 11Educal d address of person who completed cause of death (Item 234) (Type, Print) Hospital 2000 W. Baltimore Street, Bultimore, HD 21223 ()Somo Cardo 31. Dete filed (Month, Dey, Year) 32. Registrar's Signature Value Daw door - V State

DHMH 16 Rev 6/95



#### Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

27057

						C	ertifica	te of	Death			Reg. No.			
Dhualaian	ľ	I. Decedent's Name (I	First, Middle, L	ast)						2	. Dete of De Month	ath Day	Yeer	3. Ti	ma of Death
Physician /Medical	L	JUNE G	ERTRUDE	KE	ATING					5	Sept.			1 12	: 00A
Examiner	4	e. Facility Name (If no	ot institution, gi	ve street and nu	ım <i>ber)</i>				4b. City, Town						
	ı	SAINT JO	SEPH	MEDICA	L CEN	TER			TOWSO	N.MI	)	BAL	TIMO	DRE	
neral	1	i. Social Security Num		Sex	7. Age (In yn	s. last birthda	y) If Undo	er 1 Yeer	If Under 24		Date of Bir (Month, Da	th Voor)	9. Birth	place (S	tate or Foreig
tor	Į.	214-22-842	27	1□ M <b>X</b> □ F		75 Yrs.	IVIOPICIS	Days	Hours	IVIIE1.		4,1921		RYLA	
	-	Jsuei Residence of De													
	1		DAT TOTAL	ODE	10c. C	City, Town or									de City Limit
Director	F	IARYLAND	BALTIM	UKŁ		TOW	SON							1 🗆	Yes 2
ral Director	1	0e. Street end Number	er				10f. Z	ip Code				10g. Citizen of	What Cou	intry?	
E		2300 Dula	aney Va	lley Rd	•			2120	4			U	SA		
Funeral	1	1. Meritel Status	***	12. Wes Dec	edent Ever In	U,S. 13	3. Wes Dec	edent of I	fispanic Origin an, Mexican, P	? (Speci	y Yes or No		ce - Ameri		en,
		1 Never Merried	2 Married	1 Yes	2 🗆 N 🖔		1 Yes		Specify:	UBILD MI	zan, etc./		ck, White		
by		3 ☐ Widowed 4 ☐	Divorced	If Yes, G Year or D	Detes:		1 LI Yes	2 UBLINO	Specify:			Specia	y:	WHI	ľE
Be Completed		15 (Specify	. Decedent's E	ducation ade completed)		16a. Dec	edent's Us	ual Occup	oation	f samelein e		16b. Kind of B	usiness/Ir	ndustry	
omple	-	Elementary/Seconds			1-4or 5+)	life	DO NOT	use retire	during most of d)	WOIKING					
5	L	12	, (,	5		Reg	ister	ed Nu	ırse			Hea	lth (	are	
9	1	7. Father's Name (Fire	st, Middle, Las	)						Name (	irst, Middle,	Maiden Sumai	AND COMME		
ToB			Edwa	rd Keat	ing				Isa	be11	e Tay	lor			
		19a. informant's Name	Relationship	(Type, Print)		19b. Ma	lling Addres	ss (Street				er, City or Town	. State. Zi	p Code)	
5		Carole An	ne Shi	pley								21040			
	2	Oe. Method of Disposi	ition		20b.	Place of Dis	position (Na	ame of			Date	20c. Location	- City or T	own. Sta	ite
		1 ☐ Buriai 2 🕱 🤇				cemetery, ci				_1	PT 96			-	
	H	4 Donation 5		-		Metro (						Caton			
once	+	21. Signature of Funer	al Secure Ligh	nsee	Despo	1	Lemmo	n Fui	eral H	ome	of Du	laney Va	allev	. II	ic.
	H	La	well M	. Lemmo	n		10 W.	Pado	nia Rd	. , T	imoniu	ım, MD	21093		
ical Examiner		mmediate Cause (Fin issease or condition eauting in death)  Sequentially list condit f any, leading to imme ause. Enter Underlyi Cause (Disease or injuly hat initiated events seulting in death) Las-	ions, diate	b.	Due to	(or as a cons	equence of	):						1DA	Y
by Physician/Medical		ert II. Other significat	nt conditions			esulting In the	underlylng	cause giv	ven in Pert I.		10	tobacco use co Yes 2X No	3 Pro	bably	4 Unkno
Completed	-											an autopsy rmed?	81	vallable (	opsy findings prior to n of causa
S											10	Yes ave No	1	Yes	2 No
Be	2	5. Was case referred examiner?	to medical						26. Place of	Death (6	Check only o				
2		1 ☐ Yes 2 🙀 No		Hospital:	Inpatient 2[	☐ ER/Outpati	ent 3 C	Oth	ier: 4 Nursir	ng Home	5 🗆 Resid	dence 8 🗆 Oti	ner (Speci	fv)	
	2	7. Mannar of Death		28a. Date	of injury oth, Day Year)	28b. Time Injury	of	28c. Injui Wor	y at	28	d. Describe I	now Injury occu	rred		
atio		1 Natural 5	Pending Investigation	1	in, buy rour,	i i i jui y	М		Yes 2 □ No						
Certification:			Could not be	288. Place	of Injury - At	home, farm,	street, facto	ry, office		28		Street and Num	ber or Rur	al Route	Number,
e L		4 Homicide		bulld	ing, etc. (Spec	oify)					City or Tov	vn, State)			
edical C	2	29a. Certifier 1 (Check only 2 one)	Certifying Pt Medical Exa	nysician: To the minar: On the b	a best of my kn asis of examin	nowiedge, dea	ath occurred	d at the tir	me, dete end p pinlon, deeth o	lace, and	due to the at the time,	cause(s) and m dete and place,	anner as	stated. to the ca	use(s)
Medica	2	9b. Signature and title	of certified	n P	enconter :		29	9c. Licens	e number			29d. Date signe	d (Month.	Dav. Ye	ner)
		tu	moly	70	W			D24	034			9	10	96	
	3	0. Name and address												•	
		TIMOTHY			7620		KOAD	TOW	SON, M	ARYI	AND	21204			
State	3	1. Dete filed (Month, L	Day, Year)	32.	Registrer'e Sign	neture	2.00								
gistrar		SE	2 1 1 10	96 94	lia David	con-Nan									
1442.4			16	-											

DHMH 16 Rev 6/95

# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. 114 miles / Department of Health and Mental Hygiene 96

					Certifica	te of Death	Reg	. No.		
	Physic	ian	1. Decedent's Neme (First, Middle, Last	()			2. Dete of Deeth Month	Dey	Voor	. Time of Deeth
	/Medi		HELEN KRICH				Sept 1	09	96	11:13 PM.
	Examir	ner	4e. Facility Neme (If not Institution, give	street end number)	10- 11-	4b. City, Town, or	Location of Death	4c. County	of Death	
h	Funeral Director	E	5. Social Security Number 6. Se	OF ITICH DIX 250 7. Age (In year)	last birtholity) If Under Months		8. Date of Birth (Month, Day, Y	900)	9. Birthplace Country	(State or Foreign
Н			Usual Residence of Decedent	. / 0			11////	7 1	4110	, 190
	72 hours after death with the Maryland natural; or items 23s or 28s-f show dost Examiner must be notified at	Director	10e. Stete 10b. County	1 100.01	y, Town or Location	o Code	100	Citizen of V		Inside City Limits 1 Yes 2 No
	m 23a or	Funeral Di	2525 W. Be	Verdere  12. Wes Decedent Ever in U.	Ave. 3	L/2-5 dent of Hispanic Origin? (S		115	e - American In	
21215-0020	nours after dea	by	1 Never Married 2 Married 3 Widowed 4 Divorced	12. Wes Decedent Ever in U. Armed Forces? 1   Yes 2 No If Yes, Give Yeer or Detes:		city Cuban, Mexican, Puer 2 No Specify:	to Rican, etc.)		k, White, etc.	te
15-(	n 72 hours "netural", edical Ex	feter	15. Decedent's Edu (Specify only highest gred	ucation de completed)	16a. Decedent's Usu (Give kind of w life. DO NOT u	ork done during most of wo	rking 16	b. Kind of Bu	isiness/Industr	У
	2 should be filed within 72 h end Mental Hygiene. is marked other than "natu aumatic event, the Medical	Completed	Elementery/Secondery (0-12) UNKNOWN  17. Father's Name (First, Middle, Last)	College (1-4or 5+)	unk	nown	me (First, Middle, Me	10kn	1000	7
Maryland	should be nd Mental marked o	To Be	Unknow	10		111	knou	200	-,	
ary	d 2 should th end Men 7 is marke traumatic	F	19a. Informent's Neme/Reletionship (T)	ype, Print)	19b. Meiling Addres	s (Street and Number or R	ural Route Number, C	ity or Town,	Stete, Zip Cod	je)
	27 a	(	Stanley H. Hella	nan-Guardia	n 405 A	llegany	Ave. To	WSO	2 MI	21004
ore			20e. Method of Disposition 1 Burial 2 □ Cremetion 3 □ F		Pleca of Disposition (Ne ametery, cremetory or		Dete 20	c. Location -	City or Town,	Stete
Baltlmore,	permit. Peg Department Important: I eny Injury o		4 Donetion 5 Dother (Specify)	) 47	, 210n	Cemetery	9111196 4	ansc	bwne	MD
Ba	permit. Pege: Department of Important: If i eny Injury or once.		21. Signature of Funeral Service Licens	-	22. Name e	nd Address of Fecility	pert.P. (	Dylie	e F/17	+ PA
	_		23a, Pert1. Enter the disease, or comp	lications that caused the deat	Do not enter the mo	V. Gilmo	c or resolvatory erres	30/14	D., MI	Deproximete
	Physician		23a. Pert1. Enter the disease, or complishock, or heart fellure. List only or	ne cause on each line.		30 01 03 1119, 0001 00 001010	o or respiratory erros		Inte	erval Between set end Deeth
ľ	/Medical Examiner		immedlete Cause (Fine) disease or condition resulting in deeth)	. 5075	1/5					
		ē		Due to (o	r es a consequence of)	:				
	certificete be executed ding physician and se as the burial-transit	Examiner	Sequentially list conditions, if any, leading to immediate	b. — Due to (o	r es e consequenca of)				1	
68760,	be ex ician burial		Cause. Enter Underlying Ceuse (Disease or injury	C						
687	flicete g phys	edical	thet initieted events resulting in death) Lest	Due to (or	r es a consequence of)				į	
X		3		d						
m.	death o	sicla	Pert II. Other significant conditions cor	ntributing to death but not res	ulting in the underlying	cause given in Pert I.	23b. Did tobe	CCO USO COF	tribute to the	cause of-death?
P.0	by the	Physician			,,,,					y # Unknown
ds,	8 5 8	by					To Affice Addition to the			
Records,	requ peen should	Completed					24e. Wes en operforme		eveilebl	tutopsy findings ble prior to stion of cause h?
Re	The law ate hes b page 2 s	Juno					1 ☐ Yes	able		. /
Vital		Be C	25. Was case referred to medical			26 Place of De	eth (Check only one)	2 <b>W</b> No	1 🗆 Ye	a 20No
<u>&gt;</u>	0 0	ToB	examiner?	Hospitel: 1 inpatient 2	ER/Outpatient 3□ D	Other	dome 5 ☐ Residence	ce 6 □Othe	er (Specify)	
n of			27. Menner of Deeth 1 ☑Neturei 5 ☐ Pending	28e. Dete of Injury (Month, Dey Year)	28b. Time of Injury	28c. Injury at Work?	28d. Describe how			
Sio	Attending ir deeth. ector: Afte by the fune	catl	2 ☐ Accident investigation 3 ☐ Sulcide 6 ☐ Could not be		М	1 Yes 2 No				
Division	after deeth Birector:	Certification:	4 ☐ Homicide determined	28e. Piece of Injury - At he building, etc. (Specify	ome, ferm, street, factor y)	y, office	28f. Location (Stree City or Town,	at end Numbe State)	ar or Rural Rol	ute Number,
1		edical C	29e. Certifier (Check only one) 1 Certifying Physical Examination (Check only one)	raician: To the best of my known iner: On the basis of examined and menner steted.	wledge, deeth occurred tion and/or investigetion	et the time, dete end piece , in my opinion, deeth occi	a, end due to the cau- urred et the time, date	se(s) end mar end pieca, a	nner as stated and due to the	I. cause(s)
1	110	Me	29b. Signeture end title of certifier	51	29	c. License number	29d	. Dete signed	d (Month, Dey.	Year)
	HILL HOLD		Kulfr	X HOUSE	STAFF	P09300	5	est o	9 19	96
			30. Name and address of person who co	ompleted cause of death (item	23e) (Type, Print)	- , 3 - 0	/	7.0	9,19	110
			CAMAZIOR PO B	ATALLA, M.	0-6000	STIMER TIP	N KOSP.	1702	-	
	Sta	te	31. Dete filed (Moult), Day, Year)	82 Registrar's Signe	D. 1.00					

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middle, Last, 2. Data of Death 3. Tima of Death Month Veer **Physician** 1996 .30 AM /Medical 4a. Facility Nama (Il not institution, giva street and number)

Seven Day Advent's + Hosp of fact

5. Social Security Number 6. Sex 7. Aga (In yrs. last birthday) 4b. City, Town, or Location of Death 4c. County of Death Examiner Hunder 1 Year | Hunder 24 Hrs. V8. Data of Birth Birthplaca (Stata or Foreign Country) **Funeral** 10 M 20 F 226-44-6296 Usual Rasidance of Dacedent 68 Yrs. Director permit. Pages 1 end 2 should be filed within 72 hours after death with the Merylend Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23a or 28a-4 show any injury or other traumatic event, ma Medical Examinet must be notified at once. 10a. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yas 2 No Funeral Director Virginia 10f. Zlp Coda 10g. Citizan of What Country? 4.5.A 23669 rail 12. Was Dacedant Evar In U,S. Armed Forcas? 1 ☑ Yas 2 ☐ No If Yas, Giva Yaar or Datas: 13. Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amaricen Indian, Black, Whita, atc. 11. Marital Status 1 Nevar Married 2 Married specify:Black 1 ☐ Yes 2 No þ 3 Widowad 4 Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work done during most of working lifta. DO NOT usa retired) 15. Decedant's Education (Spacify only highast grada completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) 12 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Surnama, Be Unknown 19a. informant's Name/Ralationship (Type, Print) 19b. Mailing Address (Street and Number or Rurel Routa Number, City or Town, State, Zip Coda) 20b. Place of Disposition (Nama of comatary, crematory or other place)

Data 20c. Location - City or Town, Sharon Johnson Cousin 20c. Location - City or Town, State 20a. Mathod of Disposition 1 ☐ Burial 2 **C**ramation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Specify) Day to. Service of Funaral Service Licenses 22. Nama and Addrass of Facility Douglas Street, Balt, more, md.21217 701 mc Culloh 23a. Part 1. Entar the disease, or complications that ceu ed to death. Do not entar the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on as a line. Approximata Intarvai Batween Onsat and Death **Physician** /Medical Immediata Causa (Final disaasa or condition rasulting in daath) Examiner Examiner MTESTIM be executed Sequantially list conditions, if any, leading to immediate ceuse. Enter Underlying Causa (Diseasa or Injury and COLLIPED Completed by Physician/Medical that initiated avants resulting in death) Last The law requires that the death certificate Dua to (or as a consequence of): SYNDIZOME Part II. Other significant conditions contributing to death but not resulting in the underlying causa given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24a. Was an autopsy performed? 24b. Ware autopsy findings available prior to completion of ceusa of death? CARCINOMA certificate 1 ☐ Yas 2 ☐ No or Attending Physician: 25. Was casa refarred to medical axaminar? Be 26. Placa of Death (Check only ona) Hospital: 2 ER/Outpatient 3 DOA Othar: 4 Nursing Homa 2 1 Yes 2 No 5 Residence 6 Other (Specify) this funeral 28a. Data of Injury (Month, Day Year) Certification: 27. Mannar of Death 28b. Tima of 28d. Dascribe how injury occurred 28c. Injury at Work? After 1 Natural 2 Accident 5 Pending death. 1 | Yas 2 | No invastigation after death Director: the 6 Could not ba 3 Sulcida 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At home, farm, straat, factory, office building, atc. (Specify) filled in by 4 Homicida To the Hospital of within 24 hours at To the Funeral D 12 certifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29a. Certifier Medical (Check only one) 2 Medical Examinar: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) and manner stated. 29b. Signature and titla of certifian 29d. Data signed (Month, Day, Year)

Bultimore

Baltimore, Maryland 21215-0020

Box 68760.

Division of Vital Records, P.O.

State Registrar

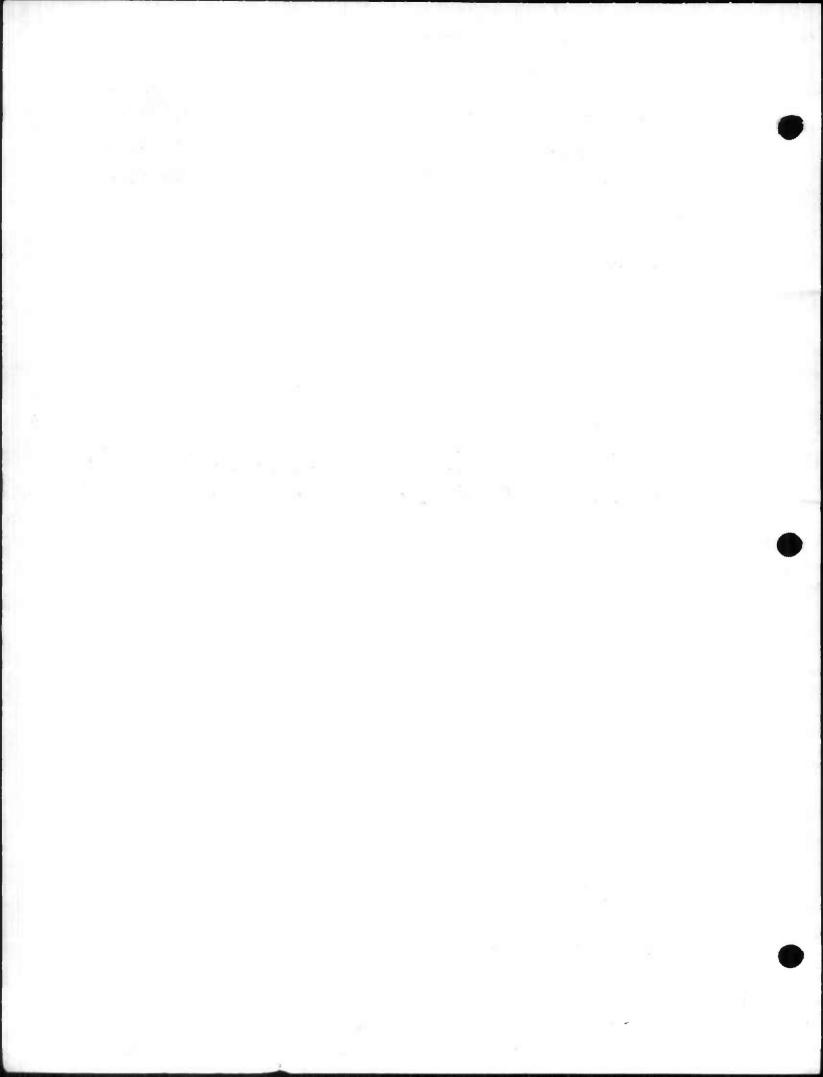
30. Nama and address of parson who completed ceuse of death (item 23a) (Type, Print)

M: MEHTA

31. Data filed (Month, Day, Year)

7100

12. Adispace Rondell



#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 27060 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month MILLER 625 96 SEPTEMBER 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death N/A SACIMORE MARBOR ATIGRAPH ENTER If Under 1 Year If Under 24 Hrs. Months Days Hours Min. Birthplace (State or Foreign Country) 5. Social Security Number 6. Sex 7. Age (In yrs. last birthdey) Days 1⊠M 2□ F Yrs 212-20-5049 69 21-27 Md Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 No Md. Anne Arundel Linthicum 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 21090 Colonial Drive U.S.A. 12. Was Decedent Ever in U,S. Armed Forces? 14. Race - American Indian, Black, White, etc. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Never Merried 2/2 Married 1 Dives 2 No 5/46 If Yes, Give Yeer or Dates: 7/47 1 ☐ Yes 2 No Specify: Specify: 3 Widowed 4 Divorced 7/47 White 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Grade 12 Superintendant N.S.C. Company 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surname) Elmer Miller Freida Dishart 19a. Informant's Neme/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Shirley A. Miller Drive-Linthicum, Md. Colonial 21090 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) 9-9-96 Balto National Cem. Balto. Md. 21. Signature of Funerel Service Licenses 22. Name and Address of Facility 5151 Baltimore National Pike Truman Schwab Baltimore, Md. 21229 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feilure. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Cause (Final disease or condition resulting in death) SEPSIS WEEK Due to (or es a consequence of): CARCINIOMA DUNU. LEF TASTATIC Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of) Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 12 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? 20 No 1 □ Yes 2 □ No 26. Place of Death (Check only one)

**Physician** /Medicai Examiner Attending Physician: The law requires that the death certificate be axecuted

P.O. Box 68760,

Division of Vital Records,

death

hours

B

**Physician** 

/Medical

**Examiner** 

Director

Funeral

þ

Completed

Be 2

**Funeral** 

Director

permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiena. Important: If Hem 27 is marked other than "natural" ~ 1. any fully or other treumatic event.

burial-transit attending physician for usa as the buna ed by the al signed by I Completed has certificate this Affer after death

Physician/Medical

py

Be

2

Certification:

Medical

25. Was cese referred to medical

1 Yes 1 No 27. Manner of Death → Natural

2 Accident 3 Suicide 4 Homlcide

(Check only one)

29a. Certifier

5 Pending investigation 6 Could not be

28a. Dete of injury (Month, Day Year)

Hospital: 2 ER/Outpatient 3 DOA 28b. Time of

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28c. Injury at Work?

1 ☐ Yes 2 ☐ No Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

28d. Describe how injury occurred

Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) end manner stated.

29b. Signature and title of certifier

29c. License number

29d. Date signed (Month, Dey, Year)

MAWCA 30. Name and address of person who completed ceuse of death (Item 23a) (Type, Print)

HARBOR CHAWLA

JASVINDER 31. Date filed (Month, Day Year)

32. Registrer's Signature ia Davidson

State Registrar

**DHMH 16 Ray 6/95** 

28f. Location (Street and Number or Rural Route Number, City or Town, Stete)

HOSPITAL (ENTER.

			Please		laryland / [	Departr	ment of	k. Assure A Health and I f Death	•	/giene	_		7061
			Decedant's Nama (First, Middla, Last	at)		Certin	cale of	Dealli	2. Deta of De	Reg. No.		3 T	ma of Death
	Physic		ROBERT	S.		MER	DTM		Month	Day		r	
	/Medi Exami		4e. Facility Name (If not Institution, give		)	PIEK.	KIN	4b. City, Town, or L	SEPTEM		County of De		00 PM
	Exami	iei	THE JOHNS HOPKIN								Cit		
	Funeral Director		5. Social Sacurity Number 6. S 137-22-2459		ge (In yrs. lest bir		Under 1 Yee onths Days		8. Deta of Bi	rth	9. B	irthplaca (S Country)	tate or Foreign
	g *		Usual Rasidance of Dacedent  10a. State 10b. County		10c. City, Town	or Locatio						1011-	1- Oh 11-11-
	death with the Maryland ms 23e or 28e-f show Linust be notified at	'n	Md. Baltimore				stown						de City Limits Yas 20 No
	288-1 Maria	Director	10e. Street and Number							40- Old-			
	and and and and and and and and and and			04		1	Of. Zip Coda	21136		Tog. Citta	ten of What (		,
	e 23e must b	era	3421 Buttonwood	12. Was Decedent	Ever in 11 C	12 18/00	Donadast of		nasih. Van az Ni		4. Race - An		
020	72 hours after death w haturel', or learns 23e Signi Examiner must b	by Funeral	11. Maritel Status  1 Never Married 2 Married 3 Widowed 4 Divorced	Amed Forcas'  1 A Yas 2 If Yes, Giva Yaar or Datas:	? No		res 2 No	Hispanic Origin? (Siben, Mexican, Puarto Specify:	Rican, atc.)		Black, Wh		arī,
2	2 ho	ted	15. Decedent's Ed	lucation	16a.	Decedant's	Usuai Occu	upation	170	16b. Kir	nd of Businas	s/Industry	
2121	within one. then the Mes	Completed	(Specify only highast gra	College (1-4or	5+)		OT work done OT usa retir	a during most of worked) ger	king	Man	ufacti	uring	Co.
Maryland 21215-0020	uld be filed Mental Hygi rhad other itic event, t	To Be C	17. Fathar's Nama (First, Middla, Last) Milton John					18. Mothar's Nam	na (First, Middle el Ston		Surnama)		
a7	S D E E	-	19a. Informant's Name/Raietionship (7	Type, Print)				et and Number or Ru					
	and 2 selft a s 27 is er fræ		Arleta Merrin		342	21 But	tonwo	od Ct., R	eisters	town,	Md.	21136	
Baltimore,	If of Harrior or oth		20a, Mathod of Disposition 1 ☐ Burlai 2 ☐ Cramation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specify			y, cremator	y or other pl	Sept. 11	Date 1996		cation - City o		te
Balt	permit. Py Departme Important any injury 2005		21. Signatura of Funeral Sarvice Licen	raucht		Eck 116	chardt 505 Re	rass of Facility Funeral isterstow	n Rd.,		gs Mil:	7	
	Physician /Medical		23a. Pert f. Enter the disease, or comp shock, or haart failura. List only									Appro Intervi Onset	ximata ni Between and Deeth
1000	Examiner	70	disease or condition resulting in death)		Dua to (or as a	consequence	m O e of):	agan T	7911	RE		30	days
90,	be executed sician and burial-transit	Examiner	Sequantially tist conditions, if any, laading to immediate cause. Entar Underlying Causa (Disaesa or injury	b. Ac	Dua to (or as e	Cec	plem so'ot):	. A				45	-days
Box 6876	death certificate be ex e attending physician ed for use as the buria	Physician/Medica	Causa (Disassa or injury that inflitated avents resulting In daath) Last	d	Due to (or es e o	onsequanc	e of):						
	death e atte	Sicia	Part II. Other significant conditions of	ontributing to death b	out not resulting in	the under	ving cause o	ivan in Part I.	23b. Did	tobacco	uss contribu	ts to the cu	uss of death?
s, P.O	that the ed by th detache	by Phys											4 □ Unknown
of Vital Records,	aw requir as been s 2 should	Completed t	PULMON	UARY	AS	per	9116	5.7		an autop ormed?	sy 24t	available	opsy findings prior to n of cause
E E	F # 8	S							10	Yas 28	THO	1 🗆 Yas	211 No
VIII	Physician: The ribis certificate and director, page	Be	25. Was casa refarrad to medical axaminar?	Mosnite!			1-	26. Placa of Dea	th (Check only	ona)			
of	0 0	은	ILI IBS ZLEATO	Hospital: 1 Thipath			LI DUA		oma 5□Res			pecify)	
Division	leath. lor: After the fune	Certification:	27. Manner of Death  1 Natural 5 Panding  2 Accidant Invastigation  3 Suicide 6 Could not be		ay Year) 28b. 1	ima of njury	28c. Inji	ury at ork? □ Yas 2 □ No	28d. Describe				
Divi	그 등 등 은		3 ☐ Suicide 6 ☐ Could not be datarmined	286. Place of In	jury - At home, fa ic. (Specify)	rm, straat, f	actory, office	9	28f. Location ( City or To	(Straet and wn, Stata)	d Number or	Rural Route	Number,
	Hospital 24 hours Funeral etely filled	dicai	29a. Cartifiar 1 ☐ Certifying Phy (Check only one) 2 ☐ Medical Exam	sictan: To the bast liner: On tha basis o end mannar st	of axamination and	, death occ Dor Invastiç	urrad at tha t gation, in my	tima, data and place, opinion, daath occur	and dua to tha red at tha time,	causa(s) data and	and mannar place, and d	ss stated. ua to tha ca	use(s)

State Registrar

29b. Signatura end title of curtiliur

29c. Licensa number 29d. Data signed (Month, Day, Year)

DY8201 September 9, 1996 JOHNS HOLKINS WARD 2500Th

personal constitution a district at the state of the safe year, no equitibility and analysis of the safety safety. The real of the later of the la

_	4
	è
	A
P.O. BOX 68760	244
-	3
œ.	1
-	
×	
0	4
10	1
	4
$\circ$	
a.	
	,
DS	1
K	
RECORDS	1
Ō	
W	
œ	
4	,
$\equiv$	í
	:
	1
<u></u>	i
0	1
7	i
Ō	
$\preceq$	1
S	1
>	
DIVISION OF VITAL	
_	

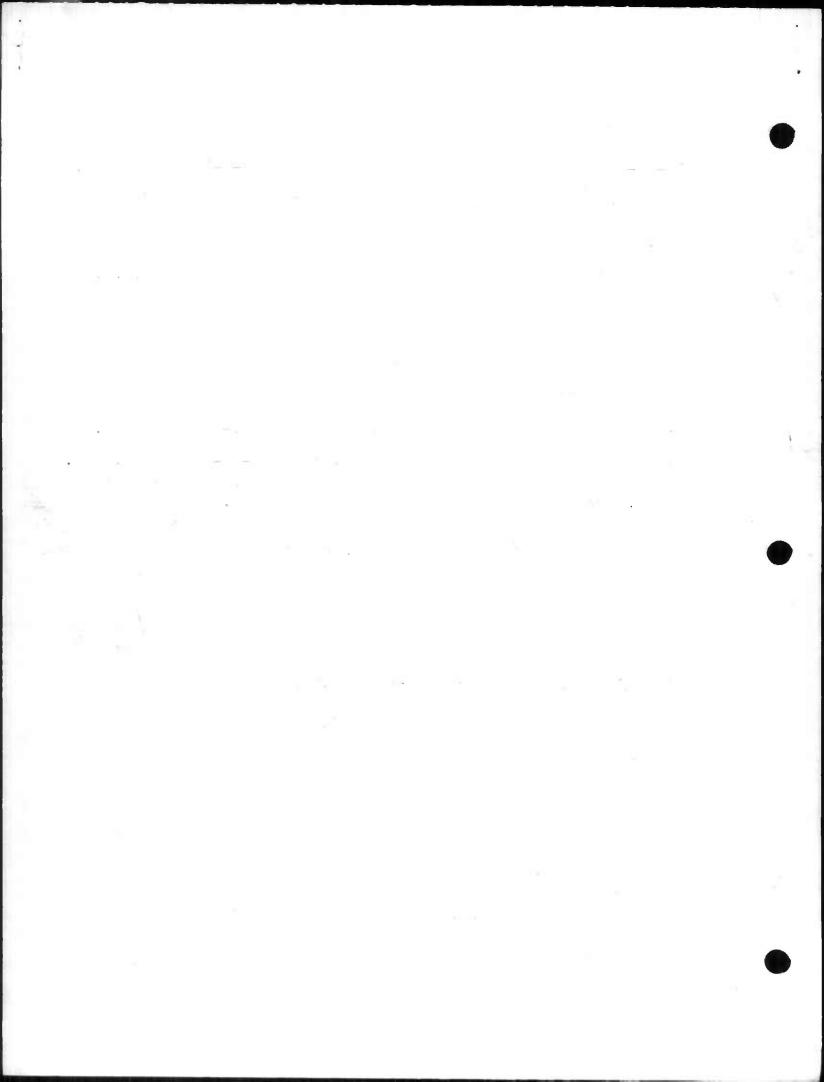
THE HUMBEL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

Described to the continue of the continue has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be seen within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

INPORTANT If them 28 is marked, or item 23 shows any injury, or other traumatte event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTA	_ HYGIENE
REGISTRAR CERTIFICATE OF DEATH	REG. NO.

- 1	1. DECEDENT'S NAME (First, Middle,	Lest) 2					2. DATE OF DEATH	w	YEAR	3. TIME OF DEATN
	MILDRE	D O,	m	OXLE	V		SEAPT C		96	1830 m
	4. SOCIAL SECURITY NUMBER	5. SEX 8.	AGE (In yrs. last		NDER 1 YEAR		7. DATE OF BIRTH		B. BIRTH	PLACE (State or Foreign
	213-12-3156	1 M 2 DXF	78	YRS. MONT	HS DAYS	HOURS MIN.	(Month, Day, Year) 1-6-18		Countr	Md.
	9e. FACILITY NAME (If not institution,		10	9b.	CITY, TOW	OR LOCATION OF DE		9c. COU	NTY OF D	
DIRECTOR	Deaton Hosp	ital Cente	r	]	Balt	imore		N	/A	
2		DUNTY	1	10c. CITY, TOV	WN OR LOC	CATION				10d, INSIDE CITY
<u>E</u>	26.7	NT / A		D - 7						LIMITS?
	Md.	N/A		Balt		10f. ZIP CODE		10- CIT	IZEN OF V	WHAT COUNTRY?
RA						IUI. ZIP CODE		Tog. CIT	IZEN OF T	THAT COUNTRY?
FUNERAL	3053 Strick					21223			U.S	. A.
5	11. MARITAL STATUS  1 Never Married 2 Merried	t2. WAS DECEDENT E	YES 2 N			ECENDENT OF NISPAN specify Cuben, Mexical	IIC ORIGIN? (Specify Yea n, Puarto Rican, atc.)	or No—	14. RACE Black	E — American Indian, r, White, etc.
B∀	3 🔀 Widowed 4 🗌 Divorced	IF YES, GIVE WAR	OR DATES	- 1	1 🗆 Y	ES 2 NO Specify	<i>f</i> :		Speci	
	15, DECEDENT'	EDUCATION	I see DEC	EDENT'S USUA	I OCCUPA	TION	16b. KIND OF BU	INCOC/IN	NIGTOV	White
COMPLETED	(Specify only highest	grade completed)	(Gh		one during	most of working	IOU. KIND OF BO	M4E99/114	Josini	
7	Elementery/Secondary (0-12)	College (1-4 or 5+)					T			
×	Grade 12		I H	usew'	Te		In her		m n	ome
8							ME (First, Middle, Melden	,		
BE	George At						tie Boyer	_		
2	198. INFORMANT'S NAME (Type/Print	f .	1				Route Number, City or Tow			
-	Mary Turpi	1		718 S	Cam	p Meade	RdLin			
	20e. METHOD OF DISPOSITION 1 R-Burtsl 2 Cremation 3 C	Removal from State		ND DATE OF DIS		(Name of	DATE 20c. LO	CATION —	City or To	wn, State
	4 Donation 6 Other (Specify	)	Loude	n Pai	CK C	emeterv	9-10-96	Ва	ito	Md.
	21. SIGNATURE OF FUNERAL SERV	CE LICENSEE	25	2		AND ADDRESS OF FA			07	D:1
	D 0 m	J. June &	1	meter			imore Na		al.	PIKE
	23. PART I. Enter the disease	an Schwab	sused the dec	th Do not a			Md. 212		reet	Approximate
	shock, or heart fa iMMEDIATE CAUSE (Final disease or condition resulting in death)	lure. List only one cause		ENAL	. FA	ILURE				Interval Between Onset and Daath
	Toodking in dooring	DUE TO (OF	R AS A CONSEC	UENCE OF):	-					
z	La Language Control									
9	Sequentially list conditions, if any, leading to immediate	DUE TO (OF	R AS A CONSEC	UENCE OF):						
S	cause. Enter UNDERLYING CAUSE (Disesse or Injury	c								
II.	that initiated events	DUE TO (OF	R AS A CONSEC	UENCE OF):						
-										
HT	reaulting in death) LAST	d		_						
CERTIFICATION			-4h h-44				m-11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	PART II. Other aignificant con			_			0.00.00		246	WERE AUTOPSY FINDINGS
				_			0.00.00	RMED?	246	
MEDICAL CERTI	PART II. Other algoliticant con	MELLITUS	RES	PIRATI	pry	FALURE	PERFOI	RMED?	246	AMILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL	PART II. Other aignificant con	MELLITUS	RES	PIRATI	pry	FALURE	PERFOI	RMED?	246	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	PART II. Other aignificant con DIAGETES  DID TOBACCO USE CO 25. WAS CASE REFERRED TO MEDI	ONTRIBUTE TO CAUS	RES	TH YES [	NO neck only or	FALURE UNCERTAIN	PERFOI	RMED?	248	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	DIABETES  DID TOBACCO USE CO	ONTRIBUTE TO CAUS	SE OF DEAT	TH YES E	NO heck only or	FALURE UNCERTAIN	PERFOI	RMED?	246	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	DID TOBACCO USE CO	ONTRIBUTE TO CAUS  THOSPITAL:  1 Proportion: 2 = E	SE OF DEAT  28. PLACE  R/Outpetlent 3  JURY	TH YES [ OF DEATH (C) DOA 4 [ 28b. TIME OF	NO neck only or HER: Nursing H	UNCERTAINTE	PERFOI	AMED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	DID TOBACCO USE CO 25. WAS CASE REFERRED TO MEDI EXAMINER? 1 VES 2 IN NO 27. MANNER OF DEATH 1 Netural 5 Pending	DNTRIBUTE TO CAUS  CAL HOSPITAL:  1 Pinpetient 2 = E  280. DATE OF IN. (Month, Dey.	SE OF DEAT  28. PLACE  R/Outpetlent 3  JURY	TH YES [ OF DEATH (C) DOA 4	NO NO NER: Nursing H	MUNCERTAIN	PERFOI  1 YES :	AMED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
BY PHYSICIAN: MEDICAL	DID TOBACCO USE CO  25. WAS CASE REFERRED TO MEDI- EXAMINER? 1 VES 2 INNO  27. MANNER OF DEATH 1 Netural 5 Pending Investig	DNTRIBUTE TO CAUS  CAL HOSPITAL:  1 Primpettent 2 = E  28e. DATE OF IN. (Month, Dey.	SE OF DEAL 28. PLACE 28. P	TH YES E OF DEATH (C) DOA OT DOA OT SHOULD BE OF SHOULD B	NO peck only or HER: Nursing H 28c.	UNCERTAINTED	PERFOI  1 YES :  0 Other (Specify)  26d. DESCRIBE HOW  28f. LOCATION (Street	NJURY OC	CCURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BY PHYSICIAN: MEDICAL	DID TOBACCO USE CO  25. WAS CASE REFERRED TO MEDI- EXAMINER? 1 VES 2 NO  27. MANNER OF DEATH 1 Natural 5 Pending 1 Netural 5 Pending 1 Netural 5 Pending	ONTRIBUTE TO CAUS  THOSPITAL:  1 Pinpatient 2 = E  28e. DATE OF IN. (Month, Day.  ation  26e. PLACE OF III building, atc	SE OF DEAL 28. PLACE 28. P	TH YES E OF DEATH (C) DOA OT DOA OT SHOULD BE OF SHOULD B	NO peck only or HER: Nursing H 28c.	UNCERTAINTED	PERFOI  1 YES :  6 Other (Specify)  26d. DESCRIBE HOW	NJURY OC	CCURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BY PHYSICIAN: MEDICAL	DID TOBACCO USE CO  25. WAS CASE REFERRED TO MEDITED TO SET OF SE	DNTRIBUTE TO CAUS  CAL HOSPITAL: 1 Propertient 2 = EI  Set DATE OF In. (Month, Dey.  28e. PLACE OF II building, stc	RES  SE OF DEAL  26. PLACE  R/Outpatient 3  JURY  1040  NJURY — At hor.  (Specify)	TH YES E OF DEATH (C) DOA 4 DOA 4 DOA 4 DOA A DOA A DOA BUTTON THE OF INJURY	NO heck only or heck only or here; Nursing H 28c, M 1 [, factory, or	MUNCERTAIN  TO UNCERTAIN  TO U	PERFOI  1 VES :  6 Other (Specify)  26d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State)	NJURY OC	CCURED or Rural :	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BY PHYSICIAN: MEDICAL	PART II. Other aignificant con  DIAGETES  DID TOBACCO USE CO 25. WAS CASE REFERRED TO MEDI- EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pendin, 2 Accident Investig 3 Suicide 6 Could of determine the communication of the could be compared to the could be compared to the could be cou	DNTRIBUTE TO CAUS  CAL HOSPITAL: 1 Pinpatient 2 = E  28e. DATC OF IN (Month, Day.  26e. PLACE OF It building, atc	RES  26. PLACI  26. PLACI  R/Outpatient 3  JURY  196er)  NJURY — At hor  c. (Specify)	TH YES E OF DEATN (C) DOA 4 28b. TIME OF NJURY	NO NO NO NO NO NO NO NO NO NO NO NO NO N	INDURY AT WORK?  YES 2 NO	PERFOI  1 VES :  6 Other (Specify)  26d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State) to the cause(s) and me	NJURY OC	CCURED or or Rural :	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BY PHYSICIAN: MEDICAL	PART II. Other aignificant con  DIAGETES  DID TOBACCO USE CO 25. WAS CASE REFERRED TO MEDI- EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pendin, 2 Accident Investig 3 Suicide 6 Could of determine the communication of the could be compared to the could be compared to the could be cou	DNTRIBUTE TO CAUS  CAL HOSPITAL: 1 Propertient 2 = EI  Set DATE OF In. (Month, Dey.  28e. PLACE OF II building, stc	RES  26. PLACI  26. PLACI  R/Outpatient 3  JURY  196er)  NJURY — At hor  c. (Specify)	TH YES E OF DEATN (C) DOA 4 28b. TIME OF NJURY	NO NO NO NO NO NO NO NO NO NO NO NO NO N	INDURY AT WORK?  YES 2 NO	PERFOI  1 VES :  6 Other (Specify)  26d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State) to the cause(s) and me	NJURY OC	CCURED or or Rural :	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other aignificant con  DIAGETES  DID TOBACCO USE CO 25. WAS CASE REFERRED TO MEDI- EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pendin, 2 Accident Investig 3 Suicide 6 Could of determine the communication of the could be compared to the could be compared to the could be cou	DNTRIBUTE TO CAUS  TO CAUS  HOSPITAL:  1 Pinpstent 2 = E  28e. DATE OF IN. (Month, Day.  atton  26e. PLACE OF III building, sto	RES  26. PLACI  26. PLACI  R/Outpatient 3  JURY  196er)  NJURY — At hor  c. (Specify)	TH YES E OF DEATN (C) DOA 4 28b. TIME OF NJURY The, farm, street	NO NO NO NO NO NO NO NO NO NO NO NO NO N	UNCERTAIN TO THE TO THE TENT OF THE TENT O	PERFOI  1 VES :  6 Other (Specify)  26d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State)  to the cause(a) end me time, date end piece, en	NJURY OC	CCURED or or Rural :	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other algnificant con DIASETES  DID TOBACCO USE CO 25. WAS CASE REFERRED TO MEDI- EXAMINER? 1 VES 2 INO 27. MANNER OF DEATH 1 Natural 5 Pending 1 Natural 1 Investig 2 Accident 3 Suicide 8 Could of determine the could of determine the could of determine the could of determine the could of determine the could of determine the could of determine the could of determine the could of determine the could be determined to	DNTRIBUTE TO CAUS  TO CAUS  HOSPITAL:  1 Pinpstent 2 = E  28e. DATE OF IN. (Month, Day.  atton  26e. PLACE OF III building, sto	RES  26. PLACI  26. PLACI  R/Outpatient 3  JURY  196er)  NJURY — At hor  c. (Specify)	TH YES E OF DEATN (C) DOA 4 28b. TIME OF NJURY The, farm, street	NO NO NO NO NO NO NO NO NO NO NO NO NO N	UNCERTAIN THE TOTAL THE TO	PERFOI  1 VES :  6 Other (Specify)  26d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State)  to the cause(a) end me time, date end piece, en	NJURY OC	CCURED or or Rural :	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Route Number,
COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other algnificant con DIASETES  DID TOBACCO USE CO 25. WAS CASE REFERRED TO MEDI- EXAMINER? 1 VES 2 INO 27. MANNER OF DEATH 1 Natural 5 Pending 1 Natural 1 Investig 2 Accident 3 Suicide 8 Could of determine the could of determine the could of determine the could of determine the could of determine the could of determine the could of determine the could of determine the could of determine the could be determined to	DNTRIBUTE TO CAUSE  A HOSPITAL:  1 Propertient 2 = EI  1 Propertient 2 = EI  28e. DATE OF IN  (Montn, Day.  28e. PLACE OF II  building, ste  PHYSICIAN: To the best of my  AMINER: On the besis of exam	RES  SE OF DEAL  26. PLACE  R/Outpatient 3  JURY  Tober)  At hore  r knowledge, deal  innation end/or is	TH YES E  OF DEATN (CI  DOA 4 CI  28b. TIME OF RIJURY  The farm, street  ath occurred at nevestigation, in	NO NO NO NO NO NO NO NO NO NO NO NO NO N	UNCERTAIN THE TOTAL TOTAL THE TOTAL	PERFOI  Other (Specify)  Control (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State)  to the cause(e) end me of time, date end piece, en	NJURY OC	occured  or or Rural  inted.  inted.  ite couse(	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Route Number,  9) end manner ee stated.  1 (Month, Dey, Year)
BE COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other algolificant con  DIAGETES  DID TOBACCO USE CO  25. WAS CASE REFERRED TO MEDI- EXAMINER? 1 VES 2 INO  27. MANNER OF DEATH 1 Netural 5 Pending 1 Netural 1 Investig 2 Accident 3 Sulcide 8 Could restrict 4 Homicide 8 Could restrict (Check only one) 2 MEDICAL EX	DNTRIBUTE TO CAUSE  A HOSPITAL:  1 Propertient 2 = EI  1 Propertient 2 = EI  28e. DATE OF IN  (Montn, Day.  28e. PLACE OF II  building, ste  PHYSICIAN: To the best of my  AMINER: On the besis of exam	RES  SE OF DEAL  26. PLACE  R/Outpatient 3  JURY  Tober)  At hore  r knowledge, deal  innation end/or is	TH YES E  OF DEATN (CI  DOA 4 CI  28b. TIME OF RIJURY  The farm, street  ath occurred at nevestigation, in	NO NO NO NO NO NO NO NO NO NO NO NO NO N	UNCERTAIN TO THE TO THE TENT OF THE TENT O	PERFOI  1 VES :  6 Other (Specify)  26d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State)  to the cause(a) end me time, date end piece, en	NJURY OC	occured  or or Rural  inted.  inted.  ite couse(	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Route Number,  9) end manner ee stated.  1 (Month, Dey, Year)
BE COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other algolificant con  DIAGETES  DID TOBACCO USE CO  25. WAS CASE REFERRED TO MEDI- EXAMINER? 1 VES 2 INO  27. MANNER OF DEATH 1 Netural 5 Pending 1 Netural 1 Investig 2 Accident 3 Sulcide 8 Could restrict 4 Homicide 8 Could restrict (Check only one) 2 MEDICAL EX	DNTRIBUTE TO CAUSE  AND COMPLETED CAUSE  PHYSICIAN: To the best of my AMINER: On the best of exam  RTIFIER  ON WING COMPLETED CAUSE  ALLA LE LIMIT  32. REGISTRARS	RESIDENT AT HOLD AND AND AND AND AND AND AND AND AND AN	TH YES E OF DEATN (C) DOA 4 28b. TIME OF INJURY The, farm, street ath occurred at investigation, in	NO NO NO NO NO NO NO NO NO NO NO NO NO N	UNCERTAIN THE TOTAL TOTAL THE TOTAL	PERFOI  Other (Specify)  Control (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State)  to the cause(e) end me of time, date end piece, en	NJURY OC	occured  or or Rural  inted.  inted.  ite couse(	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Route Number,  9) end manner ee stated.  1 (Month, Dey, Year)
BE COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other aignificant con DIAGETES  DID TOBACCO USE CO 25. WAS CASE REFERRED TO MEDI- EXAMINERY 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investig 3 Suicide 8 Could a Homicide 8 Certifying (Check only one) 2 MEDICAL EX  30. NAME AND ADDRESS OF PERS BOLLANGER	ONTRIBUTE TO CAUSE  PHYSICIAN: To the best of my AMINER: On the best of cam  RTIFIER  ON WNO COMPLETED CAUSE  SALLACE MI	RESIDENT AT HOLD AND AND AND AND AND AND AND AND AND AN	TH YES E OF DEATN (C) DOA 4 28b. TIME OF INJURY The, farm, street ath occurred at investigation, in	NO NO NO NO NO NO NO NO NO NO NO NO NO N	UNCERTAIN THE TOTAL TOTAL THE TOTAL	PERFOI  Other (Specify)  Control (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State)  to the cause(e) end me of time, date end piece, en	NJURY OC	occured  or or Rural  inted.  inted.  ite couse(	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Route Number,  9) end manner ee stated.  1 (Month, Dey, Year)



State of Maryland / Department of Health and Mental Hygiene

					Ce	rtificate of	Death		Reg. No.		
П		93	1. Decedent's Name (First, Middle, Las	)				2. Date of De	ath		3. Time of Death
ш	Physici /Medi		Edward	Patrick		McKevi	itt	Septemb	er 8 1	996	11:35 am
	/wedir Examir		4a. Facility Name (If not Institution, give	street and number)		1	4b. City, Town, or L	4		y of Death	
11			Oakcrest Village	Frederick H	ouse		Parkville	е	Bal	timor	^e
	Funeral Director		5. Social Security Number 6. Se 215-03-5815 Usuai Residanca of Decadent	x 7. Age (In y. 81	rs. last birthday) Yrs.	If Under 1 Year Months Days		8. Date of Birl (Month, Da January	70, 1915	9. Birthp Cour Mary	placa (State or Foreign ntry) Tand
	B #		10a. Stata 10b. County	10c.	City, Town or Lo	ocation				1	IOd. Insida City Limits
	Mary Feb	tor	Maryland Baltin	nore	Parkvil	16					1 ☐ Yes 2 🛣 No
	r 28a	Director	10e. Street and Number	101 C	1 01 101	10f. Zip Code			10g. Citizen of	What Cour	ntry?
	h wit	alD	8830 Walther Blvd	i. FH 116		21234	4		Unite	d Sta	tes
21215-0020	n 72 hours after death with the Maryland "natural", or items 23a or 28s-f show folgs! Examinet must be notified at	by Funeral	11. Marital Status  1 💢 Never Married 2 C Married  3 C Widowed 4 Divorced	12. Was Decedant Ever in Armed Forcas? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates:		Was Decedent of If Yes, specify Cu 1 ☐ Yas 2 🖔 No	Hispanic Origin? (Si ban, Mexican, Puarto Specify:	pecify Yes or No o Rican, atc.)	- 14. Ra Bia Specia	ce - Americ ck, Whita, fy: Wh	
5-0	hin 72 ho I. In "natur Medical	eted	15. Decedent's Edu (Specify only highest grad	le completed)	16a. Dece	dent's Usual Occu	upation	kina	16b. Kind of B	lusineas/In	dustry
121	within iena. than the	Completed	Elementary/Secondary (0-12)	College (1-4or 5+)			a during most of worked)		C+++- C	.11	
2	(3) (2) to		8 17. Fathar's Name (First, Middle, Last)		Mainte	enance Er			State C		le
Maryland	S ta S	Be		evitt			18. Mother's Nan	McEnro		110)	
7	d 2 should be 1 th and Mental I 7 is marked of traumatic eve	2	19a. Informant's Name/Ralationship (T)		10h Maili	on Address (Stree	et and Number or Ru			State 7in	Code
Ma			Patricia E. Nachod	111111111111111111111111111111111111111	200		Court Bal				
re,	Pages 1 and 2 ment of Heelth a ant: if item 27 is lury or other tra		20a. Method of Disposition		Placa of Dispo	sition (Name of	!	Date	20c. Location		
JU O	Page:		1 X Burial 2 ☐ Cremation 3 ☐ F 4 ☐ Donation 5 ☐ Other (Specify)	Removal from State		natory or other pl Redeemer Co		9/11/96	Baltimor	no Mar	vland
altimore,	2 2 2 2						ress of FacilityLeor			-	
ä	Depermination De		21. Signature of Funeral Service Licens Buch C. Will	Brian A. Wille	em		rd Road Bal				:, 1110.
	Physician /Medical Examiner	er	23a. Part1. Enter the disease, or compishock, or heart failure. List only of Immediate Cause (Final disease or condition resulting in death)	a. Nes	mate	nto	mhur tto				Intervat Between Onset and Death
. 60	rificate be axecuted ng physician end es the buriel-transit	al Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Oisaasa or injury	b. Dua to	(or as a consec	quence f):	yeare C				year
Box 68760,	certifi ding ise es	an/Medical	resulting in death) Last	Due to	(or as a consec	quance of):					
P.O.	that the died by the	by Physician/	Part II. Other significant conditions con	ntributing to death but not r	esulting in the u	ndarlying cause g	givan in Part I.		tobacco uae co Yee 2 No	ontribute to 3 ☐ Pro	o the cause of death bably 4 Nanknow
Vital Records,	aw requir ts been s 2 should	Completed I							an autopsy omed?	av co	era autopsy findings ealable prior to empletion of cause death?
al F	E se	S						10	Yes 25 No	1[	☐ Yes 2☐ No
VII.	ysician: The sectificate director, page	Be	25. Was casa refarred to medicat examiner?	dospital:		10	26. Place of Dea				
o	this aldi	. To	1 Yes 2 No	1 Li Inpatient 2	☐ ER/Outpatie	T 3L DOA		ome 5 Resid	dence 6 Dot		y)
		tion	1 Natural 5 ☐ Pending	28a. Date of Injury (Month, Day Year,	Injury	W	ork? □ Yas 2 □ No	280. Describe i	now injury occu	1190	
Division	or At efter o Direct	Certification:	2 Accidant investigation 3 Suicida 6 Could not be 4 Homicida datarmined	28e, Place of Injury - A building, etc. (Spe	home, farm, stricity)		10.2	28f. Location (a City or Ton		ber or Rura	al Routa Number,
1	the Hospital in 24 hours the Funeral apletaly filled	edical	29a. Cartifiar 1 Certifying Physical Cartifian 1 Medical Examination	ner: On the best of my kener: On the basis of examinand mannar stated.	nowledge, deat nation and/or in	vestigation, in my	opinion, death occu	, and due to tha rred at the time,	causa(s) and m date and place,	annar as e and due to	tated. the causa(s)
-	0 3	M	29b. Signatura and title of certifier	mel CDu	mother		her Bould	1.5	29d. Data sign		
	5		30. Nama and address of person who co	A 1	tem 23a) (Type,	Print)		-	2 /	41	0.400.4
	/		Samuel C. D	URSO, M.D.	8800	Walth	her Bould	evaro ti	ARKYILLE,	MO.	21234

State Registrar

DHMH 16 Rev 6/95

entrifice in tartonic up a con-The first of the second · 2.5 Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene item #4a,4b, 23b, filmg 739, 9/11/96,cyw, per fill Certificate of Death 27064 1. Decadent's Nama (First, Middle, Last) 2. Data of Death 3. Tima of Death Day 1996 **Physician** Month Harold. PRITCHARD Maitland 3:25 P.M. September /Medical 4e. Fecllity Nama (If not institution, giva straat and number) 4b. City, Town, or Location of Death 4c. County of Daeth Examiner Franklin Square Hospital Baltimore Baltimore If Undar 1 Year If Undar 24 Hrs. 8. Date of Birth Hours Min. Month, Day, You April 9 5. Social Security Number 7. Aga (In yrs. last birthdey) Birthplace (State or Foraign Country) **Funeral** Months Days 100M 20 F 236-03-1726 81 Director Yrs 915 Pennsylvania Usual Rasidance of Dacedent with the Meryland 10e Steta 10b. County 10c. City, Town or Locetion 28a-f show "natural", or items 23a or 28a-f show 10d. Insida City Limits Maryland Baltimore Director 1 Yas 2 No Edgemere 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 2402 Woodridge Road 21219 United States death 12. Was Decedant Evar in U,S. Armed Forcas? 1 ☐ Yas 2 2 No If Yas, Giva Yaar or Datas: 11/Marital Status Was Decedant of Hispenic OrlgIn? (Spacify Yes or No-If Yas, specify Cuban, Maxican, Puarto Rican, etc.) 14. Race - American Indian, Bleck, White, atc. filed within 72 hours after 1 Navar Married 2 X Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☐ No Specify: þ Specify: White 3 ☐ Widowed 4 ☐ Divorced Completed The Medical 16a. Decedent's Usual Occupation (Giva kind of work done during most of working lifa. DO NOT usa ratired) 15. Decedant's Education 16b. Kind of Business/Industry (Spacify only highast grade complated) permit. Pages 1 and 2 should be filed withir Department of Health end Mental Hygiene. Important: If Item 27 is marked other than any injury or other traumatic event, the Me Elemantary/Secondary (0-12) Collaga (1-4or 5+) 12 Years Crane Mechanic Foreman Steel Industry 17. Fathar's Name (First, Middle, Last) 18. Mother's Nema (First, Middla, Maldan Surnama) Be Frank B. Pritchard Bertha J. Shaffer 19a. Informent's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Straet and Number or Rural Routa Number, City or Town, State, Zip Coda) Mrs. Jessie M. Pritchard/Wife 2402 Woodridge Road Edgemere, Maryland 20b. Placa of Disposition (Nama of cometery, cramatory or other pleca) 20a. Method of Disposition

1 ☐ Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata 20c. Location - City or Town, Stata 4 ☐ Donation 5 ☐ Other (Specify) Gardens of Faith Cem. 9/7/1996 Rossville, Maryland 21. Signature of Funara Sorvice Licensee Duda-Ruck Funeral Home of Dundalk, Inc. 7922 Wise Ave. Dundalk, Maryland 21222 e, or complications that caused tha daath. Do not antar the mode of dying, such as cardiac or respiretory errest, List only one ceuse on each line. Approximata Interval Batwean Physician Onsat and Deeth /Medical Immediate Ceusa (Final . Septic shock 24 hours disaase or condition resulting in death) Examiner Dua to (or es a consequance of). Examiner Gastrointestinal Bleeding The lew requires that the death certificate be executed burial-tran Sequentielly list conditions, if any, laading to immediata cause. Entar Underlying Causa (Disaasa or Injury Ihat Inifiated events resulting In daath) Last Dua to (or as a consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medicai the Due to (or as a consequanca of) USB as Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ should be 24b. Were eutopsy findings aveilable prior to complation of causa of deeth? Completed 24a. Was an autopsy performed? certificate 1 ☐ Yes 2 No 1 ☐ Yes 2 ☐ No Attending Physicien: or death. Be 25. Was casa rafarred to madical 26. Placa of Daath (Check only ona) Other: 4 Nursing Home 5 Rasidence 6 Other (Specify) Hospital: To 1 Yas 2 X No 1 ☑ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA this 27. Mannar of Deeth 28a. Data of Injury (Month, Day Year) Certification: 28b. Tima of 28c. Injury at Work? 28d. Dascribe how Injury occurred After ! To the Hospital or Attending within 24 hours after death.
To the Funerel Director: Attended to the funeral bits of the fur 5 Pending Invastigation 1 X Naturel 1 ☐ Yas 2 ☐ No 2 Accidant 6 Could not be detarmined 3 Suicida 28a. Place of Injury - At home, farm, streal, factory, office bullding, etc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homicide Medicai 29e. Cartifiar 18 Certifying Physician: To the best of my knowledga, daath occurred at the tima, date and piece, and dua to the cause(s) and mannar es stated.

2 Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, daath occurred at the time, dete and piece, and dua to the cause(s) and manner stated. (Check only onel 29b. Signetura end litla of partit 29d. Date signed (Month, Day, Year) 29c. Licansa number 148717 liga 30. Name end address of person who completed clause of death (Item 23a) (Type, Print) Dr. Stephen Selinger 9000 Franklin Square Dr. Baltimore, Maryland 21237 31. Deta filed (Month, Day, Year) 32. Registrar's Signetura Julia Davidson-Randale

DHMH 16 Rev 6/95

Registrar

SEP 1 1 1996

### Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible.

			State of I	Marylan		artment of F rtificate of		- 6	giene Reg. No.	96	2706
Physic /Med		Decedent's Name (First, Midd WILLIAM	die, Lest) WELLING	Pin	rdeli			2. Dete of De Month	eth Day	Yeer 1996	3. Time of Death 23. 43
Exami Funeral Director		4e. Fecility Name (If not institution  Carroll County  5. Sociel Security Number  214–20–0689	General Ho				4b. City, Town, o  Westmi  If Under 24 Hr  Hours Mir	s. 8. Date of Bir	Carro	11	ece (State or Fore ny) land
rf ahow find at	tor	Usual Residence of Decedent  10e. Stete 10b. Count  MD Howa	_		y, Town or Lo						d. Inside City Lim
23a or 28a unt be not	al Director	10e. Street end Number 2955 Route 97				10f. Zip Code	1738		10g. Citizen of U.S.		ry?
ital Hygiene. Id other than "nature!", or items 23a or 28a-f ahow event, the Medical Examinat must be notified at	by Funeral	11. Marital Stetus 1 □ Never Merried 2 □ Mai 3 ☒ Widowed 4 □ Divorce	If Voc Chic	es? □ No		Wes Decedent of H If Yes, specify Cuba 1 ☐ Yes 2 ☐ No	Ilspanic Origin? ( an, Mexican, Pue Specify:	Specify Yes or No rto Ricen, etc.)	14. Rad Ble Specif	ce - America ck, White, e	tc.
tal Hygiene. d other than "natu	Completed		nt's Education est grade completed) College (1-4d	or 5+)	(Give	dent's Usuel Occup kind of work done DO NOT use retired Master	petion during most of wi d)	orking	16b. Kind of B	usiness/ind	
ind Mental Hygi marked other umatic event, t	To Be C	17. Fether's Name (First, Middle, Roland C. Pi.  19a. Informent's Neme/Relation.	ndell		104-54-***		Nelli	ame (First, Middle, Le Mae We	elling		
Department of Health and Mer Important: If Item 27 Is marke any Injury or other treumatic once.		Shirley Hobbs  20e. Method of Disposition  1  Buriel 2  Cremetion 4  Donetion 5  Other (5	3 □Removel from Ste Specify)	ote Ce	P.O.	ng Address (Street  Box 187  Desition (Name of metory or other plet  Cremation  Name end Addre  P.O. Box	Glenwoo	Date 9/11/96 Jaight Fu	20c. Location Hampst Ineral H	City or Tove	vn, Stete
attending physician and attending physician and I for use as the burial-transit	n/Medical Examiner	23e. Parti. Enter the disease, o shock, or heart fellure. Lis Immediate Cause (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest	D. Pulm b. END.	Due to (or Due to (or Due to (or STAGE	Mone, es e consec es e consec es e consec	THE OSIS	RREST				Approximete Intervel Between Onset and Death
igned by the atte	by Physician/M	Pert II. Other significant condition	one contributing to death	n but not resu	Iting in the u	nderlying ceuse giv	en In Pert I.		tobacco uea co Yes 2□ No	ntribute to	tha cause of dealbly 4 🗗 Unkr
as been s 2 should	Completed b								en eutopsy rmed?	ever com of d	e eutopsy findin leble prior to pletion of ceuse sath?
s certificate ha	BeC	25. Was case referred to medice exeminer?	ol				26. Plece of De	eth (Check only o			165 200110
this co	2	1 Yes 2 No	Hospital:		R/Outpetien		4 Li Nursing	Home 5 ☐ Resid			
after daath. Director: After in by the funer	Certification:	27. Menner of Deeth  1 Neturel  2 Accident  3 Suicide  4 Homicide  5 Pendir Investi 6 Could determ	gation not be nined 28e. Place of I	Dey Yeer)	28b. Time of Injury ne, ferm, str	Wor	y at k? Yes 2 □ No		now Injury occur Street end Numb vn, Stete)		Route Mumber,
_ 0		29a. Certifier 1 Certifyir	ng Physician: To the besis	of examinetic	rledge, death on end/or inv	occurred at the time	ne, date end plec pinion, deeth occ	e, end due to the curred et the time, c	ceuse(s) end ma dete end place,	inner es sta and due lo	ted.
Funeral Funeral pletaly filled	Medical	(Check only 2 Medical one)	end menner	steted.							

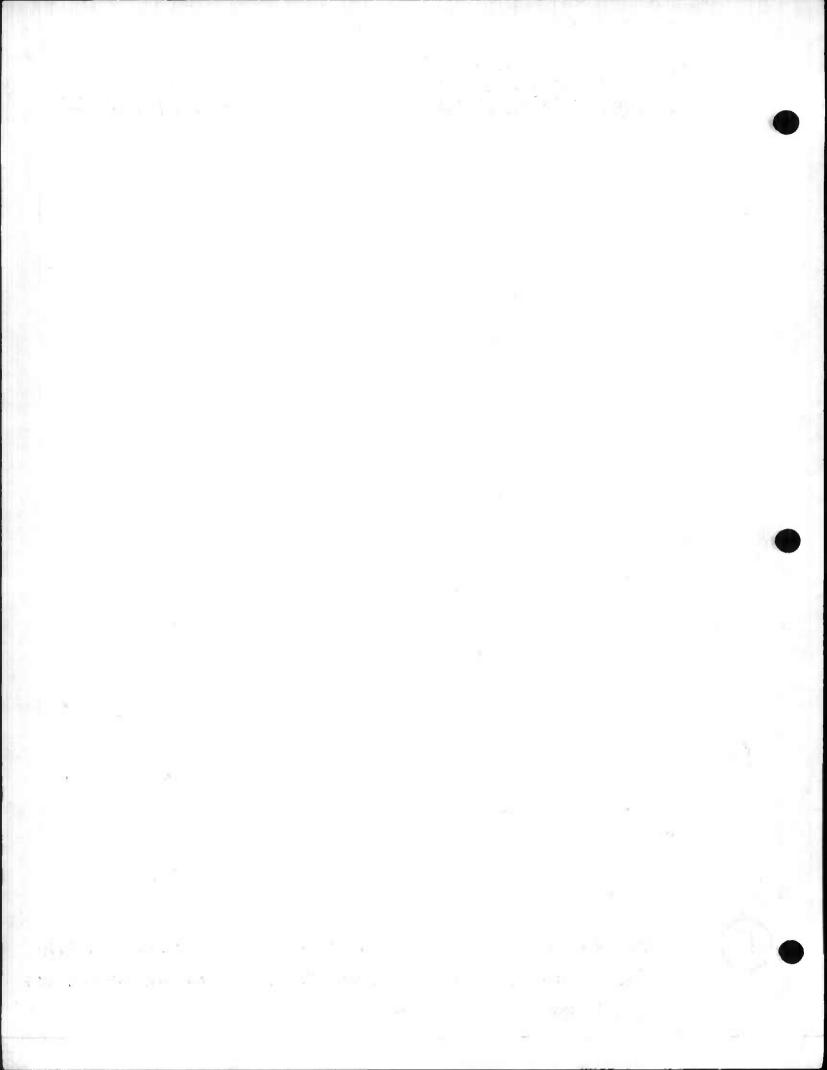
State Registrar

VICTOR ONGLAFA

31. Dete filed (Month, Dey, Year)

SEP 11 1996

SEP 11 1996



State Registrar Sadentz, M.D.

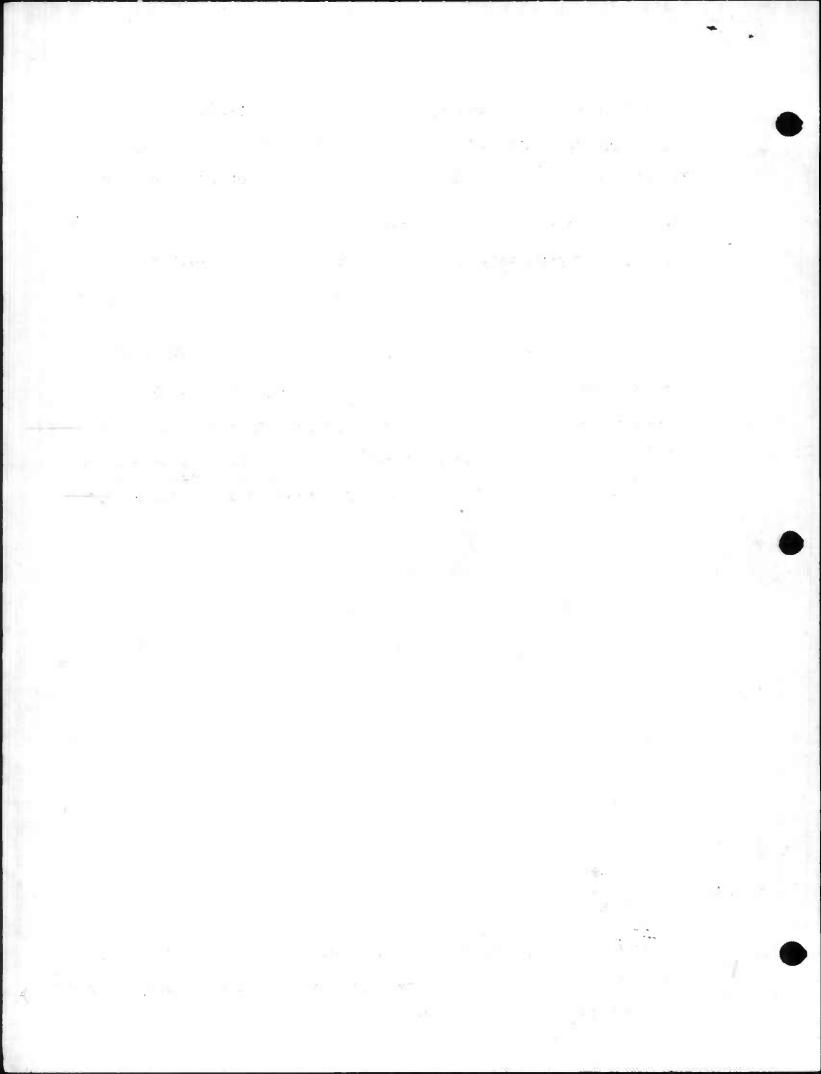
Sear) L. 32-Registra's Signature

(ear) L. 32-Registra's Signature M.D.111 Penn Street, Baltimore, Maryland 21201

30. Name and addrass of person who completed ceuse of death (Item 28a) (Type, Print)

OCME

SEPT.04,1996



### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible,

State of Maryland / Department of Health and Mental Hygiene

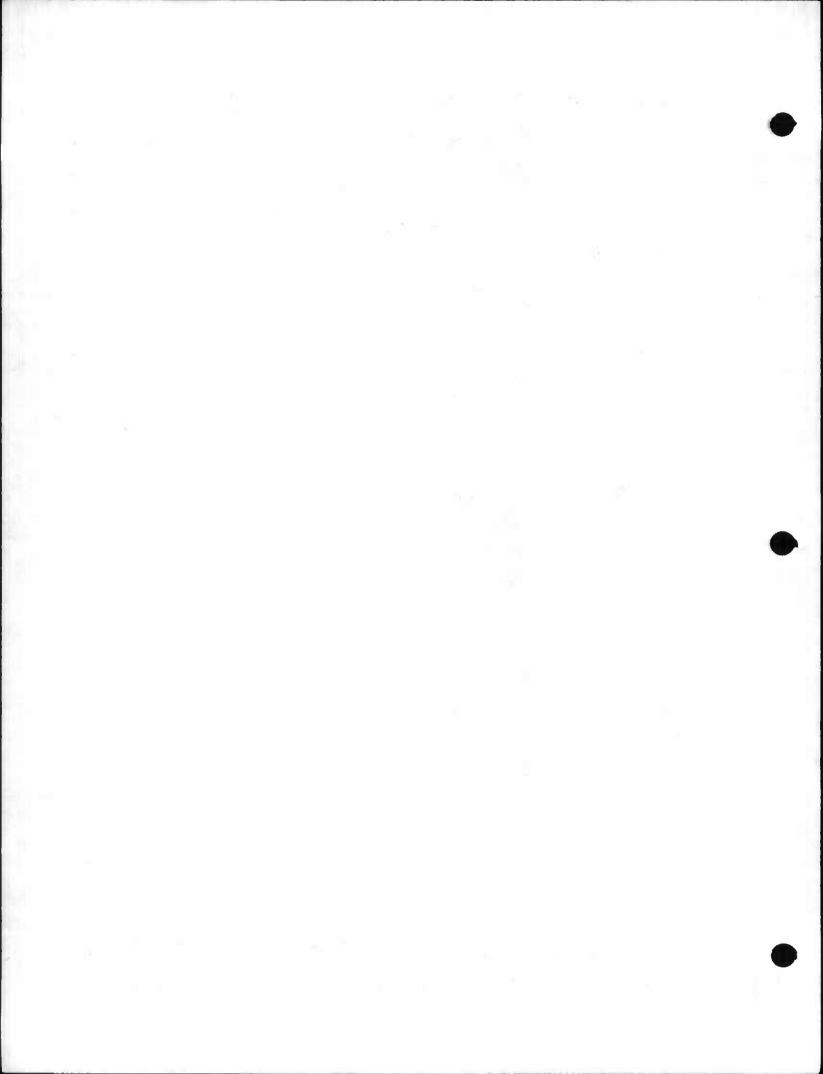
2	7	0	6	7
Surge	- 4		0	W

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Data of Death 3. Time of Death Month **Physician** NINA QUEEN-HILLARY 3 1:30 Pm September /Medical # Under 1 Year If Under 24 Hrs. 8. Data of Birth (Month, Day, Year)

Annths Days Hours Min. Sept 2, 1944 4a. Facility Nema (If not institution, give street end number) 4c. County of Death Examiner Not Applicable of Maryland University Hospital 5. Social Security Number 7. Age (In yrs. last birthday) **Funeral** 1□M 2QF Months 213-44-1850 Director Usuel Rasidance of Dacedant 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits I is marked other than "natural", or flama 23a or 28a-f sho traumatic event, tre Mapical Examiner must be notified at MU 1 Yas 2 □ No Baltimore Director NH 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 4016 21215 U. SA Avenue Funeral 12. Was Decedent Ever in U,S. Armed Forces?
1 Yes 2 No If Yes, Give Yeer or Datas: Race - American Indian, Bleck, Whita, atc. 11. Marital Statua Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, etc.) pernit. Pages 1 and 2 should be filed within 72 hours after of bearing and Mental Hygiene. If them 27 is marked other than "natural", or free 1 Never Married 2 Married 1 Tas 200No Baltimore, Maryland 21215-0020 Specify: Black þ 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usual Occupation (Giva kind of work done during most of working life. DO NOT use ratired) 15. Decedant's Education (Specify only highast grada completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Key ande Hospice Nouse 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maidan Sumame) Gloria Joseph Queen 19a. Informant's Name/Reletionship (Type, Print) 19b. Melling Addrass (Street and Number or Rural Routa Number, City or Town, State, Zip Code) 2801 Baltimire, 48 21215 Virginia atisha -Daughter Hillery 20b. Place of Disposition (Nama of cometery, crematory or other place) 20c. Location - City or Town, State 20a. Method of Disposition 1 ☑ Burial 2 ☐ Cramation 3 ☐ Removel from State injury or 100 dlawn emetery 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Fuperel Service Licensae 22. Nama and Addrass of Facility F. H. Wes March 4300 Walresh Andications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, rone cause on each line. ( to, or d Approximata Interval Batween Onset and Deeth **Physician** /Medicai Immediata Causa (Final Encephalopatho days diseasa or condition resulting in death) **Examiner** Examiner Sepsis physician and the burial-transit The law requires that the death certificate be executed Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated evants resulting in death) Last Due to (or as a consequence of): Renal Stage Kend Dua to (or as a consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medical Diabetes Mellitus Dependent signed by the atte Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown 1 ☐ Yes 2 ☐ No Hypothyroidism à 24b. Ware sutopsy tindings available prior to completion of causa of death? 24a. Was an autopsy performed? Completed Hypertension Heart failure Congestive
25. Was case rateried to medical axaminar? 1 Yas 2 No To the Hospital or Attending Physician: within 24 hours efter death.

To the Funeral Director: After this certifica completely filled in by the funeral director, i 26. Piaca of Death (Check only ona) Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 2 27. Mannar of Death 28c. Injury et Work? 28a. Date of injury (Month, Day Year) 28b. Tima of 28d. Describe how injury occurred Certification: 5 Panding invastigation Natural 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicida 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Place of injury - At homa, farm, streat, factory, office building, etc. (Specify) 4 Homicida Certifying Physician: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(s) and manner as attedd.

| Madical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and manner stated. 29a. Cartifiar Medical 29b. Signature and title of certifiar 29c. Licensa number 29d. Date signed (Month, Dey, Year) LO ( EBONG BOULWARE) 30. Neme end address of person who completed cause of deeth (Item 23a) (Type, Print) BONY BOYLLANG, MP Baltimore, MD. 2120 St. South Greene 32. Registrar's Signatura State 111996



#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

27068

						Ce	rtificat	e of	Death			Reg. No.		loss	, 000
	Dhusia		1. Decedent's Name (First, Middla, L.	est)				_			2. Deta of De Month		Yaar	3. Tt	me of Death
	Physic /Medi		EDWARD 1			RAH	IE				Sept		1996		1137 AM
	Exami		4a. Fecility Name (If not Institution, gi	Carried Contract					4b. City, To	wn, or L	ocation of Deat	h 4c. Coun	ty of Death		
			St. Joseph's Ho	-						son		Balt	imore	Cou	inty
	Funeral Director	Г	216-01-3430	Sex 7. Ag 10 M 2 F	a (In yrs. les	t birthday) Yrs.	If Under Months	1 Year		24 Hrs. Min.	8. Dete of Bir (Month, De Dec 5	th by, Year) 1914	9. Birthp Cour Mary.	atry)	tete or Foreign
	and w		Usual Residence of Dacedent  10a. Stete 10b. County		10c. City, 1	Town or Lo	cation						1	10d. Insi	ide City Limits
	72 hours efter death with the Maryland "natural", or flerns 23a or 28a-f show edical Examiner must be neutrised at	Director	-	timore		Tov	vson								Yes 2 No
	vith th	급	10e. Street and Number	_			10f. Zip	Coda				10g. Citizen of			
	e 23s	ig.	7801 Ruxway Roa	T		1.0			212				USA		
0	fler de	Funeral	11. Marital Status  1 □ Never Merried 2 Merried	12. Was Decedent Armed Forces? 1 ☐ Yas XXI		13.	Was Daced if Yes, spec	lant of cify Cul	Hispanic Or ban, Maxicai	igin? (Sp n, Puarto	pecify Yes or No Rican, atc.)	)- 14. Re	aca - Amark ack, White,		in,
020	al', o	þ	3 ☐ Widowed 4 ☐ Divorced	tf Yes, Give Yaer or Dates:			1□ Yes 2	2 X No	Specify:			Spec	lfy:	whi	te
Maryland 21215-0020	72 ho	Completed	15. Decedent's E (Specify only highest gr	ducation ada completed)	1	16a. Dece	dent's Usua	il Occu	upation a during mos	t of work	kina	16b. Kind of	Business/In	dustry	
121		mpi	Eiamentary/Secondary (0-12)	College (1-4or 5	5+)	life.	DO NOT us	e retin	ed)				,	<b>a</b> !	
7			17. Father's Name (First, Middle, Las	4		I	Ingine	eer	10 Moth	ede Nom	ne (First, Middla	Bethl		Stee	;T
an	S ta b >	To Be	Herman W. Rahe	.,							tle Jeni		ine/		
ary	S DEE	-	19a. tnformant'a Name/Ratationship	(Type, Print)		19b. Maliin	ng Address	(Stree			rai Route Numb		n, Stete, Zir,	Code)	
	1 and 2 Health a em 27 le ther tra		Bettie C. Rahe	(Wife)		7801	Ruxwa	ay I	Road	Balt	timore,	Maryla	nd 21:	204	
ore	t of He or oth		20e. Method of Disposition 1 ☐ Burial 2 ☑ Cramation 3 [	Pomovel from State	20b. Ptac	a of Dispo	sition (Nen	na of thar pla	ace)		Date	20c. Location	- City or To	own, Sta	ite
Baltimore,	2 1 1 5		4 Donation 5 Other (Speci		Hill	top S	Servi	ce (	Co.	9	9/9/96	Towson	, Mar	ylar	nd
3alt	Departition of the popular contract of the popular con		21. Signature of Funeral Sarvica Lion	nsee	1	22			ress of Facili						
_	00240		Juny H	· Carga	ulls	-	Burge 3631	ee-l	Henss 11s Ro	Fune	eral Hor	me re. Mar	vland	212	211
			23a, Part1. Enter the diseasa, or con shock, or heart failure. List only	picetions that caused ona ceuse of each ti	the death. I	Do not ant	ar the mod	e of dy	ing, such as	cardiec	or raspiratory a	rrast,		Approx	xlmate al Between
	Physician /Medical		tmmediate Ceusa (Fina)										1	Onset	and Death
1	Examiner	П	diseese or condition rasulting in deeth)	a. Sepsis		O E v .									
		Jer		Whipp]	Due to (or as Le ope	s e consec ratio	uance of): \( \Omega \)								
	erificate be executed sing physician end se es the buriel-transit	Examiner	Sequentially list conditions,	b	Due to (or es	s a consec	uence of):								
90	Se exe		Sequentially list conditions, if any, teading to immediate cause. Entar Undarlying Cause (Disease or Injury	Carcin	noma a	mpu11	a of	vat	ter						
68760,	physic the t	Medical	that initiated events resulting in death) Lest	0.	Dua to (or as	a consaq	uenca of):								
×	E 000	√Me	L	d											
Bo	that the deeth cer ed by the ettendin detached for use	Physician	Post II Other classificant conditions	and the standard of the standa		L. ab.									
0		hys	Part II. Other significant conditions						iven in Part i			tobacco use c Yes 2□ No			4☑ Unknown
S, D	es tha igned be del	by P	Status post of	orollary by	pass	grait	S X Z	•				100 10110		0001)	vig cinaloun
Records,	v requires that the been signed by th should be detache											en eutopsy ormed?		ere auto	opsy findings prior to
ecc	2 S €	Completed											of	mpiation death?	n of cause
<u>=</u>	The ate h	Con									₩	Yes 2□No	15	Yes	2 No
Viital	Physician: The this certificate ral director, pag	Be	25. Wes case referred to medical examiner?	Hamitab						of Deal	th (Check only	one)			
o	S 90 0	- To	1 ☐ Yes 2 ☑ No 27. Mannar of Deeth	Hospitet: inpatia		Outpatien		^ _		irsing Ho	ome 5 Resi			y)	
on	ding h. After fune	Certification:	1 X Naturai 5 ☐ Pending 2 ☐ Accident Investigation	(Month, De)	Year)	Injury	M	8c. inju Wo	ork? Yes 2	No	280. Describe	how injury occu	irred		
Division	i or Attending after death. Director: After I in by the fune	Ifica	3 ☐ Suicide 6 ☐ Could not b	e 28e. Place of Inju	ury - At home	, farm, str						Street end Num	ber or Rure	el Routa	Number,
ā	s after s after of Director	Cent	4 Homicida	building, ato	. (Specity)						City or To	wn, State)			
	To the Hospital or Attending Phwithin 24 hours after death. To the Funeral Director: After the completely filled in by the funeral	edicai (	29e. Certifier Check only one) Certifying Pt	nysicien: To the best on miner: On the basis of end mannar sta	of my knowie examinetion ited.	dge, deeth end/or inv	occurred a restigetion,	t tha t	ime, date an opinion, dea	d plece, th occur	and due to the red at the time,	cause(s) and m dete end place	nenner as si	teted.	use(s)
1	To the within 2 To the comple	Me	29b. Signature and title of certifier	/			29c	Lloan	sa number			29d. Date sign	ed (Month,	Day, Ye	nar)
1			1 Sound Val	21 th			D	440	080			Sept	9 1	1996	
	7.		30. Name and andress of person who	complated cause of de	eeth (ttem 23	ia) (Type,	Print)								
_	10		- / // 1	a. M.D., S	JMC.	7620	York	Rd.	, Tow	son,	MD 21	204			
	Sta	_	SEP 1 1 199	32 Registre	mal Signam	andala	•								
	Registr	ar	256 TT 122	4											

## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

27069

					Cer	tificate o	f Death		Reg. No.		- 10
ysician		Decedant's Nama (First, Middla, La						2. Data of De Month		Yanr	3. Tima of Deet
Vedical	_	Konald Kot	tman					Sent	7	1996	1305
aminer		Facility Nama (If not institution, give		r)			4b. City, Town, or L			of Death	
		St. Agnes Hos	pital				Baltimo		N/A		
eral ctor	2	13-32-5217  all Residence of Decedant	Sax 7. A 1 M 2 □ F	ga (In yrs. las	yrs.	If Undar 1 Ya. Months Day		8. Data of Bin (Month, De March	9, Yaar) 9, 193!	9. Birthpl Count Mal	aca (Stata or Foi ryland
	_	. Stata 10b. County		10c. City.	Town or Lo	cation				11	Od Inelda City I le
be normed a	Ma	ryland Balti	more		butus						od. Insida City Lin X 1 ☐ Yas 2 ☐
a lo	100	. Street and Number				10f. Zip Code	1		10g. Citizan of	What Coun	try?
1 2	8	1308 Maple Av	renue			2122			Unite	d Sta	ates
Examiner must be northed at by Funeral Director	5	Marital Status  1 □ Navar Married 2 □ Marrled  3 □ Widowed 4 □ Divorced	12. Was Decedan Armed Forças 1  Yas 2 If Yas, Giva Yaar or Datas:	? No		Vas Dacedant of Yas, specify Co	f Hispanic Origin? (Spuban, Maxican, Puarto o Specify:	pacify Yas or No Rican, atc.)		e - Amarica ck, Whita, a y: Whi	Atc.
ate of		15. Decadant's Ed (Specify only highast gra			16a. Daced	ant's Usual Occ	upation	rina	16b. Kind of B	usinass/Ind	lustry
r, the Medical I	E	lamantary/Secondary (0-12)	Collega (1-4or	5+)			na during most of work ired)	ang	steel		
T. CO.	3				punci	n oper	ator		steer		
Be Se	17.	Fathar's Nama (First, Middla, Last, dward Rottman					18. Mothar's Nam Eileen	a (First, Middla Horn	, Maidan Suman	7a)	
traum	19	a. Informent's Name/Ralationship (	Type, Print) SON		19b. Mailin 1308	g Addrass (Stre Maple	Avenue	al Routa Numb Arbutu	ar, City or Town, S, Mar	Stata, Zip ylan	Goda) d 2122
or other	20a	Method of Disposition		cam	atary, cram	sition (Nama of latory or other p	Maca) emorial	Data	20c. Location -		
injury	01	4 □ Donation 5 □ Other (Specific	-	Mea				5/10	Dorsey	, 110	1 J Lane
amy	21.	Signature of Funeral Sarvica Licer	4 Le	a B	Aı	Nama and Add mbrose 719 Ha	Funeral mmonds F	Home erry R	of Lan	sdow 1227	ne
	28	Paper Enter the disease, or com mick, or haert failura. List only	plications thet cause ona causa on aach I	d tha daath.							Approximeta Intarval Batween
ian	/										Onsat and Deat
ner	dis	nediate Cause (Final ease or condition ulting in death)	SEP-	TIC 9	SHOC	K					14
		oning it beauty		Dua to (or a	s a consequ	uance of):					
i i			b SPLB			SCE283	5				1 mth
bural-transit	Sec	pontially list conditions, ny, leading to immediate se. Enter Underlying use (Disease or injury initiated events		Dua to (or as						-	
		se. Enter Underlying ase (Disease or injury	C DIAB	157185	MG	LLITUS	S. CABE	A) CAT	7		5
se the bu	785	ulting in death) Last								į	5
0 2			a_ALLI	4MI)	PUI	1 45	PATITIS	INTN			
siciar										1	
etached for us Physician/	Part	II. Other significant conditions of					givan in Pert I.	23b. Dld	tobacco usa co	ntribute to	the cause of de
à à	-	- PROSTATE	HYPBRT	POPH-	1,0	nf.		10	Yes 2□No	3 Prob	ably 4 Unk
Completed								24a. Was perfo	an autopsy rmed?	ava	ra autopsy findir liabla prior to aplation of cause eath?
Som Som								101	Yas 2 No		,
		Was case referred to medical					OR Pinns of Day	10			Yas 2☑No
	2.0	examiner?	Hospital: Hospital	ant 0055	/Out	2000	26. Place of Deetl			45	
Be Be	9	1 Yes 20 No	Inpati		Outpatient  b. Tima of	3□ DOA 28c. Ini	4 LI Nursing Ho		danca 8 □Oth		
To Be		1 ☐ Yes 2 ☐ No Manner of Death	28a. Data of Init	JIV 28		200. 111		_50. Dagging 1	injury occur	50	
To Be	27.	Manner of Death  Natural 5 Pending DAccident Investigation	0	Yaar)	Injury —	M 1	☐ Yes2 ☐ No				
Be Be	27.	Manner of Death □Natural 5 □ Pending	(Month, Da	Yaar)	Injury —	M 1	☐ Yes2 ☐ No	28f. Location (S City or Tox	Street and Numb vn, Stata)	er or Rural	Routa Number,
pretery lined in by the funeral director edical Certification: To Be	27.	Manner of Death Matural Matura	28a. Place of Injuiting, et	jury - At home ic. (Specify) of my knowlar f axaminetion	Injury  , farm, stra	M 1   at, factory, office	☐ Yes2 ☐ No	City or Tox	vn, Stata)	nner ee ete	ated
Certification: To Be	27. 1 29a	Manner of Death Matural Matura	(Month, Da 28a. Place of Ini building, et yalclan: To the best iner: On the basis o	jury - At home c. (Specify) of my knowlar f axaminetion ated.	Injury  , farm, stra  dga, daath and/or inve	M 1  at, factory, office occurred at tha estigetion, in my	Yes_2   No  a  time, dete end placa, opinion, deeth occurr	City or Toward dua to the red et the time,	vn, Stata)  causa(s) and me deta and place, i	enner es ste and due to	eted. tha cause(s)
pretery lined in by the funeral director edical Certification: To Be	27. 1 29a	Manner of Death   Natural   S   Pending investigation     Suicide   Homicide   Certifier (Check antrone)     Certifier (Check antrone)   Physical Examples	(Month, Da 28a. Place of Ini building, et yalclan: To the best iner: On the basis o	jury - At home c. (Specify) of my knowlar f axaminetion ated.	Injury  , farm, stra  dga, daath and/or inve	M 1  at, factory, office occurred at tha estigetion, in my	Yes_2 No a time, dete end placa, opinion, deeth occurr	City or Toward dua to the red et the time,	vn, Stata)  causa(s) and me deta and place, i	enner es ste and due to	eted. tha cause(s)

. widson- gandall

SEP 11 1996

State

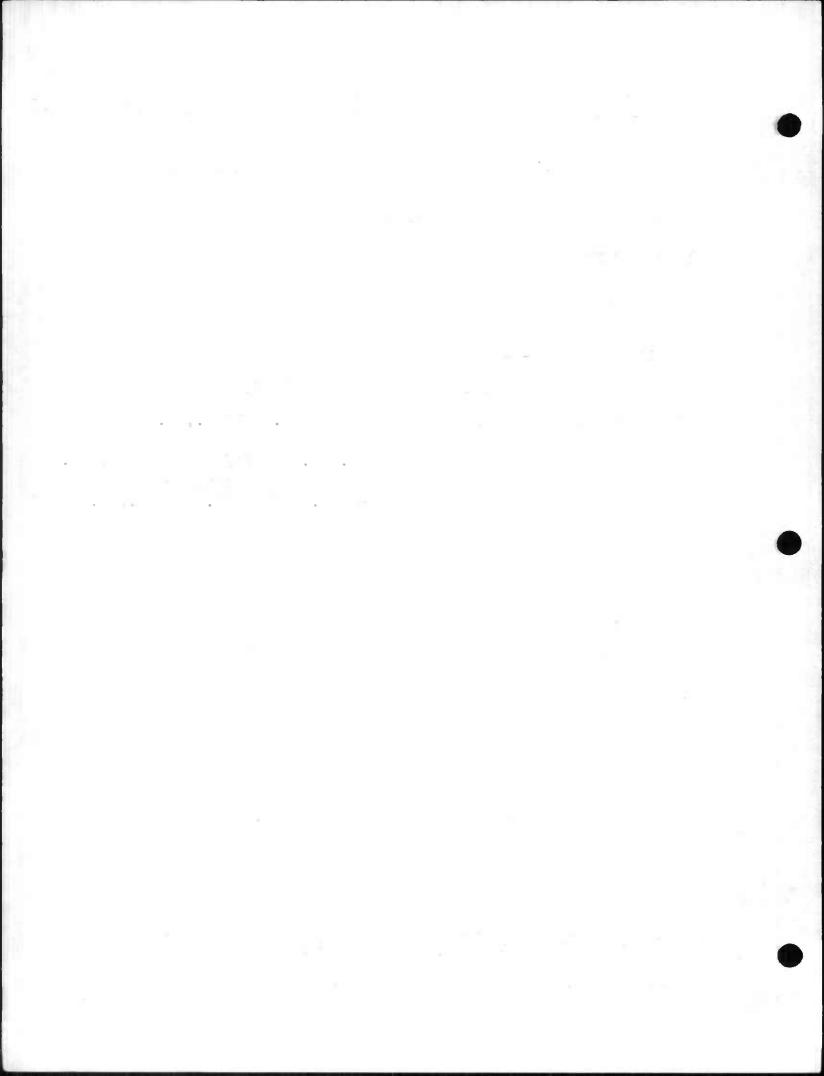
## Please Type or Print In Black Indelible ink. Assure All Copies Are Legible. State of Manyland / Department of Health and Mental Hydiene

State of Maryland / Department of Health and Mental Hygiene

27070

			item: 5, per F'.H. G-	739 9/25/96 reh	C	ertificate d	of Death	, ,	g. No.		21010	
Physicia		ian	Decedent's Name (First, Middle, La	st)	tidala			2, Dete of Deet Month	th Day Year		3. Time of Death	
	/Medi	cal	Bruce	Ma	4. Oh. T.	9	6 9	6	2035			
J.	Examir	ner	4a. Facility Neme (If not Institution, giv					r Location of Death				
-	Funeral Director		JESSUP CORRECT  5. Social Security Number 6. S		yrs. last birthday	/) If Under 1 Ya		ESSUP HOWARD				
		ľ		DM 2016	38 Yrs. Months Days Hours			n. (Month, Day,	Year) 1958	9. Birthplaca (State or Foreign Country) PA		
	72 hours after death with the Menfand naturel; or items 23s or 28s-f show fical Examiner must be notified at	i Director	10a, Stata 10b. County	10	c. City, Town or I					100	I. Inside City Limits 1 ☐ Yas 2 ☐ No	
			MARYLAND N/A 10e. Street and Number	BALTIMORE 101. Zip Code				g. Citizen of Wi		X		
										nat Country		
		Funeral	1630 APPLETON S		in U.S. 13	Was Decedent of Hispanic Origin? (Specify Yas of If Yes, specify Cuban, Mexican, Puerto Rican, etc.)			US 14. Rece	- American	Indian.	
Maryland 21215-0020		þ	1 Never Merried 2 Married 3 Widowed 4 Divorced	12. Was Decedent Evar in U,S. Armed Forces? 1 ☐ Yas 2 2 No If Yes, Giva Yaar or Dates:		If Yes, specify Cuban, Mexican, Puerto Rican, etc.)  1 ☐ Yes 2 ☐ No Specify:			Black, White, atc.  Specify: BLACK			
	naturel',	ted	15. Decedent's Ed (Specify only highast gra	lucation	16e. Dec	16e. Decedent's Usual Occ (Give kind of work don		orking	16b. Kind of Businass/Industry		stry	
	d within 72 ho piene. r than "natur the Medical	Completed	Elemantary/Secondary (0-12)	College (1-4or 5+)	life. DO NOT use retir		red)					
	Hygier there the		12 17. Father's Name (First, Middle, Last)	LABORER			The Alberta	MECHA				
	ges 1 and 2 should be filed it of Health and Mental Hygi if Item 27 le marked other or other traumatic event, I	Be	EDWARD	GREENE				ame <i>(First, Middl</i> e, <i>N</i> YCE		ICKL	AND	
		T <sub>o</sub>	19a. Informant's Name/Relationship (		19b. Mei	iling Address (Str		Rural Routa Number,				
	and 2 salth ar n 27 le		JOYCE CHAVIS	(MOTHER)				BALTIO.				
re,	permit. Pages 1 and Department of Health Important: if item 27 any Injury or other tr pages.		20a. Method of Disposition		Ob. Place of Disp	position (Name of	nlace)	Dete 2	Oc. Location - C	ity or Towr	n, Stata	
altimore			Warial 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Othar (Specif	Removal from State	ARBUTUS MEM			9/9/96	BALTIMORE,		MD.	
alt		Be Completed by Physician/Medical Examiner	21. Signeture of Funaral Service Licar	1500	22. Name and Addrass of Facility			PHILLIPS FUNERAL HOME				
œ			Deretha D	ectr CFSP	#281	1721-27	N. MONI			IO., MD. 21217		
x 68760,	The law requires that the death certificate be executed as the has been signed by the ettending physician and page 2 should be deteched for use as the burial-transit		Immediate Cause (Finel disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediata cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lest  Due to (or es e consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):									
Box			Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  23b. Did tobacco use contribute to the cause of death									
P.O.			Part II. Other significant conditions of	23b. Did tobacco use contribute to the cause of death?  1 ☐ Yes 2 ☑ No 3 ☐ Probably 4 ☐ Unknown								
				24e. Was an autopsy performed?  24b. Were autopsy findings available prior to completion of cause of death?								
Records,												
								1 □ Ye	s 2 No	1 🗆 1	res 2□ No	
lita	s certificate director, pag		25. Wes case referred to medical examiner?		Death (Check only one)							
to	To the Property of Attending Physics Within 24 hours after death To the Funeral Director: After this or completely filled in by the funeral directors.	<b>T</b>	1 Yes 2 No		BIT 3LI DOM		1	Residence 6 □Other (Specify)				
rision of Vital		Certification:	27. Manner of Deeth  1 Natural 5 Pending 2 Accident investigation 3 Suicide 6 Could not be					28d. Describe how injury occurred				
P D			4 Homicide determined	269. Place of injury -	26e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)			26f. Location (Street and Number or Rural Route Number, City or Town, State)				
a		Medicai	29a. Cartifier (Check only one)	ce, end due to the ce curred at the time, de	ceuse(s) end menner as steted. dete end plece, end due to the cause(s)							
			29b. Signature end title of certifier	Slav	29c, License number 246267			29d. Date signed (Month, Day, Year) 9/6/96				
			2 Boate	cian								
	1)		30. Neme and eddress of person who									
	U	<u> </u>	31. Deta filed (Month, Day, Year)	32. Registrar's S		ssup n	is.					
	Sta	τe		1 0. K .	ST COO							

DHMH 16 Rev 6/95



#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Daath 3. Tima of Death **Physician** Month Hester Belle Smith Sept. 1996 3:00 pm. /Medical 4a. Facility Nama (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Daath **Examiner** Cherrywood Manor Extended Care Center Reisterstown Baltimore If Undar 24 Hrs. 8. Data of Birth
Hours Min. (Month, Day, Year) 7. Aga (In yrs. last birthday) tf Undar 1 Yaar 5. Social Sacurity Number **Funeral**  Birthplace (Stata or Foreign Country) 1 M 2 F 409-94-3208 88 Director Oct. 6, 1907 Tennessee Usual Rasidanca of Dacadant 10a. Stata 10b. County 10c. City, Town or Location show 10d. Insida City Limits 1 Yas 2 No Director Reisterstown 28a-f Maryland Baltimore 10e Street and Number 10f. Zip Coda 10g. Citizan of What Country? ò 124 High Falcon Road Herrs 23s 21136 U.S.A. Funeral 12. Was Decedant Evar in U,S. Armed Forcee? 1 ☐ Yas 2 ☐ No If Yas, Giva Yaar or Datas: 11 Marital Status Was Decadent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - American Indian, Black, White, atc. Pages 1 and 2 should be filed within 72 hours after nent of Health and Mental Hygene. 1 Navar Marriad 2 Married Baltimore, Maryland 21215-0020 'natural', or 1 □ Yas 2 No Specify: Specify: White py 3 Widowed 4 □ Divorcad Completed 15. Decedant's Education (Specify only highast grada complated) 16a. Dacadant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Businass/Industry Elamantary/Secondary (0-12) Collega (1-4or 5+) Housewife Homemaker 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Surnama) Be 7 is marked or traumatic eve Thomas Jessie Bigham Margaret Ann Durham 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Code) Department of Health ar Important: If Item 27 is any injury or other trass Gail Rada 124 High Falcon Rd., Reisterstown, Md. 21136 20b. Placa of Disposition (Nama of comatary, crematory or other placa) 20a. Method of Disposition

1 □ Burial 2 □ Cramation 3 □ Ramoval from Stata Data 20c. Location - City or Town, Stata 9-12-96 4 ☐ Donation 5 ☐ Othar (Spacify) Evergreen Mem. Gardens Finksburg, Md. 21. Signature of Funaral Sarvice Licenses 22. Nama and Addrass of Facility
Eckhardt Funeral Chapel 11605 Reisterstown Rd. Owings Mills, Md. 21117 23a Part. Enter the disaasa, or complications that causad the death. Do not antar the mode of dying, such as cardiac or respiratory arrast, shock, or bean failure. List only one cause on each line. Physician Asierse - Thromboytes Immediate Cause (Final disease or condition resulting in death) Examiner Physician/Medical Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Dua to (or as a consequence of) Division of Vital Records, P.O. Box 68760, physician The law requires that the death certificate bethe the Dua to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown De ment þ Completed 24b. Wara autopsy findings available prior fo completion of cause of death? 24a. Was an autopsy performed? certificate has 1 Yas 2 No 1 Yas 2 No Be 25. Was case referred to medical examiner? 26. Placa of Death (Chack only ona) 2 1 Yes 2 No Othar: 4 ☐ Nursing Homa 5 ☐ Rasidance 6 ☐ Othar (Specify) 1 ☐ Inpatiant 2 ☐ ER/Outpatlant 3 ☐ DOA ž 27. Menner of Death 28a. Data of Injury (Month, Day Year) Certification: 28b. Tima of 28d. Dascribe how injury occurred 28c. Injury at Work? Atter or Attending 1 DNatural 5 Pending investigation death. 1 Yas 2 No 2 Accident after death Director: 6 Could not be 3 Suicide 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homicide offilin 24 hours of the Funeral I 1 critifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Cartifiar Medical (Check only one) To the 29b. Signature and title of certifier 29c. Licansa number 29d. Data signed (Month, Day, Year) 30. Name and drass of person who complated causa of death (Itam 23a) (Type, Print)

Registrar DHMH 16 Rev 6/95

State

Danyour Calle Danger

THE STATE OF THE S pare to return to the seem on the state of the 

#### Please Type or Print in Black Indelible ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96

						Cei	rtificate of	Death		Reg. No.			
	Dhuoin	ion	IBREWA DOWNETTE TILIGHMAN						2. Dete of De Month	eath Dev	Yeer	3. Time of Death	
	Physic /Medi								SEPTEM	Month Dey Yeer SEPTEMBER 9 96 8:5			
	Exami		4e. Fecility Neme (If not institution, give street end number)					4b. City, Town, or		ation of Deeth 4c. County of De			
	1.50		STELLA MARIS H				BALTIM		N/A				
	Funeral		5. Sociel Security Number 6. S	ex □M 2√3-F		i. last birthdey) Yrs.	If Under 1 Yea Months Dey		(Month, D.	th ay, Year) 9. Bir Co		plece (Stete or Foreign	
	Director		212-86-2017 <sup>1</sup> Usuei Residence of Decadent	X.	28	118.			7 8	7 8 1968 MARYLAND			
	pue *		10a. Stete 10b. County		10c. C	ity, Town or Lo	ocation				1	0d. Inside City Limits	
21215-0020	4 ah	Funeral Director									1 ☐ Yes 2 ☐ No		
	128		MARYLAND N/A BALTIMORE  10e. Street end Number 10f. Zip Code						1	10g. Citizen of What Country?			
	Neith of the		1306 W. LAFAYETTE AVE. 21217							US			
	s 1 and 2 should be filed within 72 hours after death with the Meryland f Heelth and Mental Hygiene. Item 27 is marked other than "natural", or items 23s or 28a-4 show other traumatic event, the Medical Examinar must be notined as	Jera	11. Maritei Stetus  12. Wes Decedent Ever in U.S. Armed Forces?  13. Wes Decedent of Hispanic Origin? (Sp. If Yes, specify Cuben, Mexican, Puerto						Specify Yes or N		e - Americ	can indien,	
	if a		12Ñ Never Merried 2 ☐ Married 1 ☐ Yes 27 NRo					to Rican, etc.)	Bleck, White, etc.				
	72 hours after natural, or ite	b	3 ☐ Widowed 4 ☐ Divorced Year or Detes:					o Specify:		Specify	BL	ACK	
	72 ho	Completed	15. Decedent's Education 16a. Decedent's Usual Occupation (Specify only highest grade completed) (Give kind of work done during most of work						drino	16b. Kind of Bu	ısiness/în	dustry	
	within ene.	de	Elementary/Secondery (0-12) College (1-4or 5+)					rking					
	should be filed with nd Mental Hygiene, marked other than umatic event, me	S					SEKEEPI	ER		DOMESTIC			
Pu	tal H d oth	Be	17. Fether's Neme (First, Middle, Last)					18. Mother's Neme (First, Middle					
X	Men Men mrke	2	EUGENE E. TI	LGHMA	.V			DOROT	HY JACKSON				
, Maryland	2 sho		19e. Informent's Neme/Reletionable (7					et and Number or R					
	of Heelth Item 27		THERESA HOLME	S (CO		133	1 HALS	read ROA		IMORE,	MD.	21234	
Ö	Peges 1 nent of It nt: If Ite		20a. Method of Disposition ↓□Byriel 2 □ Cremetion 3 □	Removel from		cemetery, crei	osition (Name of metory or other p	lece)	Dete	20c. Location -			
Ë	Peg ment tant: If		Donetion 5 ☐ Other (Specify		K	ING M	EM. PAI	RK	9/12/9	6 BALT	IMOR	E, MD.	
Baltimore,	permit. Peges Department or Important: If I any Injury or once.		21. Signature of Funerei Service Licen	500		22	2. Neme end Add	ress of Fecility	PHILLI	PS FUNE	ERAL	HOME	
_	002 s 0		Deretha Dector CFSP #281 1721-27 N. MONROE ST. BALTIO., MD. 21217										
н			23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory errest, shock, or heart feiture. List only one cause on each line.  Approximate intervel Between										
	Physician										i	Onset end Deeth	
1	/Medical Examiner		Immediate Ceuse (Finel disease or condition ACQUIRED IMMUNE DEFICIENCY SYNDROME								i	8 YEARS	
п		<u></u>	reaulting in deeth)  Due to (or as e consequence of):										
	bed sit	Examiner		b							- 1		
	and and	хаг	Sequentieily list conditions, if any, leeding to immediate		Due to	(or es a consec	quence of):						
60	be a sician burie		Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initieted events								i		
68760,	certificate be executed inding physician and use es the burial-transit	edical	resulting in death) Lest  Due to (or es e consequence of):										
XO		M	d										
P.O. Bo	death d for	by Physicia	Part II Other significant conditions or	23b. Did tobacco use contribute to the cause of death?									
	requires that the death een signed by the atter hould be deteched for i		Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I.  CNS LYMPHOMA							1 Yee 2⊠No 3 Probably 4 Unknown			
	s tha												
-	v require been sig should t									s an autopsy ormed?	24b. W	ere autopsy findinga allable prior to	
	s b	plet							poi	01111001	of	mpletion of cause deeth?	
		Completed							10	Yes MINO	1[	☐Yes 2☐No	
		Bec	25. Wes case referred to medical										
		To	examiner?	Hospitel: 1	Inpatient 2	☐ ER/Outpetier	nt 3 DOA	MAN		ome 5 Residenca 6 Other (Specify) HOSPICE			
	ding Ph h. After th funeral		27. Menner of Death  1/⊠Neturei 5 □ Pending	28a. Dete	of Injury th, Day Year)	28b. Time o	f 28c. In	ury et	28d. Describe	how Injury occur	red		
	Attending ir death.  Actor: After by the fune	atlo	2 ☐ Accident investigation		M 1 Yes 2 No								
	For Attendil efter death. Director: A I in by the fu	Certification:	3 ☐ Suicide 4 ☐ Homicide 8 ☐ Could not be determined 28e. Piece of Injury - At home, ferm, street, fectory, offica building, etc. (Specify)						28f. Location City or To	28f. Location (Street end Number or Rural Route Number, City or Town, State)			
	nours eft												
	To the Registra of Attending Ph within 24 hours eiter death. To the Funeral Director: After thi completely filled in by the funeral	edical	29e. Certifier (Check only (Ch										
	within 2 To the I	Med	une)	end men	ner steted.								
	<b>5</b> ≥ <b>5</b> 8		29b. Signeture end title of certifier  29c. License number  29c. License number						7	September 10, 1996			
			040980										
	V		30. Neme and eddress of person who completed cause of deeth (Item 23a) (Type, Print)  FERNANDO J. FORMO, MO  BARTO, NO 21206										
		10	31. Dete filed (Month, Dey, Year)				13	24270	NO 2	12010			
	Sta Registi		SEP 11 1996	July 2	vidson-A	andelle							
	•			U '	,								

. 

### Please Type or Print In Black indelible ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

						Ce	rtificat	e of	Death		Re	g. No.		
			1. Decedent's Name (First, Middle, I	.ast)							Dete of Deeth		W. I.	3. Time of Death
	Physic			MAE	BEL M.	VOGT					Month	6, 19	996	1:50 PM
4	/Medi Examii		4e. Facility Neme (If not institution, g	ive street and n	umber)				4b. City, Tov	wn, or Locati	-	4c. County		1.50 111
			Manor Care T	owson					T	owson		Ba	altim	ore
1	Funeral		Sociel Security Number 6.	Sex	7. Aga (In yrs	. last birthdey)	If Under		r If Under 2		Deta of Birth Month, Dey,	1		placa (Stata or Foreign
	Director		215-01-5580	1□M 2□F	87	Yrs.	Months	Days	Hours	Min.	Month, Dey, q. 14,	1909		vland
	10		Usuel Residence of Decedent							1.0	3. 2.,	1000	11011	/ Lana
	ylan		10a. Stata 10b. County		10c. C	ity, Town or Lo	ocation						1	0d. Inside City Limits
	N N	ţō	MD N/	'A		Baltim	ore							1 Yes 2 □ No
	1 the	Director	10e. Street and Number				10f. Zip	Code			10	g. Citizen of	What Cour	itry?
	Nit Nit		3303 Grenton A	ve.					21214			USA	A	
	Seath 2	Funeral	11. Marital Status	12. Wes De	cedant Evar in t	J.S. 13.	Wes Deced	dent of	Hispanic Orlo	aln? (Specify	Yas or No-	14. Rac	e - Americ	san Indian.
_	fler of the	Fur	1 ☐ Never Merried 2 ☐ Merried	Armed F	Forcas?		If Yes, spec	cify Cul	Hispanic Orig ben, Maxican	, Puerto Rica	in, etc.)		ck, Whita,	
21215-0020	n 72 hours efter death with the Maryland "naturel", or frems 23a or 28a-f show ad call Examiner must be invidined at	þ	3 ☐ Widowed 4 ☐ Divorced	If Yes, G Year or	live		1□ Yas	2 <b>X</b> No	Specify:			Specif	v: Wh	ite
0	2 hor	8	15. Decedent's	Education		16e. Dece	dent's Usua	al Occu	pation		1	6b. Kind of B	usiness/inc	dustry
215	5	Completed	(Specify only highest g			(Give	kind of wor DO NOT us	rk done se retin	e during most ed)	of working				
212	3 6 5 5	E	Elamentery/Secondery (0-12)	College	(1-4or 5+) 2	Boo	okkee	oer				onstru	ctio	n Supplier
D	be filed htal Hygid d other event, th	BeC	17. Father's Neme (First, Middle, La:	st)					18. Mothe	r'a Neme (Fi	rst, Middle, M			Copparer
a	9 5 5 9	To B	George Mathias	Mehrin	q				В	ertha	(unkno	wn)		
Maryland	d 2 should b th and Ments 7 is marked traumetic e	-	19e. Informent's Neme/Reletionship	(Type, Print)		19b. Mellin	no Address	(Stree	and Numbe	er or Rural Ro	oute Number.	City or Town	State. Zio	(Code)
ž	2007		Elaine M. Wagn						h st.,					
e,	一工五节		20a. Mathod of Disposition		20b.	Plece of Dispo	sition (Nen	na of				0c. Location		own. State
Baltimore,	Pages nent of I ant: If its any or o		1 Burial 2 □ Cremetion 3	☐Ramoval tron	n Stete	cemetery, crei	•			0 /7/				
量	rtan		4 Donetion 5 Other (Special Signature of Funeral Service Lio		Oa	ak Lawn			4		0/96 1	Baltim	ore,	MD
Ba	permit. Pages Department of important: If it any injury or once.		21. Signature di Funeral Service Co	71.	0	AI	TENBU	JRG	FUNER	AL HOM	E, P.A			
	20.200		for Sunge	alto	and the same of th	60	009 На	arfo	ord Rd	., Bal	timore	, MD	21214	1
			23a Part Enter the disease or co	mplications that	cauted the dee	th. Do not ent	er the mod	e of dy	ing, such as	cardiac or re	spiratory arre	st,		Approximate Interval Between
	Physician					. 1./	)							Onset and Deeth
	/Medical Examiner		Immediate Cause (Finel disease or condition		( )	VF	1							SYPNI
	LAMINITE		resuiting in deeth)		Due to (	or es e consec	quence of):						10	10/01
	D #	je l	_	. 1.	0	HF	_							>CVPMI
	ertificata be executed ling physician and te es the burial-transit	Examiner	Sequentially list conditions,	0.	Due to (	or es e consec	quence ot):	1					/	3700)
68760,	e e e e e e e e e e e e e e e e e e e		Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury		Δ	SC.	//	11					1	76UPH.
376	ata b nysic	edical	that initiated events resulting in death) Last	C	Dee to	or es a conseq	uence of):							1 3900
99	5 00	Med	resulting in death) cast											
Box	0 2 2	2		d										
	death e atter ed for u	Physician	Part II. Other significant conditions	contributing to	death but not re	suiting In the u	nderlylna c	ausa n	iven in Pert I		23b. Did tot	acco use co	ntribute to	the cause of death?
0	t the d	ty	•		4			g			-			bably 4/XUnknown
<u>ب</u>		by P										20110	30.10	and the second
Records,	requires seen sign hould be										24a. Wes an	autopsy	24b. W	ere autopsy tindings
Ö	_ 40 (0)	ete									perform	ed?	CO	allable prior to mpletion of cause
Re	has b	Completed												death?
	F age							_			1 🗆 Yes	3/23 No	10	Yes 20 No
Vital	Physicien: this certific ral director,	Be	25. Was case reterred to medical examiner?	Hospitel:				0	than of		heck only one			
ō	5 000	2	1 Yes 20 No	1 1 1		ER/Outpatier	-	A	4 L/4 NUI		5 Resider			v)
		Ö	27. Menner of Deeth 1 ☑Netural 5 ☐ Pending		nth, Dey Year)	28b. Time of		8c. Inju			Describe how	v Injury occur	Ted	
S	Attending r death. ector: After by the fune	cat	2 Accident investigeti 3 Sulcide 6 Could not			_	_ M	1[	Yes 2 1	No -				
Division	or Attendations of the original of the original of the original or	Certification:	4 Homicide determine	d 200. FIEL	a of Injury - At h ding, etc. (Speci	nome, ferm, str	eet, factory	, office		28f.	Location (Str. City or Town,	eet and Numb State)	ber or Rura	i Route Number,
	ital c	- 1												
	To the Hospital or Attent within 24 hours after death To the Funeral Director: completely filled in by the	edical	29e. Cartifier Certifying P	hysician: To the	e best of my kno	owledge, deeth	occurred a	at tha t	ima, dete end	d plece, end	due to the car	usa(s) and ma	anner as si	teted.
	the state of the s	8	A ^	and/m	prittyctamo					555411 <del>5</del> 0 d	. and time, de	unu preud,	210 000 10	04400(3)
	- × 0-0	Σ	29b. Signature and the of certifias	//	()[/		90	. Lican	sa number	,	29	d. Data signe	d (Month,	Day, Year)
			IMM C	N XC	SA		10	4	2+2	56		9-9	- 10	196
	A		30. Neme and eddress of person who	completed cau	ise of deeth (Ite	m 23e) (Type,	P/(nt)		7/		0.	1		
	7)		V I A	MMY	VA	KKI	41)		1600	08	cor	DIYJU	le	
	Sta	te	31. Dete tiled (Month, Day Year)	32>	Registrar's Sign	aturo								
	Registr	ar	SFP 11 199	9016	Carridona	Aberlass	0							

# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

96 27074

						Ce	rtificat	e of	Death			Reg. No.		
			1. Decedent's Neme (First, Middle, Le	st)							2. Dete of D	eeth		3. Time of Death
	Physic		Berdella G. Ye	ake1							Sept	Dey	199	6 1:50pm
	/Medi Examir		4e. Fecility Neme (If not institution, giv	e street end numb	er)				4b. City, To	wn, or Lo	cation of Dee		nty of Deeth	
	EXCITIN	101	Summit Nursing	d Home					Cato	nsv	ille	Ba1	timo	re
	Funeral		5. Sociel Security Number 6. S		Age (In yrs. last	t birthday) Yrs.	If Unde Months	1 Yeer Deys				over 190	9. Birth	plece (Stete or Foreign ntry)
	Director		Usual Residence of Decedent		0 /	110.					vair.	0,190	7 Ma	ryland
	Maryland a-f show	tor	10e. State Maryland Balt:	imore	10c. City, T Ar	own or Lo	ocation 1S							10d. Inside City Limits 1 ☐ Yes 2 ☑ No
	r 284	rec	10e. Street end Number				10f. Zip	Code				10g. Citizen o	of Whet Cou	intry?
	ath with	Funeral Director	1226 North Ave	enue				122				Unite	d St	ates
020	filed within 72 hours after death with the Maryland Hygiene. ther than "natural", or items 23s or 28s-f show ent, the Medical Examinal must be notified at	by	11. Meritel Status  1 □ Never Merried 2 □ Married  3 ☑ Widowed 4 □ Divorced	12. Wes Decede Armed Force 1 Tes 2 If Yes, Give Yeer or Dete	No No		Wes Dece If Yes, spe			gin? (Spe , Puerto	ecity Yes or N Ricen, etc.)		ece - Amer leck, White cify: wh	, etc.
0-10	2 ho	ted	15. Decedent's Ed	ducetion	1	6a. Dece	dent's Usu	el Occu	petion			16b. Kind of	Business/Ir	ndustry
21215-0020	within 7 ene. than "n	Completed	(Specify only highest green Elamentary/Secondary (0-12)	College (1-4	or 5+)		DO NOT U		during most	t of worki	ng	garme	nt	
Maryland 2	a is b	To Be Co	17. Fether's Neme (First, Middle, Last)  Jacob Bayner								(First, Middle	ytel	eme)	
	nd 2 shallth and 27 is m		19e. Informant's Neme/Relationship ( John Watts, ne			19b. Mellin 2035	ng Addras	s (Stree	and Number	er or Rura	al Route Numb	oer, City or Tow Ville,	m, Stete, Zi Mar	yland2122
Baltimore,	S = 5		20a. Mathod of Disposition 1 ☑ Burial 2 ☐ Cremetion 3 ☐	Removel from Sta	cem	etery, crai	osition (Nematory or o	ther ple	ice)		Dete	20c. Locatio		
틒			4 □ Donetion 5 □ Other (Specification )		Loud	on I	Park	Ce	meter	У	/13/96	Balti	more	, Marylan
Bal	permit. Pag Department Important: Il any injury o pose.		21. Signature of Funeral Service Lices		J.S.	7	Ambro	ose	ess of Fecilit Fune 1phur	ral	Home	, Inc.	A	rbutus 21227
	Physician		Part1. Enter the disease, or com shock, or heert failure. List only	plicetions that ceus one ceuse on each	sed the deeth. I	Do not ent	ter the mod	le of dy	ng, such es	cardiec o	or respiretory	arrest,		Approximete Intervel Between Onset and Deeth
A	/Medical		Immediate Cause (Final		Ro.	hu or	leati	m					į	I week
	Examiner		diseese or condition resulting in deeth)	8	Due to (or es	1		271					1	1 (1) 2010
	Gelie.	36			D08 t0 (0) 85	s a consec	quarice oi).						1	
0	cate be executed physician and the buris-transit	Examine	Sequentielly list conditions, if any, leading to immediate ceuse. Enter Underlying	b. ————	Due to (or as	e consec	quence of):							
68760,	ate be hysici the bu	edical	Cause (Diseese or Injury thet initieted avants resulting In daath) Lest	C	Due to (or as	e conseq	uence of):						1	
Box 6	that the death certific ed by the attending p detached for use as	2	L	d									1	
m	d for	Physician/	Port # Other elemificant conditions	antributing to doot	hut not reculting	e le the u	n da da da e a		use le Dont l		02h Die	tohonno uno		to the course of death 0
O	the character arche	hys	Pert if. Other significant conditions of			ig in the u	nderrying c	eusa gi	ven in Pert I.					to the cause of death?
<u>α</u>	as that igned b	by PI	Hidsels 1	rellita	-4						1	Yes 2□ No	3 □ Pro	bably 4 2 Unknown
Records,	requir been s should	Completed t	Denut	~								s an autopsy ormed?	6	Vere eutopsy findings veilable prior to ompletion of cause if death?
æ	0 - 0	E C										Van aktinia		
20			25. Wes case referred to medicel						44.51	15 1		Yes 2 MiNo	1 '	Yes 20 No
5	sicia cent inect	o Be	examiner?	Hospitel:			-5-	Ot	hor:		(Check only		24 33	
ō	Physician: this certific ral director,	-	27. Menner of Deeth	1 ☐ Inpe		Outpetier b. Time of		JA	413070			how injury occ		(fy)
Division of Vital	Attending of death.	Certification:	1 Natural 5 Pending Invastigation	(Month, i	Dey Year)	Injury	м	28c. Inju Wo 1 □	rk? ]Yes 2 □ I		Lou. Describe	now injury occ	01160	
DIV	afor Att	Sertifi	3 Suicide 6 Could not be 4 Homicida determined	256. Piece of	Injury - At home etc. (Specify)	, farm, str	eet, fector	y, office		1	28f. Location City or To	(Street end Nur wn, Stete)	mber or Rui	rel Route Number,
	To the Hospital or Atten within 24 hours after deal To the Funeral Director: completely filled in by the	edical	29a. Certifier (Check only one)  1 Certifying Ph. 2 Medical Example 1	ysician: To the be- liner: On the basis and menner	of exemination	dge, deeth end/or Inv	occurred vestigation	at tha ti	me, dete en opinion, daai	d plece, e	end dua to that ad at the time,	cause(s) end data end plec	menner es : e, and due !	steted. to the ceuse(s)
	To the Within To the	W	296. Signature and afte of certifier	Longl	2		296	D-	e number	-21		29d. Dete sign	ned (Month	Dey, Year)
4	S)		30. Name and eddress of person who of DR OCHANE	complete Lause of	f deeth (Item 23	le) (Type, Kuns	Print	nu	c Suj	te 3	02 (	soltimo	re, m	996
	Sta Registr		31. Dete filed (Month, Day, Year) SEP 11 1096	32. Regi	strer's Signeture	2.00	1							

DHMH 16 Rev 6/95

Hile

# Please Type or Print in Black Indelible Ink. Assure Aii Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Cortificate of Deeth

96 2

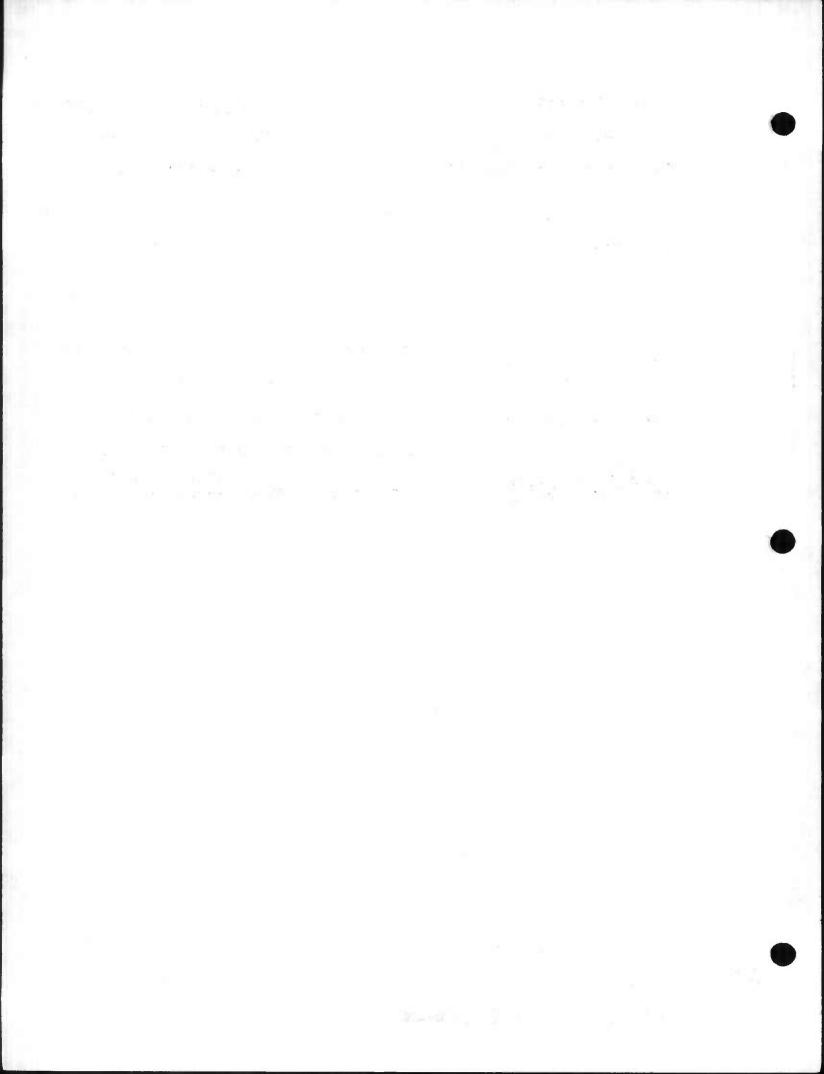
27075

						Ce	rtificate	of i	Death		Reg. No.	20	1010
Physic	lan	1. Decedent's Neme (First, M								2. Dete of De		Yeer	3. Time the
Pnysid /Med		Clarence								Augu	57 26	1996	09:24
Exam	ner	4e. Fecility Neme (If not Institu Union Hosp	ita	1					46. City, Town, or L E1kt	on	C	of Death Cecil	
Funera Directo		5. Sociel Security Number 217-26-8904		x Xm 2□ F	7. Age (In yrs. 67	last birthdey Yrs.	Months C	Yeer Deys	If Under 24 Hrs. Hours Min.	8. Dete of Bi (Month, De Mar. 8,	1929	9. Birthple Country R •	ace (Stete or Foreign Y) I
D		Usuel Residence of Decedent  10a. Stete 10b. Cou			10c. City	v. Town or L	ocation					10	d. Inside City Limits
Maryl f etho	ō	Md.	Cec	i1		E1k	ton					1.0	1 ☐ Yes 2 No
ter death with the Maryland Herns 23a or 28a-f show ther must be notified at	Direct	10e. Street end Number 2205 Blue	Bal	1 Roa	d		10f. Zip Co	ode	21921		10g. Citizen of U.	Whet Countr	y?
	by Funeral Director	11. Meritel Stetus  1 Never Merried 2 N  3 Widowed 4 Divor	-	Armed F	cedent Ever in U, forcas? 2 No live K O real	s. 13.	Wes Deceden		ispenic Origin? (Sp an, Mexican, Puerto Specify:	pecify Yes or No Prican, etc.)	14. Rad Bie Specif	ca - America ck, White, e	
d 2 should be itsed within 72 hours at and 2 should be itsed within 72 hours at 7 is marked other than "natural", or traumatic event, the Medical Exam	Completed	15. Dece (Specify only his			)	16a. Dece	dent's Usuel C	Occup	ation during most of work 1)	ina	16b. Kind of B	lusiness/Indu	etry
New Series	mpi	Elementary/Secondsry (0-1			(1-4or 5+)	1			1)		Toh	Coro	Center
Hygie ther t		12 17. Fether's Neme (First, Midd	le ( ast)			PI	umber		18. Mother's Nem	o /Firet Middle			center
d be letter	To Be	Louis Arche								el Bro			
M pu mark mark	F	19e. informent's Neme/Raleti	onship (T	ype, <i>Pri</i> nt)		19b. Meli	ing Address (S	Street	end Number or Rui	ral Route Numb	er. City or Town	State. Zip (	Code)
and 2 saith a 1 27 is er trai		Clarence Jir	n Ar	ches,	Son				Rd., E1				
Pages 1 a ment of He ant: If Rem ury or othe		20e. Method of Disposition  10 Buriel 2 Cremetic  4 Donetion 5 Other	in 3 □ F	Removei from	Stete Gil	Plece of Disp emetery, cre PIN	osition (Neme metory or othe 1anor	of Me	m. Pk.	Dete 8/29/9	20c. Location 6 E1k	- City or Tow	
Department of Her Institute of Her Insti		21. Signetury Fugerel Serv	Licens	He			2. Name end A See Fu		ss of Fecility ral Hom		E. Mai		
		23a. Pert1. Enter the disease shock, or heert failure. I	or compi	ications thet	caused the deeth	h. Do not an	tar tha mode o	of dyln	g, such as cardlec	or respiretory a	rrest,		Approximate Interval Between
Physician		Immediata Cause (Finei			12 11	-							Onset and Deeth
Examiner	Н	diseese or condition resulting in deeth)		e		I						-	Innedia
	ē				Dua to (o	r as a conse		110	(litu)				54V;
cuted	Examiner	Sequentielly list conditions.		b	Due to (o	r es e conse		14	11170			-	3 / 1 /
e exe		Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Couse (Disease or injury	J		(3)	CA	1)					1	2411
death certificate be executed e attending physician and of for use as the burial-transit	Medicai	that initieted events resulting in deeth) Lest	)	c	Due to (or	r es e conse	quenca of):						
that the death certifi od by the attending detached for use as	lan			d									
	Physician	Pert II. Other significant cond	itione cor	ntributing to d	death but not resu	ulting in the	indarlying caus	sa giv	en in Pert I.	23b. Dld	tobacco use co	entribute to	the cause of death?
	by Ph	1 1/0	1 ho	cy los	111					10	Yee 2□ No	3 Probe	ably 450 Unknow
requir been s should	Completed b									24e. Wes	an autopsy ormed?	com	re autopsy findings lable prior to spletion of cause eath?
0 - 0	mo;									10	Yes 2 No	10	Yes 2□ No
	BeC	25. Wes case referred to med	cai						26. Place of Deat	h (Check only	one)		
Q 50 %	To	exeminer?	F	Hospitel: 1 🗆	Inpatient 217	ER/Outpatie	nt 3 DOA	Oth	er: 4 Nursing Ho	ome 5 Resi	dence 8 □Oth	ner (Specify)	
After Aune		Z C / tooloom	stigation	28a. Dete (Moi	of Injury nth, Day Year)	28b. Time of Injury	of 28c.	Injur Wor	y et k? Yes 2 □ No	28d. Describe	how injury occur	rred	
lai or Attenors after deat al Director: ed in by the	Certification:	3 ☐ Suicide 6 ☐ Cot 4 ☐ Homicide det	ld not be omined		e of Injury - At ho ling, etc. (Specify		reet, fectory, o	ffica			Street and Numi wn, State)	ber or Aural	Route Number,
To the Hospital or A within 24 hours after To the Funeral Dire completely filled in b	edicai	29a. Certifier (Check only one) Certifier 217 Medic	ying Phys al Exami	ner: On the t	a best of my know basis of axaminat nner steted.	wledge, deet llon end/or in	h occurred at to vestigetion, in	he tin	ne, dete end piece, pinion, deeth occur	end due to tha red et the time,	causa(s) and modete end place,	anner as ste and due to t	ted. the cause(s)
To the To the com	Σ	29b. Signature end title of cert	fier				29c. L	icens	e number		29d. Dete signe	ed (Month, D	ay, Year)
,		1.4	0	all L	5		D	3	3510		81	17/9	16
+1VA		30. Nama and address of pers	on who co	ompieted cau	ise of daeth (itam	23a) (Type	Print)		1	11	1,	1	Λο
2019/1		) inothy	0	1)000	P//	VUI	9 3	レ	12mls	Mat 4	64.	160 W	IX
St	ate	31. Deta filed (Month, Day, Ye	ar)	32. 1	Registrer's Signe	ture			Į.				

DHMH 16 Rev 6/95

Registrar

AUG 2 8 1996



# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Mar

yland / Department of Health and Mental Hygiene	96	2	7	0	7	6
Certificate of Death	-	1.00				0

1. Decedent's Name (First, Middla, Last) 2. Dete of Death Physician Month Dorothy Thies Asher August 16, 1996 /Medical 4b. City, Town, or Location of Death 4a. Facility Nama (If not institution, give street and number) 4c. County of Death Examiner Magnolia Hall Nursing Home Chestertown Kent Hours Min. January 23, If Under 1 Yeer 5. Social Security Number 9. Birthpiace (Stata or Foreign 1909 Pennsylvania 7. Aga (In yrs. last birthday) **Funeral** Days 1 M 2 K F 166-03-8233 87 Yrs. Director Usuai Residence of Decedant the Maryland 10a, Stata 10b. County 10c. City, Town or Location Iem 27 is marked other than "naturel", or Items 23a or 28a-f show other traumatic event, the Medical Examinar must be notified at Director Maryland Kent Kennedvville 10e. Street and Number 10f. Zip Code 10g, Citizen of What Country? 14170 N. 1st Avenue 21645 U.S.A. permit. Pages 1 and 2 should be filed within 72 hours after death 1. Department of Health and Mental Hygiene. Important, if them 27 is marked other than "naturel", or hermany or other traumake. Funeral 12. Wes Decedent Evar in U,S. Armed Forces? Wes Decedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuben, Mexican, Puarto Rican, atc.) Rece - American indian, Bieck, Whita, etc. 1 ☐ Yas 2 No If Yas, Giva Year or Detes: 1 Nevar Married 2 Merried Baltimore, Maryland 21215-0020 1 ☐ Yas 2 No Specify: Specify: þ 3∕OWidowed 4 □ Divorced Completed 16a. Decedant's Usuai Occupation (Give kind of work done during most of working lifa. DO NOT use retired) 15. Dacedant's Education (Specify only highest grada complated) 16b. Kind of Businass/Industry Eiamantary/Secondary (0-12) Coilaga (1-4or 5+) Executive Secretary Insurance 12 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Name (First, Middle, Maldan Surname) Be Rudolf Thies Elizabeth Johnston 0 19a. Informant's Name/Relationship (Type, Print) 19b. Malling Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Carolyn Jane Sabatini/Daughter P. O. Box 101, Upper Black Eddy, Pennsylvania 18972 20b. Place of Disposition (Nama of cametary, crematory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 St Burial 2 □ Cramation 3 □ Ramovei from Stata 4 □ Donation 5 □ Othar (Specify) Shrewbury Cemetery/August 20, 1996 Kennedyville, Maryland 21. Signature of Funeral Service Licenser 22 Name and Address of Facility
Fellows, Helienbein & Newnam Funeral Home, P.A. 130 Speer Road, Chestertown, Maryland ex 23a. Part 1. Enter the disease, or complication that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. **Physician** /Medical immediata Causa (Final disease or condition resulting in deeth) Examiner

Physiclan/Medical by Completed Be Certification; To within 24 hours and control to the Funeral Director

physician and the burial-transit

980

Division of Vital Records, P.O. Box 68760,

the Hospital or Attending Physician:

hours after death.

Dua to (or as a consequence of) Dua to (or es a consequenca of):

Part II. Other significant conditions contributing to death but not rasulting in the underlying ceuse given in Part I.

23b. Did tobacco use contribute to the cause of death? 1 | Yes 2 | No 3 | Probably 4 | Unknown

24a. Was an autopsy performed? 2 No

24b. Wera autopsy findings available prior to completion of cause of death? 1 as 2 No

3. Tima of Death

10d. Inside City Limits

White

1X Yas 2 No

1915 hours

25. Was cesa rafarred in medicel axaminar?

1 Yes 2 No 27. Manner of Death 1 Netural

2 Accidant

3 Suicida

29a. Cartifiar

4 Homicide

Sequantially list conditions, if any, leading to immediata cause. Enter Underlying Cause (Disease or injury thal initiated avents rasulting in death) Last

5 Panding invastigetion 6 Could not be datarmined

28a. Dete of Injury (Month, Dey Year) 28a. Place of Injury - At homa, ferm, street, factory, office building, etc. (Specify)

20

1 Inpatiant 2 ER/Outpatient 3 DOA 28b. Tima of 28c. Injury at Work? 1 Yas 2 No

Othar: 4 Nursing Homa 5 Rasidance 8 Othar (Specify) 28d. Describe how injury occurred

26. Pleca of Death (Check only ona)

28f. Location (Street and Number or Rural Route Number, City or Town, Stata)

29b, Signature and title of certifier

1 Certifying Physician: To tha best of my knowledga, daath occurred at tha tima, data and piace, and dua to tha causa(s) and mannar as stated.
2 Medical Examiner: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) end manner stated. 29c. Licensa number

29d. Date signed (Month, Day, Year)

30. Nama and terrese of person who complated ceusa of deeth (Item 23e) (Type, Print)

Hospitel:

Patrick J. Shanahan, 120 Speer Road, Chestertown, Maryland 21620

State Registrar

Medical

32. Registrass Signature Julia Davidson-Randell

Type or Print in Black Indelible Ink. Assure All Copies Are Legible.	2707
State of Maryland / Department of Health and Mental Hygiene	2/0/
Cartificate of Dooth	

					Cei	tificate d	of Death	7		Reg. No.		
1 1 1		1. Decedent's Name (First, Middle,	Last)						2. Date of De	eth	92.55	3. Time of Death
Physic /Medi		Elizabet	h Alcorn						Aug 29	1996	Year	8:45am
Exami		4e. Facility Name (If not institution,	give street and n	umber)			4b. City, To	own, or L	ocation of Deat	h 4c. Cour	nty of Death	
4.14		179 Basil Av	e				Chesa	peak	ce City	Cec	il	
Funeral Director		5. Sociel Security Number 219–16–6508 Usual Residence of Decedent	6. Sex 1 □ M 2 □ X F	7. Age (in yrs. la	nst birthdey) Yrs.	If U r 1 Y Months De	ys Hours	Min.	8. Date of Bir (Month, Da Nov 2:	rth ay, Year) 2 1923	Cou	place (State or Foreign ntry) yland
and w		10a. State 10b. County		10c. City,	Town or Lo	cation					T	10d, Inside City Limits
Mary	ŏ	MD Cecil		Che	saneak	ce City						1√2 Yes 2 No
1 28e	9	10e. Street and Number				10f. Zip Coo	le			10g. Citizen o	of What Cou	ntry?
3a o	D E	179 Basil Ave				2191	5			USA		
deep deep	Funeral Director	11. Marital Status		cedent Ever in U,S		Was Decedent	of Hispenic Or	rigin? (Sp	ecify Yes or No	- 14. R	ece - Ameri	
4 within 72 hours after deeth with the Maryland liene. Than "natural", or items 23s or 28e-f show the Medical Examiner must be notified at	by	1 Never Merried 2 Marrie 3 Widowed 4 Divorced	Armed F d 1 Tes If Yes, G Year or	2 X No Sive		f Yes, specify 0			Hican, etc.)	Spec	lack, White, city: Wh	ite
Mariy jating A.1.A.1.5-UO.2.0. d 2 should be filed within 72 hours at the and Mantal Hygiene. 77 le marked other than "natural", or traumatic event, the Modical Exam.	Completed	15. Decedent's (Specify only highest Elementary/Secondery (0-12)	grede completed	() (1-4or 5+)	(Give	ient'a Usual Od kind of work do DO NOT use re	ne durina mos	st of work	ing	16b. Kind of	Business/In	dustry
filed within Hygiene.	Con	12		(, , , , , , , , , , , , , , , , , , ,	Home	emaker				Home		
be filed tal Hygi d other	Be	17. Father'a Name (First, Middle, L	ast)				18. Moth	er's Nam	e (First, Middle	, Malden Sum	ame)	
Meni Meni Meni Meni Meni Meni Meni Meni	1º	John Tereszcu					Paul	line	Macres	ki		
1 and 2 should be fi Health and Mental I I marked ot other traumetic ever		19a. Informant'a Name/Relationsh John Alcorn	р (Турө, Print)						Joy PA		vn, State, Zij	o Code)
of Heall		20a. Method of Disposition 1	2 Demovel from	CO		sition (Name or natory or other			Date	20c. Locatio	n - City or T	own, State
pemit. Peges 1 an Department of Heal Important: If Item 2 any injury or other once.		4 Donation 5 Other (Spi			Rose o	f Lima	Sept 3	199	6	Chesap	eake (	City MD
permit. Peges 1 an Depertment of Heal Important: If Nem 2 any Injury or other		21. Signature of Funeral Service L	gensee	0		. Name and Ad		•				
20519		119 oles 9	L	-1	R.	T. For	rd Fun	eral	Home, ing Sun	P.A. MD 21	911	
Physician /Medical		234 Part 1. Enter the disease, or o shock, or heart failure. List o										Approximate Interval Between Onset and Death
Examiner		disease or condition resulting in death)	a	Inte	as a conseq		CCI		1 10 ho	5 26 3		DMG.
	Jer			TO Due to (or	as a conseq	uence or):	11	-	mye	X	i	7/04
certificate be executed rding physician and use as the burist-transit	Examiner	Sequentially list conditions	b	Due to (or	as e conseq	uence of):	0/1	SC	100	-,		10041
e exe		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury										
ifficate be exe g physician e as the burial	Medical	that initiated events resulting in death) Last	C	Due to (or	es e conseq	uence of):						
E Da	Med	rooming in doutry cast									1	
attendin for use		`	d								1	
0 0 0	Physician/	Part II. Other algnificant condition	contributing to	death but not result	ting in the ur	nderlying cause	given In Part	l.	23b. Dld	tobacco use	contribute t	o the cause of death?
1 6 o									10	Yee 2 N	3 □ Pro	bably 4 Unknown
ires tha signed d be de	1 by										0.45 14	fore a demand finding
requires been sign should be	Completed									an autopsy ormed?	81	/ere autopsy findings valleble prior to empletion of cause
has pe 2	ld m	\									of	death?
Faa									10	Yes 25 No	11	Yes 2 No
Physician: The this certificate ral director, pag	Be	25. Was case referred to medical examiner?	Hospitel:				Other		h (Check only			
Phys this ral dii	To	1 ☐ Yes 2 ☑ No  27. Manner of Death	1	-	R/Outpatien	1 3LI DOA		ursing Ho	ome 5 Resi		1-1-1-	fy)
or Attanding Fafter death. Director: After in by the funer	Certification:	1 Natural 5 Pending 2 Accident investiga 3 Suicide 6 Could no	tion	nth, Day Year)	28b. Time of Injury		njury at Work? I∐Yes 2☐	No	28d. Describe	now injury occ	urred	
tal or Attanding rs after death. af Director: After	Certifi	4 Homicide determin	ed 28e. Plac	ea of Injury - At hord ding, etc. (Specify)	ne, farm, stre	eet, factory, offi	се		28f. Location ( City or To		nber or Run	al Route Number,
United to the Hospital or Attanding Physician: within 24 hours after death or to the Funeral Director: After this certific completely filled in by the funeral director,	edicai	29a. Certifier (Check only one)	caminer: On the b	e best of my knowl basis of examination nner stated.	ledge, death on and/or inv	occurred at the	e time, date er y opinion, dea	nd place, ath occur	and due to the red et the time,	cause(s) and date and place	manner as a a, and due t	itated. o the cause(s)
To the within 2 To the comple	×	29b. Signature and title of certifier	M	2 N	P		ense number	6		29d. Date sign	ned (Month,	Day, Year)
6		30. Name and oddress of person w										
				0		e 204 1	Elkton	MD 2	21921			
Sta	_	31. Date Mint (Month, Day, Year)		Registrar's Signatu		00						
Registr	ar	SEP 0 1 19	50 gu	hia Davidson	-Nonda	Ma						

DHMH 16 Ray 6/95

100 grant 100 gr

# Please Type or Print in Black Indelible ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent'a Name (First, Middle, Last) 2. Date of Death 3 Time of Death **Physician** George Andrews Month 08 Jr. 24 11:00 PM /Medical 4a. Fecility Neme (If not institution, give street and number)
Presidential Woods 4c. County of Death
Prince George's 4b. City, Town, or Location of Deeth Examiner Adelphi 5. Social Security Number 242-60-4937 6. Sex 1 M 2 □ F If Under 1 Year | If Under 24 Hrs. 8. Date of Birth (Mooth, Day, Year) UI-25-38 9. Birthplace (State or Foreign Country) North Carolina 7. Age (In vrs. last birthdev) **Funeral** Months Days Hours 58 Yrs. Director Usual Residence of Decedent the Maryland 10e, Stete 10b. County 10c. City, Town or Location 10d. inside City Limits tem 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Medical Examinar must be notified at Maryland Prince George's Forestville Y Yes 2 No Director 10e, Street and Number 10f. Zip Code 10g. Citizen of What Country? 2140 Brooks Drive #112 20743 USA Funeral death 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 11 Maritai Status filed within 72 hours after of Hygiene. 1 ☐ Never Merried 2 ☐ Married Saltimore, Maryland 21215-0020 **Black** 1 ☐ Yes 2 🖾 No Specify: þ 3 Widowed 4 Divorced Completed 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Eiementary/Secondary (0-12) Coilege (1-4or 5+) permit. Pages 1 and 2 should be filled win Department of Health and Mental Hygiens Important: If Nem 27 is married other tha any Injury or other traumatic aware Engineer Government 12th 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Melden Sumeme) Be Eliza Durham George Andrews Sr. 19a. Informant's Name/Relationship (Type, Print)
Sharon Andrews/Daughter 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 6602 Greig Street, Seat Pleasant, MD 20743 20b. Piaca of Disposition (Name of cemetery, crematory or other placa) 20a. Method of Disposition 20c. Location - City or Town, Stete 1- Buriai 2 □ Cremation 3 💆 Removal from State Mt. Pleasant Church Cem. 8/31/96 Henderson, NC 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funerel Service Licensee 22. Name and Address of Facility
J. B. Jenkins Funeral Home 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. 7474 Landover Road, Landover, MD 20785 Approximate Interval Between Onset and Deeth **Physician** immediate Cause (Finel disease or condition resulting in death) /Medical **Examiner** Due to (of es a consequenca of): physiclan and s the burial-transit be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initieted events resulting in death) Lest Records, P.O. Box 68760, Physician/Medical The law requires that the death certificata Due to (or es a consequence of) USB 88 0 Psrt il. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by d be detacl 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 Unknown þ Completed 24s. Was en eutopsy performed? 24b. Were autopsy findings sveilable prior to peen s completion of cause of death? page 2 : certificate 1 ☐ Yes 2 ☐ No Division of Vital To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director; Be 25. Was case referred to medical 28. Place of Death (Check only one) Other: 42 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 9 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Deeth 28a. Date of Injury (Month, Day Year) 28c. injury at Work? 28b. Time of 28d. Describe how injury occurred Certification: 5 Pending Investigation 1 Neturai 1 ☐ Yes 2 ☐ No 2 Accident 3 Sulcide 6 Could not be 28e. Plece of injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 ☐ Homleide Medical 29a. Certifier 156. Certifying Physicisn: To the best of my knowledge, death occurred et the time, date and placa, and due to the cause(a) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred et the time, date and place, and due to the cause(s) and manner steted. 29b. Signature and litle of certifier 29d. Date signed (Month, Dey, Year) 29c. License number 30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print) 3503 PERRY STREET, MT. RAINIER, MD 20812 R. TULI 31. Date filed (Month, Dey, Year) 32. Registrar's Signature

**DHMH 16 Rev 6/95** 

State

Registrar

AUG 2 & 1996

man it will be a second of the

# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. 114 - Joed / Department of Health and Mental Hygiene 96

_							Cer	titicat	e of	Death			Reg.	No.			
	Physici	an	Decedent's Name (First, Mid									2. Date of D		Dav	Year	3. Time o	of Death
N.	/Medi		Fred Eugen			Allre	d					Aug.	22,	<sup>Day</sup> 1996		8:16	P.M.
	Examir	ner	4a. Feellity Neme (If not Instituti 7211 Kempton I		number)					4b. City, Too New Ca		ocation of Dec Llton		4c. Count		rge's	
	Funeral		5. Social Security Number	6. Sex 1∭ M 2□ F		(In yrs. last bir	-	If Under Months	1 Yeer Days		24 Hrs. Min.	8. Date of E (Month, L	irth Day, Ye	ear)	9. Birthp	lace (State	or Foreign
	Director		578-01-3204 Usual Residence of Decedent	IM SOL	89	9	Yrs.		-			Jan. 1				Caro	
	lend % #		10e. State 10b. Count	y	1	Oc. City, Town	or Loc	ation							1	Od. Inside C	City Limits
	Meny	ō	Maryland Princ	e George	s	New Car	rro1	1ton	l							11 Yes	2 No
	r 284	Director	10e. Street and Number					10f. Zip					10g.	. Citizen of	What Cour	ntry?	
	h with	ai D	7211 Kempton 1	Road				207	37					U.S.	Α.		
	99	Funeral	11. Marital Status	12. Wes De	ecedent Ev Forces?	er in U,S.	13. W	/as Deced	dent of	Hispenic Ork	gin? (Sp	ecify Yes or N Rican, etc.)	10-		ce - Americ		
21215-0020	s 1 and 2 should be filed within 72 hours after death with the Maryland I Heelth and Mental Hygiene. Item 27 is marked other than "natural", or items 23s or 28s-f show other traumatic event, the Medical Evantiner must be notified at	by	1 ☐ Never Merried 2 ☐ Ma 3 🖾 Widowed 4 ☐ Divorce	rried 1 Yes	s 27 No Give			☐ Yes			, , , , , , , , , , , , , , , , , , , ,	7170411, 010.7		Specif	T T1_ J		
5-0	72 h	Completed	15. Decede (Specify only high	nt's Education est grade completed	d)	16a.	(Give k	ent's Usua	rk done	during most	of work	ina	168	b. Kind of B	usiness/Inc	dustry	
121	filed within Hygiene. ther than	mpi	Elementery/Secondary (0-12)	T	(1-4or 5+)		life. D	O NOT us	se retire	ed)			D		. TJ		
	Hygie ther t		8 17. Father's Name (First, Middle	( act)			JLaz	zier		18 Motho	r'e Nam	e (First, Midd		rivat		ustry	
Maryland	2 should be filed with end Mentel Hygiene. Is marked other than aumatic event, tra M	To Be	D. Frank A	Llred								Naomi (			110)		
Mar	ls m		19e. Informant's Name/Reletion					_				al Route Num				Code)	
	Heelth Heelth mm 27 i		Page Kennard/ 20a. Method of Disposition	daughter		20b. Place of				Court,	Mo	nrovia Date	_	d.217		um Ptoto	
Jor	nt of h		1X Bunal 2 Cremation		m State	cemeter	y, crem	atory or o	ther ple								l m d n
Baltimore,	permit. Peges 1 end Department of Heelth Important: If item 27 any injury or other tr once.		4 Donation 5 Other (			Green	_			ess of Facility		3/26/96					
Ba	permit. Peges 1 Department of H Important: if its any injury or ot		MAR	1	^						Fra	ancis (				Funer 20781	al Ho
1	10.00		23a. Part1. Enter the disease, of shock, or heart failure. Lis	or complications the	t caused th	e death. Do r									, iid	Approxime Interval Be	te
4	Physician /Medicai Examiner	ner	Immediate Cause (Final disease or condition resulting in death)	a(	Cav	ue to (or as a c	consequ	UV uenca of):	My	The	rea				also dan dan dan dan	Onset and	Deem
	certificate be executed ding physician and ise as the buriel-transit	Examiner	Sequentially list conditions,	b	Du	ue to (or as a c	onsequ	uence of):									
68760,	be ex		Sequentially list conditiona, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury	С													
687	ficete phys	Medical	thet initieted events resulting in death) Last		Du	e to (or as a c	onsequ	enca of):							į		
X		N/		d													
W.	death e etter ed for u	sicia	Part II. Other significant condit	lons contributing to	death but	not resulting In	the un-	deriving c	ause d	ven in Part I		23b. DI	d toba	cco use co	ntribute to	the cause	of death?
P.0	that the de ed by the e	Physician						,						2010		bably 4	
	es thei	by	Hypera	nsin													
of Vital Records,	The law requires thet the death ate has been signed by the etter page 2 should be deteched for I	Completed	Larole Carole	1200	un	1						24a. Wa per	s an e	utopsy d?	av	are autopsy allable prior	to
Sec	e law has b	nple														mpletion of death?	cause
alF												10	Yes	2 🗆	10	Yes 2	] No
Vit	Physician: The ribis certificate oral director, page	Be	25. Was case referred to medic exeminer?	Hospital:					Ot	hor		h (Check only					
	this aldi	. To	1 ☐ Yes 2 ☒ No 27. Menner of Deeth	11		2 ER/Ou			<i>γ</i> Λ	411110		me 5 10 Re 28d. Describ			4-4	y)	
on	After fune	tion	1 Netural 5 ☐ Pend	ing (Mo	te of Injury onth, Day Y	/ear) Ir	jury	м	8c. Inju Wo	ork? ]Yes 2∐l		200. 000010	D IIOW	injury occur	1100		
Division	or Attending efter deeth. Director: After I in by the fune	Certification:	3 Sulcide 6 Could	not be 28e. Plac	ce of Injury Iding, etc. (	At home, fai (Specify)	m, stre	et, factory				28f. Location City or T			ber or Rura	I Route Nur	nber,
_	To the Mospital or Attervishin 24 hours efter de To the Funeral Directo completely filled in by the	edical Co	(Check only 2 Medica	ng Physician: To the	besia of ex	camination and	deeth	occurred estigetion	at the ti	ime, date and	d place, th occurr	and due to th	e ceus	se(s) and m	enner as s	tsted.	(s)
	thin 2	Mec	one) 29b. Signature and title of certifi		anner state	d.		290	Licen	se number			294	Dete signe	ed (Month	Day Year)	
	F 3 F 8	1 1	• 0		dm			7	1	42	7,1			8.23		_ = j ,	
	(1-)		30. Neme and address of person				Tues C	Print'		13	14			0 23	16		-
	12/		David Goldman,						#10	5. Gra	enh	elt. M.	d	20770			
	Sta	te	31. Date filed (Month, Day, Year					·uy,	# <b>T</b> U	J, GIC	110	CIC, 11	4.	20110			
	Registr	ar	AUG 28	1996 %	从此	Signature	461										
DH	IMH 16 Rev 6/9	5															

The state of the s

# Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Marvland / Department of Health and Mental Hygiene

2	7	n	Ω	0
for	- /	0	0	U

						C	ertifica	ate of	Death			Reg. No.			
	Physic	ion	1. Decedent's Nama (First, Midd	die, Last)							2. Date of Dea Month	ith Dey	Yaar	3. Tima of	Death
	/Medi		ALEXANDER	Spencer		ABELL					August		996	12:15	5 P.M
	Exami		4e. Fecility Nema (If not institution St. Mary's Hosp		umber)				4b. City, To Leona 1		ocation of Deeth Wn	4c. Count	y of Death arys		
	Funeral Director		5. Sociel Security Number 218-24-0808	6. Sax f□ M 2□ F	7. Aga (In yi	rs. last birthda Yrs.	Month	er 1 Yaar s Deys		24 Hrs. Min.	8. Date of Birth (Month, Day June 6,	7. Year 25	9. Birthp MD	lece (Steta o	r Foraign
	pu .		Usual Rasidance of Decedant  10a. Stata 10b. Count	N	100	City, Town or	Logation							04 114- 01	1a . A I 7a .
	e Maryla Ba-f aho	Director	MD St. M	1		11ywoo							'	0d. Insida Ci 1 ☐ Yaş	
	or 2	Dire	10e. Street and Number	1 7) 1				Zip Coda				10g. Citizan of	What Cour	itry?	
	ath w		44201 Joy Chape					0636				ISA			
	72 hours after death with the Manfand natural; or items 23a or 28a-f ahow pical Examiner must be notified at	by Funeral	11. Meritei Stetus  1 □ Nevar Married   A Ma  3 □ Widowad 4 □ Divorce	Armed F	2K□ No liva	U,S. 13	If Yes, sp	pedant of locality Cub	en, Maxicar	n, Puarto	ecify Yas or No- Rican, etc.)	Ble	ce - Amaric ick, White, ' <sup>fy:</sup> Whi	etc.	
	natural',	P	15. Daceda	nt's Education		16a. Dec	edant's Us	sual Occu	pation			16b. Kind of E			
	c • 6	Completed		est grada completed	(1-4or 5+)	(Gh	e kind of v DO NOT	vork dona usa retire	during mos	t of work	ring				
	filed within Hygiene. Ither than	mo.	Elementary/Secondary (0-12)	Conege	(1-401-54)	Mech	anica	1 En	gineer	r		U.S. G	overn	ment	
mai yiaila	S is b	To Be	17. Father's Name (First, Middle Louis Spencer A								a <i>(First, Middl</i> a, Mary Lor		ma)		
	and and a m		19a. Informant's Name/Raietion Catherine Gall	ship (Type, Print)	ah tau	19b. Ma	iiing Addra	ss (Stree	t and Numbe	er or Run	al Route Numbe	r, City or Town	, Stata, Zip	Code)	
				i i i i dgii / Dac						Dunk	irk, MD				
	80 7 4		20a. Mathod of Disposition 1   Buriel 2 □ Cramation	3 Ramovel from	n Stata	. Place of Dis camatary, cr	emetory o	r other ple	ice)	į	Data	20c. Location			
	mit. Pe vartmen oortant: Injury		4 Donation 5 Other (		1 5	t. Joh					/3/96	Hollyw			
	permit. Pege Department of Important: If any Injury or once.		21. Signature of Funaral Sarvice	UK)	South,	110	P.O.	Box	270, I	eona	r Funera ardtown,	Maryl	, P.A and 2	0650	
			23a. Part1. Ef lar tha disaase, o shock, or haart failura. Lis	or complications that	caused the da	ath. Do not a	ntar tha m	oda of dy	ing, such as	cardiac	or raspiratory ar	rest,		Approximate fntarval Bate	e ween
	Physician /Medical Examiner		immediata Causa (Final disaasa or condition rasulting in death)		- 2	les		- 10			-4	77	8/	29/96	Death
,00,00	eath certificate be executed attending physician and for use as the buriet-transit	edicai Examiner	Sequentially list conditions, if any, leading to immediata cause. Enter Undarlying Causa (Disease or injury that initiated events resulting in death) Last	6	Due to	(or as a cons	gequence o	1	hty	1	Ses	notz	- 8	128/8 neu yea	1
2	death certing a attending ad for use a	2	Dot II Other significant conditions	lone contribution to	death but and a	and the state of the state of	do .b .fo.		Use to Rive		on pula				
	ed by the	by Physician	Part II. Other significant condit	entributing to c	beath but not r	asulting in tha	undarrying	causa gi	ven in Parti			obacco use c ∕ss 2□No	3 ☐ Proi	Contract Contract	Unknow
, ,	aw requir ss been s 2 should	Completed b									24a. Was perfor	an autopsy med?	co	ara autopsy f eilable prior t mpletion of c death?	lo
	ale Pe	Con									1 🗆 Y	as 2 No	10	Yas 2	No
	Physician: The this certificate ral director, peg	Be	25. Was case referred to medic examiner?	517						of Deat	h (Check only o	na)			
	0 0	은	1 Yes 25 No			☐ ER/Outpati		JUA			ome 5 Resid			y)	
	ing After	sation:	er and constraints	tigation	of Injury nth, Dey Year)	28b. Tima Injury		28c. fnju Wo 1	ryat ork? ]Yas 2□		28d. Dascribe h	ow injury occu	rred		
	2 2 5 6	Certification:	3 Suicide 6 Could 4 Homicide Gelfen	minud 28a. Plac	e of Injury - At ding, atc. (Spa	homa, farm, s	streat, fact	ory, office			28f. Location (S City or Tow	itreet and Num n, Stata)	ber or Rura	I Routa Num	ber,
	To the Hospital or Att within 24 hours after d To the Funeral Direct completely filled in by	edicai	29a. Certifier Certifyl (Check ont) 2 Medica	ng Physician: To the f Examiner: On the b and mai	a bast of my k basis of axami nnar stetus	nowledge, des	th occurre invastigation	d at the ti	ima, data an opinion, daa	nd placa, ith occurr	and dua to tha cred at the time, o	ausa(s) and m lata end place	nannar as si , and dua to	latad. tha causa(s	1)
	To the within To the Comp	M	29b. Signature and title of certific	w/M	1/1	n	/ 2	9c. Licen	sa number	90	46	8134 8/34	oa (Montr	Day, Year)	
			30. Nama and address of person	who complated cau	usa of death (it	am 23a) (Typ	e, Print)	TEO	IA D D TO	AT TAY	m 20652	11			
			DR. DAVID FEDE		Danieleteral C	m.la. 00=		LEOI	NAKDTO	WN,M	ம.20650				
	Sta Registi		31. Data filed (Month, Day, Year	1996	Registrar's Sig	natura P	. 11								
100			SEP -3	1996 9	tia diamen	TONO!	M								
ri)	VH 16 Rev 6/9	0													

12

DHMH 16 Rev 6/95

ALTIMORE, MARYLAND 21215-0020

8	
-	
0	
9	
8	
ø	
BOX 68760,	
$\hat{a}$	
$\approx$	
ш	
റ്	
٧.	
P.O.	
40	
8	
<u> </u>	
0	
O	
ш	
œ	
1	
2	
$\vdash$	
_	1
Щ.	į
DIVISION OF VITAL RECORDS, I	
7	
$\overline{}$	
$\simeq$	1
S	
_	
	1

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENT	AL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI	MENT OF H	EALTH AND	MENTA	L HYGIEN	E						
	DECEDENT'S NAME (First, Middle, Lest)	LOTTIE M.	ARNOLD			MONT	OF DEATH		YEAR	3. TIME OF DEATH				
	242 60 0066			F UNDER 1 YEAR DNTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE	OF BIRTH		S. BIRTH	PLACE (State or Foreign				
FOR	99. FACILITY NAME (If not institution, give stre 29813 Marumsco		9		n Stati				Some	erset				
DIRECTOR	100. STATE 10b. COUNTY Maryland Sol	merset	10c. CITY, 1	TOWN OR LOCAT	on Stati	on				10d. INSIDE CITY LIMITS? 1 YES 2 X NO				
FUNERAL	100. STREET AND NUMBER 29813 Marumsco	Road		101	ZIP CODE 21838			_	ZEN OF W	F WHAT COUNTRY?				
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 — YES IF YES, GIVE WAR OR DAT	2 NO	If yee, sp	ENDENT OF HISPAI ecity Cuban, Mexico 2 NO Specifi	m, Puerto I		or No-	14. RACE Black Specifi	- American Indian, Whita, etc.				
COMPLETED	15. DECEDENT'S EDUCION (Specify only highest grade of Elementary/Secondary (0-12)  Grade 6	College (1-4 or 5 +)	16a. DECEDENT'S US (Give kind of wor. life. Do NOT use r House	k done during mo etired.)	N st of working	16b	KIND OF BUS	USTRY						
	17. FATHER'S NAME (First, Middle, Last)	Jnknown			18. MOTHER'S NA	ME (First, I		Surname)						
TO BE	19e. INFORMANT'S NAME (Type/Print) Orville S. Arnold	19b. MAILING ADDRESS (Street end Number or Flural Route Number, City or Town, State, Zip Code)  10d (Husband) 29813 Marumsco Road — Marion Station, MD								D 21838				
	4 Donation 5 Other (Specify) Ent													
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE    Color   Color   Color   Color													
CERTIFICATION	23. PART I. Enter the diseases, or co shock, or heart failure. Li immediate cause or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A C	CONSEQUENCE OF):	,	rato					Approximate Interval Between Onset and Death Sudden				
PHYSICIAN: MEDICAL CE	PART II. Other algnificant conditions	contributing to death bu	t not resulting in	tha undarlying	) cause given in	Part I.	24a. WAS AN PERFOR	MED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?  1 YES 2 NO				
CIAN:	DID TOBACCO USE CONTRI 25. WAS CASE REFERRED TO MEDICAL EXAMINER?		PLACE OF DEATH		UNCERTAI	Ν□								
	1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	1 Inpatient 2 ER/Outpet 28e. DATE OF INJURY (Month, Day, Year)		Nursing Hom OF 28c, INJ	JRY AT RK?		r (Specify)	JURY OCC	CURED					
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	28a. PLACE OF INJURY - building, etc. (Specify	- At home, farm, atre				ATION (Street a or Town, State)	nd Number	or Rural R	oute Number,				
COMPLETED		AN: To the bast of my knowled On the basis of examination								and manner ee stated.				
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER  Mashaw & Barhow 12764  296. LICENSE NUMBER 12764  29d. DATE SIGNED (Monith, Dex. Neer) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)													
	Madhav D. Barhai	n, M.D 438	34 Crisfi	eld Hig	jhway - (	Crisf	ield,	MD	2181	7				
	" AUG 2 7" 1996" July	RECISTRAR SIGNA	A PAR											

(3) 

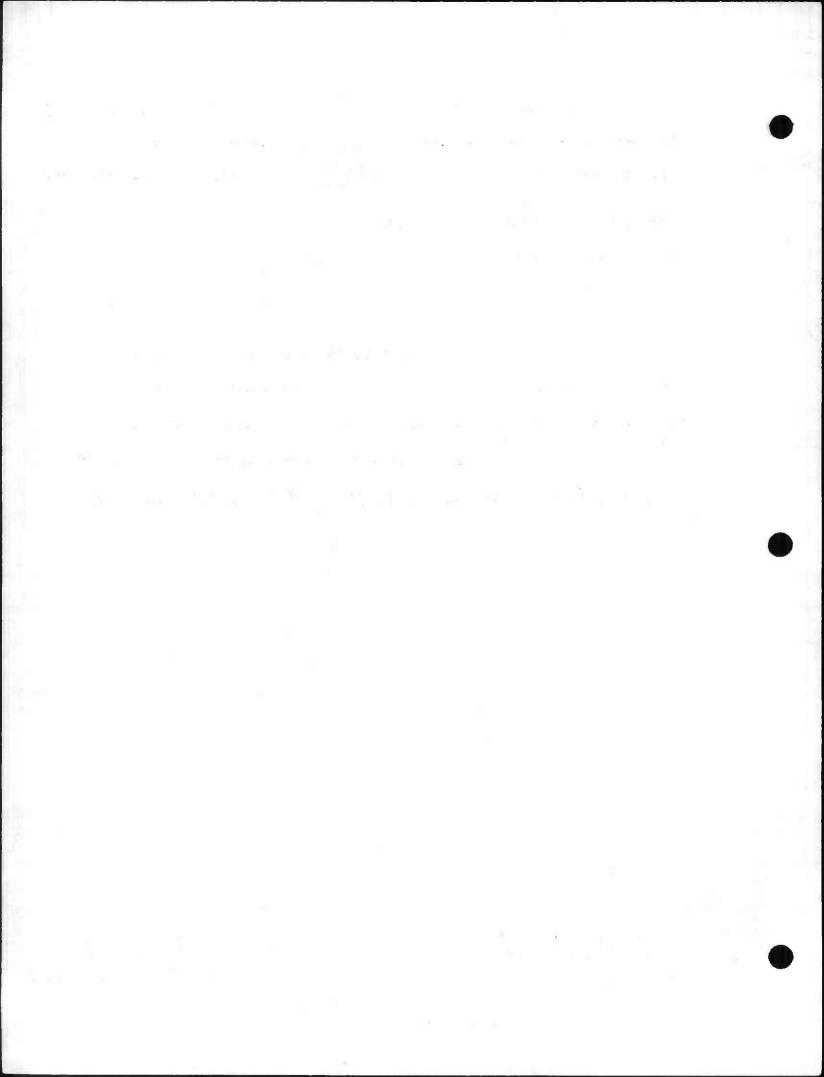
# Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

27082

											Reg. No.			
	, ,	Decedent's Neme (First, Middle, L.	ast)							2. Dete of De		V	3. Time of Dea	
Physi /Med	ician dicai	William Dou			Month AIIG	25	1996	1310						
Exam		4e. Facility Name (If not institution, g					4	b. City, To	wn, or Lo	cation of Deel	th 4c. Cou	nty of Death	1010	
LAUII		Dorchester Ge	neral Ho	spita	al			Camb	orid	ae	Do	rches	ster	
Funera	al l			-	last birthday)	If Under		If Under		8. Date of Bi	rth			
Directo		212-40-9796	1₺M 2□F	54	Yrs.	Months	Deys	Houra	Min.	(Month, Di	av Year)	Coun	eiace (State or Fo etry) aryland	
		Usuai Residenca of Decedent								our	12/ 10	72 110	rryranc	
8 ta		10a. Stete 10b. County		10c. City	y, Town or Lo	ocation						1	0d. Inalde City Li	
3	0	Maryland Dorch	nester		Cra	200					1 ☐ Yes 2			
28	Director	10e. Street and Number	repeer		CLG	10f. Zip	Code				10g. Citizen o	of What Coun	stor?	
0.8			D 4								100		my r	
23	ra	3180 Robbins					2162					S.A.		
E E	Funeral	11. Maritel Status	12. Was Decede Armed Force	997	S. 13.	Was Deced If Yes, apec	cify Cuba	n, Mexican	gin? (Spe i, Puerto	cify Yes or No Rican, etc.)	0- 14. H	ece - Americ lack, White,		
8	by F	1 Never Merried 2 Married	If Yes, Give			1□ Yes 2	24 No	Specify:			Spec	elfv: r.z1-	2 4	
d 2 should be filed within 72 hours after death with the Menyland th and Mental Hygiene. T is marked other than "natural", or itams 23a or 28a-f ehow traumatic avent, the Medical Examiner must be notified a		3 Widowed 4 Divorced	Year or Date	98:								Wn	ite	
		15. Decedent's I	Education grade completed)		16a. Dece	dent's Usua	ai Occupa	ation	t of worki	na	16b. Kind of	Business/Inc	dustry	
		Elementary/Secondary (0-12)	College (1-4	or 5+)	life. I	DO NOT us	se retired	)	t of working  16b. Kind of Business/Industry  Lder Wire Cloth  are Name (First, Middle, Maiden Surname)  brothy Robbins  ar or Rural Route Number, City or Town, State, Zip Code)					
		09			Ele	ectri	ical	. Wel	der		Wir	Wire Cloth		
		17. Father'a Name (First, Middle, Las	st)					18. Mothe	r'e Neme	(First, Middle	, Maiden Sum	ame)		
		Winnie Abbo	tt					Do	rot	hy Ro	obbins			
		19a. Informant's Name/Relationship	(Type, Print)		19b. Mailir	ng Addreas	S (Street a	and Numbe	er or Rura	il Route Numb	er, City or Toy	vn. Stete. Zip	Code)	
tra tra		Darlene Lewis	Abbott/	wife								2162		
permit. Peges 1 and 2 Department of Health Important: If item 27 I any Injury or other tra		20a. Method of Disposition 20b. Place of Disposition (Name of Date 20c. Location - City												
		111 Buriel 2 Cremation 3 Removel from State cemetery, crematory or other place)												
												oins,	MD.	
spar por ny in	- Suce	21. Signature of Funeral Service Ucensee 22. Name and Address of Facility												
OE S	XI.	Curran-Bromwell Funeral Home, 308 High St., Cambridge, MD.											Α.	
	~	O WALLOW VILL	1 0 11-11	Y OVU I	1100112	00 11:	i or la	CT	0-	l	- BAT		673	
-		23a. Party. Enter the disease, good	mplications that cau	sed the death	Well 30	08 Hi	igh	St.,	Ca	mbride	ge, MD	21	A. 613 Approximete	
		23a Part. Enter the disease, or or shock, or heart failure. Est only	mplications that cau ly one cause on eac	sed the death th line.	Well 30	08 Hi	igh	St., g, auch es	Ca	mbride	ge, MD errest,	21	Approximete Interval Between	
nysiciar	n		mplications that cau ly one cause on eac	sed the death th line.	Well 30	08 Hi	igh	g, auch es	Ca cardiac c	mbride r respiretory	errest,	1	Approximate Interval Between Onaet and Deat	
Medica	n al	Immediate Cause (Final disease or condition	mplications that cau by one cause on eac	ised the death h line.	Well 30	08 Hi	igh	g, auch es	Ca cardiac c	mbride r respiretory	errest,	1	Approximate Interval Between Onaet and Deat	
	n al	Immediate Cause (Final	mplications that cau by one cause on each	ised the death th line.	Well 30	08 Hi	igh	g, auch es	Ca cardiac c	mbride r respiretory	errest,	1	Approximate Interval Between Onaet and Deat	
Medica xamine	n al	Immediate Cause (Final disease or condition	mplications that cau ly one cause on each	sed the death hine.  Due to (o	Well 30	08 Hi	igh	g, auch es	Ca cardiac c	mbride r respiretory	errest,	1	Approximate Interval Between Onaet and Deat	
Medica xamine	n al	Immediate Cause (Final disease or condition resulting in death)	mplications that cau y one cause on each a	Due to (o	Well 30	ter the mode	igh	g, auch es	Ca cardiac c	mbride r respiretory	errest,	1	Approximete Interval Between	
Medica xamine	Examiner	Immediate Cause (Final disease or condition resulting in death)	mplications that cau y one cause on each a. Lur b. add	Due to (o	h. Do not ent	ter the mode	igh	g, auch es	Ca cardiac c	mbride r respiretory	errest,	1	Approximate Interval Between Onaet and Deat	
Medica xamine	Examiner	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events	mplications that cau y one cause on each a	Due to (o	h. Do not ent for a consecuration as a consecuratio	quence of):	igh	g, auch es	Ca cardiac c	mbride r respiretory	errest,	1	Approximate Interval Between Onaet and Deat	
Medica bhysiclan end the buriel-transit	Examiner	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury	mplications that cau y one cause on each a	Due to (o	h. Do not ent	quence of):	igh	g, auch es	Ca cardiac c	mbride or respiretory	errest,	1	Approximate Interval Between Onaet and Deat	
Medica physician and sa as the buriel-transit	VMedical Examiner	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events	mplications that cauly one cause on each	Due to (o	h. Do not ent for a consecuration as a consecuratio	quence of):	igh	g, auch es	Ca cardiac c	mbride or respiretory	errest,	1	Approximate Interval Between Onaet and Deat	
Meding physician end to see as the burlei-fransit e	VMedical Examiner	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initieted events resulting in death) Last	a lir	Due to (or	h. Do not ent	quence of):	igh le of dying	met	Ca cardiac c	mbride or respiretory	errest,	1	Approximate Interval Between Onaet and Deat	
Meding physician end to see as the burlei-fransit e	VMedical Examiner	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events	a lir	Due to (or	h. Do not ent	quence of):	igh le of dying	met	Ca cardiac c	mbride or respiretory e	Z. L	ver	Approximate Interval Between Onaet and Deat	
y the attending physician end conse as the bunel-transit and conse as the bunel-transit.	Examiner	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initieted events resulting in death) Last	a lir	Due to (or	h. Do not ent	quence of):	igh le of dying	met	Ca cardiac c	mbride or respiretory e	Z. L	contribute to	Approximate Interval Between Onaet and Deat	
gned by the attending physician and more be detached for use as the burlei-transit or or	VMedical Examiner	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initieted events resulting in death) Last	a lir	Due to (or	h. Do not ent	quence of):	igh le of dying	met	Ca cardiac c	mbride or respiretory e	T. L.	contribute to	Approximate Interval Between Onaet and Deat Seu. What Se	
gned by the attending physician and more be detached for use as the burlei-transit or or	by Physician/Medical Examiner	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initieted events resulting in death) Last	a lir	Due to (or	h. Do not ent	quence of):	igh le of dying	met	Ca cardiac c	23b. Dld	tobacco use of Yes 220 No.	contribute to	Approximate Interval Between Onset and Deat Sev. Wk	
been signed by the attending physician and most school be detached for use as the buriel-transit or or	by Physician/Medical Examiner	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initieted events resulting in death) Last	a lir	Due to (or	h. Do not ent	quence of):	igh le of dying	met	Ca cardiac c	23b. Dld	tobacco use of Yes 2 M No	contribute to	Approximate Interval Between Onset and Deat SCU. WK	
has been signed by the attending physician and company to be seen signed by the attending physician and company to be should be detached for use as the bunel-transit or one.	by Physician/Medical Examiner	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initieted events resulting in death) Last	a lir	Due to (or	h. Do not ent	quence of):	igh le of dying	met	Ca cardiac c	23b. Did	tobacco use Nos an autopsy ormed?	contribute to 3 Prot	Approximate Interval Between Onset and Deat SCU. What is the cause of death of the cause of death?	
ate has been signed by the attending physician end more page 2 should be detached for use as the buriel-transit on one	Completed by Physician/Medical Examiner	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	a lir	Due to (or	h. Do not ent	quence of):	igh le of dying	met	Ca cardiac c	23b. Did	tobacco use of Yes 220 No.	contribute to 3 Prot	Approximate Interval Between Onset and Deat SCU. WK	
ate has been signed by the attending physician end more page 2 should be detached for use as the buriel-transit on one	Be Completed by Physician/Medical Examiner	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initieted events resulting in death) Last	a. Jun b. ade c d contributing to deat	Due to (or	h. Do not ent	quence of):	igh le of dying	g, auch es	Cacardiac	23b. Did	tobacco use (Yes 2 No	contribute to 3 Prot	Approximate Interval Between Onset and Deat Seu. What is the cause of death of the cause of death?	
x x is certificate has been signed by the attending physician and modern begon 2 should be detached for use as the bunel-transit on a contract of the contract	Completed by Physician/Medical Examiner	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Last  Part II. Other significant conditions  25. Was case referred to medical examiner?  1  Yes 2 2 No	a lir	Due to (or Due to (or h but not rest	h. Do not ent	uence of):  nderlying ca	igh le of dying  Rause give	g, auch es  null 26. Place er: 4   Nu	Ca cardiac o	23b. Dld 1 24a. Was perf	tobacco use (Yes 2 No	contribute to 3 Protein avec confidence of a 1 E	Approximate Interval Between Onaet and Deat Set. W. Se	
this certificate has been signed by the attending physician end more real director, page 2 should be detached for use as the bunel-transit on one	To Be Completed by Physician/Medical Examiner	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last  Part II. Other significant conditions  25. Was case referred to medical examiner?  1 Yes 2 No  27. Menner of Death	a. Lun b. ade c	Due to (or  Due to	h. Do not ent  for a consecutive as a co	uence of):  nderlying ca	igh le of dying  Rause give	g, auch es  null 26. Place er: 4   Nu	Ca cardiac c	23b. Dld 1 24a. Was performed (Check only)	tobacco use of Yes 2 No No No No No No No No No No No No No	contribute to 3 Prot 24b. Wa ave con 1 [	Approximate Interval Between Onaet and Deat Set. W. Se	
War this certificate has been signed by the attending physician end moral director, page 2 should be detached for use as the bunel-transit on one	To Be Completed by Physician/Medical Examiner	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Last  Part II. Other significant conditions  25. Was case referred to medical examiner?  1  Yes 2 2 No	a. Lun b. ade c. d. contributing to deat	Due to (or Due to (or	h. Do not ent  for a consecutor as a consecuto	uence of):  nderlying ca	igh de of dying a land of dyin	g, auch es  null 26. Place er: 4   Nu	Ca cardiac c	23b. Dld 1 24a. Was performed (Check only)	tobacco use of tobacc	contribute to 3 Prot 24b. Wa ave con 1 [	Approximate Interval Between Onaet and Deat Set. W. Se	
War this certificate has been signed by the attending physician end moral director, page 2 should be detached for use as the bunel-transit on one	To Be Completed by Physician/Medical Examiner	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initieted events resulting in death) Last  Part II. Other significant conditions  25. Was case referred to medical examiner?  1	a. Los de la la la la la la la la la la la la la	Due to (or  Due to	h. Do not ent  for as a consecutor as a consec	quence of):  quence of):  quence of):  quence of):  quence of):  quence of):	igh fe of dying  ause give	26. Place	Ca cardiac c	23b. Dld 1 24a. Was performe 5   Resized. Describe	tobacco use of tobacc	contribute to 3 Protection 24b. Was averaged and the contribute to	Approximate Interval Between Onaet and Deat Set. W. Se	
or deeth.  actor: After this certificate has been signed by the attending physician end  by the funeral director, page 2 should be detached for use as the burlel-transit  on	To Be Completed by Physician/Medical Examiner	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initieted events resulting in death) Last  Part II. Other significant conditions  25. Was case referred to medical examiner?  1	a. Los de la la la la la la la la la la la la la	Due to (or  Due to	h. Do not ent  for as a consecutor as a consec	quence of):  quence of):  quence of):  quence of):  quence of):  quence of):	igh fe of dying  ause give	26. Place	Ca cardiac c	23b. Dld 1 24a. Was performe 5   Resized. Describe	tobacco use No s an autopsy ormed?  Yes 2 No one) Idence 8 0 0 how injury occ	contribute to 3 Protection 24b. Was averaged and the contribute to	Approximate Interval Between Onaet and Deat SCU. What is the cause of death of the cause of death?  The cause of death of the cause of death?  Yes 2 No	
or deeth.  actor: After this certificate has been signed by the attending physician end  by the funeral director, page 2 should be detached for use as the burlel-transit  on	Certification: To Be Completed by Physician/Medical Examiner	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initieted events resulting in death) Last  Part II. Other significant conditions  25. Was case referred to medical examiner?  1  Yes 2 Ro  27. Menner of Death 1  Natural 5  Pending Investigation of Sound of Pending Investigation of Sound o	a. Los b. Co. Co. Co. Co. Co. Co. Co. Co. Co. Co	Due to (or  Due to	th. Do not ent  as a consecutive as a co	uence of):  nderlying can  at 3 DO	eause give	26. Place er: 4 Nu vat vat vat vat	Ca cardiac c	23b. Dld 1 24a. Was perfection of Check only one 5 Res 28d. Describe	tobacco use of tobacc	contribute to  3 Prot  24b. Wa ave cord of of  1 C  Other (Specif) surred	Approximate Interval Between Onaet and Deat Onaet and Deat Onaet and Deat Onaet and Deat Onaet and Deat Onaet and Deat Onaet and Deat Onaet	
wirdeeth.  actor: Affer this certificate has been signed by the attending physician end  by the funeral director, page 2 should be detached for use as the burlet-transit  on	Certification: To Be Completed by Physician/Medical Examiner	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initieted events resulting in death) Last  Part II. Other significant conditions  25. Was case referred to medical examiner?  1 Yes 2 No  27. Menner of Death 1 Matural 5 Pending Investigating Suicide 6 Could not determine  29a. Certifier (Check only 2 Medical Examiner?	a. Local b. Co. Co. Contributing to death (Month, on be death)  By solution and the best of the best o	Due to (or  Due to	th. Do not ent  for a consecutive as a c	Quence of):  quence of):  quence of):  quence of):  quence of):  quence of):  quence of):  quence of):  quence of):  quence of):  quence of):  quence of):  quence of):  quence of):  quence of):  quence of):  quence of):	DA Other Sec. Injury Work	g, auch es  26. Place  37: 4 Nu  41: 42  42: 44  43: 44  44: 44  45: 46: 46: 46: 46: 46: 46: 46: 46: 46: 46	Ca cardiac c	23b. Did 1 24a. Was perful (Check only one 5   Resized. Describe	tobacco use No san autopsy ormed?  Yes 22 No one) Idence 8 0 0 how injury occ (Street and Num, Stete)	contribute to 3 Prot  24b. Wa ave cor of c  1 C  Other (Specif) surred	Approximete Interval Between Onaet and Deat SCU. What is a second of the cause of death of the cause of death?  The cause of death of the cause of death?  Poster autopsy finding all able prior to impletion of cause death?  Poster Number, when the cause of the cause of death?	
24 hours after deeth.  Funeral Ofractor: After this certificate has been signed by the attending physician end  and physician end  are physician and physician of the physician	edical Certification: To Be Completed by Physician/Medical Examiner	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Last  Part II. Other significant conditions  25. Was case referred to medical examiner? 1 Yes 2 No  27. Menner of Death 1 Natural 5 Pending Investigation of	a. Local b. C.	Due to (or  Due to	th. Do not ent  for a consecutive as a c	quence of):  quenc	eause give	26. Place on: 4 Nu v at v at v at v at v at v at v at v a	Ca cardiac c	23b. Did 1 24a. Was perful (Check only one 5   Resized. Describe	tobacco use I Yes 2 No No one) Idence 8 C No one) Idence 8 C No one) Cause(s) and date and plec	contribute to 3 Protein Specify  24b. Was averaged and the contribute to the contrib	Approximate Interval Between Onaet and Deat Set William Constitution of the cause of department of cause of the cause of death?  If Route Number, atted the cause(s)	
win 24 hours after deeth.  The Funeral Director: After this certificate has been signed by the attending physician end more properties of the funeral director, page 2 should be detached for use as the bunel-transit of the properties of the funeral director.	Certification: To Be Completed by Physician/Medical Examiner	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initieted events resulting in death) Last  Part II. Other significant conditions  25. Was case referred to medical examiner?  1 Yes 2 No  27. Menner of Death 1 Matural 5 Pending Investigating Suicide 6 Could not determine  29a. Certifier (Check only 2 Medical Examiner?	a. Local b. Co. Co. Contributing to death (Month, on be death)  By solution and the best of the best o	Due to (or  Due to	th. Do not ent  for a consecutive as a c	quence of):  quenc	DA Other DA Office at the time, in my op	g, auch es  26. Place er: 4 Nu vat c? Yes 2 1	of Deeth rsing Hor	23b. Did 1 24a. Was perful (Check only one 5   Resized. Describe	tobacco use No san autopsy ormed?  Yes 22 No one) Idence 8 0 0 how injury occ (Street and Num, Stete)	contribute to 3 Protein Specify  24b. Was averaged and the contribute to the contrib	Approximate Interval Between Onaet and Deat Set William Constitution of the cause of department of cause of the cause of death?  If Route Number, atted the cause(s)	
24 hours after deeth.  Funeral Ofractor: After this certificate has been signed by the attending physician and Boatel of the funeral director, page 2 should be detached for use as the bunel-transit of the state of the funeral director.	edical Certification: To Be Completed by Physician/Medical Examiner	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Last  Part II. Other significant conditions  25. Was case referred to medical examiner? 1 Yes 2 No  27. Menner of Death 1 Natural 5 Pending Investigation of	a. Local b. Co. Co. Contributing to death (Month, on be death)  By solution and the best of the best o	Due to (or  Due to	th. Do not ent  for a consecutive as a c	quence of):  quenc	DA Other DA Office at the time, in my op	g, auch es  26. Place er: 4 Nu vat c? Yes 2 1	of Deeth rsing Hor	23b. Did 1 24a. Was perful (Check only one 5   Resized. Describe	tobacco use I Yes 2 No No one) Idence 8 C No one) Idence 8 C No one) Cause(s) and date and plec	contribute to 3 Protein Specify  24b. Was averaged and the contribute of the contribute to the contribute to the contribute of the contrib	Approximate Interval Between Onaet and Deat Set William Constitution of the cause of department of cause of the cause of death?  If Route Number, atted the cause(s)	
24 hours after deeth.  Funeral Ofractor: After this certificate has been signed by the attending physician and Boatel of the funeral director, page 2 should be detached for use as the bunel-transit of the state of the funeral director.	edical Certification: To Be Completed by Physician/Medical Examiner	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initieted events resulting in death) Last  Part II. Other significant conditions  25. Was case referred to medical examiner?  1 Yes 2 No  27. Menner of Death 1 Natural 5 Pending Investigating Suicide 6 Could not determine  29a. Certifier (Check only one)  29a. Certifier (Check only one)  29a. Significant of Certifier (Check only one)	a. Los de b. Contributing to deating to deating the loss of the lo	Due to (of Due to (of	ER/Outpatier 28b. Time of Injury ome, farm, str	quence of):  quenc	eause give	26. Place arr. 4 Nu version on, deate encipinon, deate	Ca cardiac control of Deeth rsing Horoxia di piaca, atth occurre	23b. Dld 1 24a. Was perfective of Check only on Check only one 5 Resized. Describe of the dat the time,	tobacco use tobacco use (Yes 2 No one) Idence 8 Chow injury occ (Street and Num, Stete) cause(s) and date and place 29d. Date sign of the control of the con	contribute to  3 Prot  24b. Wa ave confidence  24b. Wa ave confidence  1 Content (Specification  2 Content (Specification  2 Content (Specification  2 Content (Specification  2 Content (Specification  2 Content (Specification  2 Content (Specification  2 Content (Specification  2 Content (Specification  2 Content (Specification  3 Content (Specification  4 Content (Specification	Approximate Interval Between Onaet and Deat Selv. What is the cause of death of the cause of death?  If Route Number, and the cause(s)  Day, Year)	
24 hours after deeth.  Funeral Ofractor: After this certificate has been signed by the attending physician end  and physician end  are physician and physician of the physician	edical Certification: To Be Completed by Physician/Medical Examiner	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Last  Part II. Other significant conditions  25. Was case referred to medical examiner? 1 Yes 2 No  27. Menner of Death 1 Natural 5 Pending Investigation of Could not determine  29a. Certifier (Check only one)  29a. Certifier (Check only one)  29b. Signiffuration of Certifier (Check only one)	a. Los de b. Contributing to deating to deating the loss of the lo	Due to (or Due to (or	ER/Outpatier 28b. Time of Injury wiedge, death tion and/or Inv.	quence of):  quenc	eause give	26. Place arr. 4 Nu version on, deate encipinon, deate	Ca cardiac control of Deeth rsing Horoxia di piaca, atth occurre	23b. Dld 1 24a. Was perfective of Check only on Check only on Check only on the season of the season	tobacco use tobacco use (Yes 2 No one) Idence 8 Chow injury occ (Street and Num, Stete) cause(s) and date and place 29d. Date sign of the control of the con	contribute to  3 Prot  24b. Wa ave confidence  24b. Wa ave confidence  1 Content (Specification  2 Content (Specification  2 Content (Specification  2 Content (Specification  2 Content (Specification  2 Content (Specification  2 Content (Specification  2 Content (Specification  2 Content (Specification  2 Content (Specification  3 Content (Specification  4 Content (Specification	Approximate Interval Between Onaet and Deat Set William Constitution of the cause of department of cause of the cause of death?  If Route Number, atted the cause(s)	

State Registrar



# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 27083

				Ce	rtificate	of	Death		R	eg. No.		_ / 0 0 0		
	1. Decedent's Name (First, Middle								2. Date of Deat Month		Vaai	3. Time of Count		
hysician /Medical	Deborah	, he	-				AUG	28 1296		0437				
xaminer	4e. Facility Neme (If not institution	-					4b. City, Tow	vn, or Lo	cation of Deeth	4c. County				
Adminion	University of 1	Marvland	Hospita	1		- 1	Balti	more		Balti	imore	City		
ineral	5. Social Security Number	6. Sex	7. Age (In yrs.		If Under			24 Hrs.	8. Dete of Birth		9. Birthole	oce (State or Fore		
ector	217-50-0026	1 □ M 2💢 F	4	6 Yrs.	Months	Days	Hours	Min.	8. Dete of Birth (Month, Day Sept. 17	Year 1949	De la	Ware		
	Usuai Residenca of Decedent		,			-		1		,				
16	10e. State 10b. County		10c. Cit	y, Town or Lo	ocation						10	d. Inside City Lim		
edical Examiner must be notified at leted by Funeral Director	Maryland Cecil		E1k	ton								1 □ Yes 2 10		
Director	10e, Street and Number				10f. Zip (	Code			1	Og. Citizen of V	What Countr	v?		
0	153 Arbutus St	root			219					U.S.A.		,		
Funeral	11. Marital Status		cedent Ever In U	S 13			Hispanic Orlo	In2 (Sno			e - America	n Indian		
5	1 ☐ Never Married 2 ☑ Merri	Armed F	orces?	,0.	If Yes, speci	fy Cub	en, Mexican,	penic Orlgin? (Specify Yes or No- , Mexican, Puerto Rican, etc.)						
by	3 ☐ Widowed 4 ☐ Divorced	If Yes, G	ive		1 ☐ Yes 2	No L	Specify:			Specify	T.71. 3 4			
7			Dates:	100 David	danda Hawai	0								
Completed	15. Decedent (Specify only highes	s Education t grade completed	)	(Give	dent's Usuel	done	during most	of workir	ng	16b. Kind of Bu	JSINOSS/INGL	otate, Zip Code) 921 Sity or Town, State 11e, Marylan		
d E	Elementary/Secondary (0-12)	College	(1-4or 5+)		DO NOT use		ia)			Educati	ion			
		2		Sec	retar	У				Education				
Be	17. Father'a Name (First, Middle, I	•							a Nama (First, Middle, Maiden Sumame)					
2	George C	. Kaehn,	Jr.				Mary	Jane	e Davie					
	19a. Informant's Name/Ralationsh	nip (Type, Print)		19b. Maili	ng Address	(Street	t and Number	r or Rura	l Route Number	, City or Town,	State, Zip C	Code)		
	Kevan E. Brown	e, Sr.		153	3 Arbu	tus	Stree	et -	Elkton,	MD 2	1921			
	20a. Method of Disposition			Plece of Dispo			100)	_   5	B-31	20c. Location -	City or Tow	m, State		
		Bonalion 5 Dother (Specify) Earlevill									ille,	Maryla		
ا ۵	21. Signature of Funeral Service I	metery	7 Name and	Addra	see of Equility		1770							
DUC	Lit. Olganizatio di Fundiali Convoca		t.,	H	icks H	ome	for F	une	rals, P.	Α.				
	Danuel	2. He	eka	10	3 Wes	t S	tockto	on St	treet, E	Elkton,	MD 2	1921-55		
	23a. Part1. Enter the disaasa, or shock, or heart failura. List	complications that	causad tha deetleach line.	h. Do not ent	ter the mode	of dyir	ng, such as c	cardiec o	r respiratory arm	est,		Approximate interval Between		
ian						1						Onset and Deat		
cal	Immediata Cause (Final disease or condition resulting in death)  a. Intracerebral Arevnysm  Dua to (or as a consequence of):  b. Subavachus id hemorrhage													
er	resulting In death)  Dua to (or as a consequence of):											1		
Medical Examiner	Dua to (or as a consequence of):										24			
늍		b. 300	ravi	ach	الماط	10	1 ne	Mo	mha	mage To				
Examiner	Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying		as a consequence of):					0	19	1				
	Cause. Enter Underlying Causa (Disaase or Injury thet initiated events	asr							-	-a				
edicai	resulting in death) Lest		Due to o	r es e conseq	uenca of):						1			
Me		d.									İ			
Physician											į			
/sic	Part II. Other significant condition	ns contributing to d	death but not res	ulting in the u	ndariying ca	use giv	ven in Part I.		23b. Did to	bacco use cor	ntribute to 1	the cause of de		
Æ									1 U Y	08 2 No	3 Probe	ably 4 Unk		
þ														
									24a. Was a pertorr		24b. War	a autopsy findin lable prior to		
Completed									portori	11001	com	pletion of cause eath?		
Ē									404					
									1 □ Ye	es 2 No	10	Yes 2□ No		
B	25. Was case referred to medical examiner?	Hospital:				104		of Death	(Check only on	10)				
2	1 ☐ Yes 2 No	1 22		ER/Outpatler		4		sing Hon	ne 5 Reside	enca 6 Oth	er (Specify)			
ü	27. Manner of Death 1 Political 5 □ Pending	28a. Date	of Injury nth, Dey Year)	28b. Time of Injury	f 28	c. Injui	ry et rk?	2	28d. Describe ho	ow injury occurr	red			
Certification:	2 Accident investig	etion			M		Yes 2 N	lo ol						
ific	3 ☐ Suicide 6 ☐ Could n 4 ☐ Homicide determi	286. Plac	e of Injury - At ho	ome, ferm, str	reet, factory,	offica		2	28f. Location (St City or Town		er or Rural	Route Number,		
le L	4 d Homodo	Dunc	ting, etc. (Specif)	7)					Oily or Town	r, State/				
	29a. Cartifier 1 Certifying	Physician: To the	e best of my kno	wiedga, daatt	n occurred a	t the tir	me, date and	place, a	and due to the ca	ause(s) and ma	inner as sta	ted.		
edicai	(Check only 2 Madical E	xaminar: On the b	pasis of examinat	tion and/or In	vestigation, i	in my c	opinion, death	h occurre	ed at the time, de	ete and piaca,	and due to t	the cause(s)		
Me	29b, Signature and title of certifles	1	1		29c.	Licens	se number		2	9d. Dete signe	d (Month, D	ey, Year)		
	N/1 - 6	14	1		A		(9/.5			**		/		
(Check pni) 2 Madical Examinar: On the basis of examination and/or Investigation, in my opinion, death occurred at the time, dete and piaca, at and menner stated.  29b. Signature and title of certifies  29c. License number  29d. Dete signed  AVAITAZE AP 204C  AVAITAZE AP 204C  30. Name and addrass of person who completed causa of death (Itam 23a) (Type, Print)  22 S GREENT RALTI MORE MO 21224  31. Date filled (Month, Day, Year)  32. Registrar's Signature  AUG 3 0 1996  State  State  AUG 3 0 1996  State  AUG 3 0 1996							001	776						
(8)	30. Name and addrass of person v	no completed cau	isa of death (Itam	23a) (Type,	Print)									
	225	GREEN	5 ST	BA	LTIN	40	RE 1	40	2122	4				
State	31. Date filed (Month, Day, Year)	32.1	Registrar's Signa	ture										
strar	AUG 3 0 1996	delio.	Baridson-1	phopologic										
6/05	AUU U V IJJU	0		*										

\* 5 x 49 

#### Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene

96

					Ce	ertificate	of Death		Reg. No.		/ 0 0 1					
	Physic /Medi		Decedent's Name (First, Middla, La	Beamon	1			2. Dete of Month		gear 96	3. Tima of Death 620ph					
	Exami		4e. Fecility Neme (If not institution, give	re street and number)			4b. City, Tov	vn, or Location of De	eth 4c. Cour	nty of Deeth						
			HYATTSVILLE HEA	LTH CARE CEN	TER		Нуа	ttsville	Pr	ince G	Georges					
	Funeral Director		5. Sociel Security Number  5.77-06-8739  Usuel Residence of Decedent	Sexy 7. Age (In	yrs. last birthda 26 Yrs.		eys Hours	Min. 8. Dete of I	Birth Day, Year) 5-70	9. Birthp Cour Wash	plece (State or Foreign htry) lington, D. (					
	faryland show	or	10a. Stete 10b. County		c. City, Town or					1						
	the N	ect	District of Col	umola	wa	shingto			10g, Citizen of What Country?							
	ath with	Funeral Director	3958 Ames Stree			20019 Ur					ates					
250	72 hours after death with the Manyland "natural", or flems 23s or 28s-f show polical Examiner must be notified at	by	11. Meritel Stetus  1☑ Never Merried 2☐ Married  3☐ Widowed 4 ☐ Divorced	12. Wes Decedent Ever Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give Yeer or Detes:	in U,S. 13	it Yes, specify		in? (Specify Yes or Puerto Rican, etc.)		lleck, White,	etc.					
5	72 ho	ted	15. Decedant's E (Specify only highest gr	ducation	18a. Dec	edant's Usuei O	ccupation	of unding			Year  106 6 20 pM  If Deeth  Ce Georges  9. Birthplece (State or Foreign Country)  Washington, D. C  10d. Inside City Limits 120 Yes 2□ No  net Country?  States  - American Indien, White, etc.  can American  Iness/Industry  ate  O  State, Zip Code)  C. 20019  City or Town, State  d, MD					
0700-01717	iled within hygiene. Ther then "r nt, the Med	Completed	Elementery/Secondery (0-12)	College (1-4or 5+)	lifa	Waite	one during most etired)	or working	Private							
nd 2 should be file nd 2 should be file lith and Mental Hy 27 is marked other r traumatic event,	BeC	17. Fathar's Name (First, Middle, Last	)				r's Nama (First, Midd	lle, Maiden Sum	ame)							
	To B	Benjamin J. Bea	mon			Judi	th Traver	S	5							
	-	19e. Intorment's Name/Ralationship (	r or Rural Route Num	nber, City or Toy	vn, State, Zic	p Code)										
		Judith C. Traver	s - Mother	3958	Ames S	treet. N	J.E. Washi	ngton.	D. G.	20019						
Daliiiiole,	8= 5		20a. Method of Disposition 1□XBuriel 2 □ Cremetion 3 □	Removei from Stete	b. Piece of Disposer, cr	position (Name of the other	of r piece)	Dete	20c. Locatio	on - City or To	own, State					
	permit. Page Department of Important: If any Injury or ance.		4 Donetion 5 Other (Special	6 Suitl	and, M	1D										
3	permit. Pa Departmen Important: any Injury once.		21. Signature of Funerei Service Lice	STEWART FUNERAL HOME, Inc. 4001 Benning Road, N.E., Washington, D.C.												
	Physician /Medicai Examiner	Je.	Immediate Cause (Finei disease or condition resulting in deeth)	e	aids to (or as a cons		f dying, such es d	cardiec or respiretory	errest,		ILIGINAL DAIMAGU					
, oo oo	eath certificate be executed attending physician and for use es the burial-transit	an/Medical Examiner	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that intileted events resulting in death) Last	· Panc	to (or es a cons	sení	ary	<i>failur</i>	e							
	0 0 0	sicia	Pert it. Other significant conditions of	contributing to death but no	resulting In the	underlying caus	e given in Pert I.	23b. D	d tobacco use	contribute to	o the cause of death?					
	requires that the death cer een signed by the attendin hould be detached for use	by Physician	.1						□ Yes 20/N							
100001	2 S S	Completed b				100		24a. W	as an eutopsy dormed?	ev	vailable prior to empletion of cause					
=	46 -	3						10	Yes 2 No	1[	☐ Yes 2☐ No					
	ysician: The s certificate director, pag	Be	25. Wes casa retarred to medical examiner?					of Death (Check on)	y one)							
	5 0	은	1 ☐ Yes 2 No	Hospitai: 1 ☐ inpatient	2 ER/Outpeti			rsing Home 5 Re	sidence 6 🗆 0	Other (Specif	fy)					
	Attending Pi r death. ector: After they the funeral	ation:	27. Manner of Death Naturel 5 Panding 2 Accident Investigatio		28b. Tima injury	of 28c.	Injury at Work? 1 Yes 2 N		e how injury occ	berrus	Birthplece (State or Foreign Country)  Shington, D. C.  10d. Inside City Limits 12 Yes 2 \( \text{No} \)  Country?  States  merican Indien, hite, etc.  An American ss/Industry  te  e. Zip Code) C. 20019 or Town, State MD  D. C. Approximete interval Between Onset end Deeth  Onset end Deeth  D. Ware autopsy findings evailable prior to completion of cause of death?  1 Yes 2 \( \text{No} \)  Rural Route Number,					
	al or Attendi s efter death al Director: A ed in by the f	Certification:	3 Suicide 6 Could not be determined	28t. Location City or	n (Street and Nu Town, State)	mber or Rura	al Route Number,									
	To the Hospital or Attending Ph within 24 hours effect death. To the Funeral Director: After th completely filled in by the funeral	edical (	29e. Cartifier (Check only one) Certifying Pt 2 Medicat Example (Check only one)	ystclan: To the best of my niner: On the bests of exar end menner steted.	knowledge, dee ninetion end/or	eth occurred at the investigation, in	na time, dete end my opinion, daet	I piece, and due to the hoccurred at the time	ne cause(s) and e, data and piec	mannar as s e, and due to	iteted. to the cause(s)					
	Withir To th	Me	29b. Signeture end title of certifier			29c. Li	cense number		29d. Dete sig	ned (Month,	Day, Year)					
			Robert O SI	Dipworth	mo		2890	06	8/	26/9	16					
(	2)		Robert D. SK.	combieted cause of death	mp;5	85 MA/	N STRE	ET, LAC	IREL,	mo	20707					
	Sta	ite	31. Dete tiled (Month, Day, Year)	32 Registrar's S	igneture			/	- 1							

, agrapa de mante de la compansa de monte de la compansa de la compansa de monte de la compansa de

# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

				Otato of Mary		rtificate of			Reg. No.	96	27085	
	Physici	an	Decedant's Name (First, Middle, Las					2. Dete of De Month	Dey	Yaar	3. Time of Deeth	
-	/Medi		PRISCILLA MARY					AUG		96	9:11 Am	
	Examir	er	4e. Fecliity Nama (If not Institution, give				4b. City, Town, or L		4c. County	of Death		
			HOLY CROSS HOSPI		4	If Undar 1 Yaar		Spring		gomer	м.	
	Funeral Director		5. Social Security Number 6. Security Number 11 Sec	3X 7. Age (in 8	yrs. last birthday, 5 Yrs.	Months Days	Hours Min.	8. Date of Bird (Month, Da Jan. 1	th y, Year) 4, 1910	9. Birthpi Coun St.	pieca (Stata or Foreign htry) MD Mary's CO.	
	and and		10a. Stete 10b. County	100	. City, Town or L	ocation	77979			1	0d. inside City Limits	
	death with the Maryland	0	Maryland Prince Georg	TA'S	Hyatts	villo					1⊠Yes 2□No	
	28.	Directo	10e. Street end Number	50 0	nyacts	10f. Zip Code		10g. Citizan of What Country?				
	3a or	ā	6510 Parkway Cour	+		207	700					
	death	Funerai	11. Maritai Status	12. Was Decedant Ever Armed Forces?	in U,S. 13.		/ O Z fispenic Origin? (Sp an, Mexican, Puarto	ecify Yas or No	United	a - Amaric		
Maryland 21215-0020	or the	by Fur	1 Nevar Merried 2 Married 3	Armed Forces? 1 ☐ Yes 2 ☑ No If Yas, Giva Yeer or Detes:		If Yas, specify Cuba 1 ☐ Yes 2√2 No		Rican, atc.)	Specify	ck, White, o	etc.	
0	72 hours	ted	15. Decedant's Edi	ucation	16a. Dece	16a. Decedent's Usuei Occupetion			16b. Kind of Bu			
215	hin 7	Completed	(Specify only highest gred Elementery/Secondary (0-12)	fa complated) College (1-4or 5+)	(Giva	16a. Decedent's Usuei Occupetion (Giva kind of work dona during most of work life. DO NOT use retired)						
2	filed within Hygiene. ther then	MO.	8	Consign (1-401 04)	Re	tired Pra	actical N	urse	Priv	vate		
pu	0 = 0 5	Be (	17. Father's Neme (First, Middle, Last)				18. Mother's Nem	e (First, Middla,	Meiden Sumer	10)		
Na	should be nd Mental marked o	To	Sam Coates				Lau	ra Lee				
ar	and and		19e. tnforment's Neme/Reletionship (T	ype, Print)	19b. Meili	ng Address (Street	end Number or Rur	al Route Numbe	er, City or Town,	State, Zip	Code)	
	CHNP		Sarah J. Pritche				Court, Hy	attsvil	le, MD	2078	2	
ore	8 2 2 0		20a. Method of Disposition 1 ☑ Buriel 2 ☐ Cramation 3 ☐ I		<ol> <li>Pieca of Disponentary, cre</li> </ol>	osition (Nema of metory or otha <i>r pi</i> ed	ce)	Dete	20c. Location - City or Town, Stete			
Ë	Pag ment amt: I		4 □ Donetion 5 □ Other (Specify,		Lincoln	Memorial	Cemetery	9/3/96	Suitlan	id, MI	D	
Baltimore,	permit. Page Department of Important: If any Injury or once.		21. Signature of Fynarel Servica Licans		2	2. Name and Addra	ss of Facility					
2	20539		John 1. X	Townst	7//		FUNERAL HO			on I	0 6	
	Physician /Medical Examiner		23a Art1. Enter the disaasa, or comp hock, or heert fellure. List only o immediate Ceuse (Finel diseasa or condition rasulting in deeth)	e. A cute						6	Approximate Intervel Between Onset and Death	
Box 68760,	eath certificate be executed attending physician and for use as the burial-transit	In/Medical Examiner	Sequentially list conditions, if any, leeding to immadiate cause. Enter Underlying Cause (Diseas or injury that initiated events resulting in deeth) Last	b. Due	to (or as a consec	quence of):				i i		
	the attendir	Sicie	Pert li. Other significant conditions co	ntributing to death but not	resulting in the u	indertving cause giv	ven in Pert i.	23b, Did 1	lobacco use co	ntribute to	the cause of death?	
P.0	# > 2	Physician/N	AH corala	. 0	/ -	_		10	11	3 Prob		
Records, i	v requires that been signed b should be deta	þ	Demonst F	Palerrah.	rdent	0.100	()	24a. Was	an autopsy		ere autopsy findings	
Reco	ilclen: The law recertificate has be rector, page 2 sh	Completed	Colors Car	ices Da	Tor )	1 Cont	De Cast	101	~^^	of c	mpletion of causa deeth?	
Vital	ysician: s certifica director,	Be	25. Wes case referred to medical axaminer?	1	- fer	mal	26. Piece of Deet	h (Check only o	ne)	1		
of V	2 00	10	1 Yes 2 Yo	Hospitel: 1 Inpatient	2 ER/Outpatie	nt 3 DOA Oth	er: 4 Nursing Ho	ma 5 Resid	dence 6 Oth	ar (Specify	1)	
20	ding Phy h. After thi funaral		27. Menner of Deeth  Solution 5 □ Pending	28e. Dete of injury (Month, Dey Yea	28b. Time of	f 28c. injur Wor	y et k?	28d. Describe f	now injury occur	red		
Division	Attending r death. sctor: After	Certification:	2 Accident investigation			M 1 🗆	Yas 2□No					
N	or Att	E	3 Suicide 6 Could not be 4 Homicide determined	28e. Pleca of Injury - A building, etc. (Sp	At home, ferm, st ecify)	reet, fectory, offica		28f. Location (5 City or Tox	Street end Numb vn, Stete)	er or Rure	I Route Number,	
	urs a urs a rai D											
	To the Hospital or Attending within 24 hours after death.  To the Funeral Director: After completely filled in by the fune	edicai	29e. Certifier (Check only one) Certifying Phy	elcien: To the best of my ner: On the basis of exam	knowledge, deet ninetlon end/or In	n occurred et the tin vestigetion, in my o	ne, dete end piece, pinion, deeth occuri	and due to the cred et the time,	cause(s) end ma dete and piece,	inner as ste and due to	eted. the cause(s)	
	within 2 To the	Me	29b. Signatura and title of certifiar	end manner stated.		29c. Licans	a number	T	29d. Data signer	d (Month i	Day, Year)	
	F ≥ F 8			$\sim$		0	1 6	number 29d. Data signed (Month, Day, Year)				
		-	Jungpi of	reda 1)	n	D2	6707		8-28	76	-	
	(1)		30. Neme and eddress of person who co	ompleted cause of deeth (		exingh.		61	0	A	20801	
	Sta	0	31. Dete filed (Month, Dey, Year)	32 Registrar's S		uchingho	un Dr.	differ	Spring	m.	0//	
	Sta Registr		AUG 2 9 1006	Carlot and	bertant	2			,			

DHMH 16 Rav 6/95

solver a restrict you at any

SECTION OF THE STATE OF THE

AND STREET AND DESCRIPTION OF THE

# Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

27086

						Cer	titicate oi	Death			Reg. No.			
	D		Decedent's Name (First, Middle, Last)							2. Data of De Month	ath Day	Year	3. Time of Death	
	Physici /Medic		Robert E.	Barry	7						21, 19		9:30 P.M.	
	Examir		4a. Facility Name (if not institution, giva s	street and number)				4b. City, To		ation of Death				
			12300 Salem Lane					Bowi	e		Princ	e Geo	orge's	
	Funeral		5. Social Security Number 6. Sax		a (in yrs. ias	st birthday)	If Under 1 Yea		24 Hrs.	8. Date of Birt (Month, Da			place (Stata or Foraign	
	Director		577 54 9340	2M 2□ F	55	Yrs.	Months Days	Hours	Min.	Dec. 1	1,1940	Mair	1e	
	D		Usual Residenca of Decedent											
	how I		10a. State 10b. County		10c. City,	Town or Loc	ation					1	10d. fnside City Limits	
	Ma Tred	to	Maryland Prince G	eorge's	Bow	ie							XXX Yes 2□No	
	th th	lre	10e. Street and Number				10f. Zip Code				10g. Citizen of	What Cour	ntry?	
	th wil	Funeral Director	12300 Salem lane				207	715			United	Stat	es	
	dea dea	ner	11. Maritai Status	12. Was Dacedant E Armed Forces?	ver in U,S.	13. W	as Decedent of Yas, specity Cu	Hispanic Ori	gin? (Spec	ity Yas or No	- 14. Rac		can Indian,	
0	or h	F	1 ☐ Never Married X3EXMarried	12DYes 2 □ N	lo		☐ Yes 2☐ No			ican, etc.)		ck, White,		
21215-0020	72 hours efter death with the Maryland natural", or flerns 23s or 28s-f show olds! Examinet must be notified at	by	3 Widowed 4 Divorced	if Yes, Give Year or Dates:	Vietn	am '	LITES ZLING	з эреспу:			Specif	y: Whi	Lte	
5-0	72 ho	Completed	15. Decedent's Educ (Specify only highest grade	cation		16a. Deced	ent's Usuai Occu	upation	t of work in		16b. Kind of B		duatry	
21	within ene. than	pje	Eiementary/Secondary (0-12)	Coilege (1-4or 5-	+)		kind of work done O NOT use retir	ed)	or working	9	Distric			
2	filed with Hygiene. Ither than	Son		1		Fire	fighter				Columbi	a		
pu	of the the	Be (	17. Fathar's Nama (First, Middla, Last)					18. Mothe	er's Name	(First, Middle,	Meiden Sumar	ne)		
/a	should be fand Mentel is marked of	To	Thomas Frank Barr	У				Ru	th Al	ice Lo	well			
Maryland	s 1 end 2 should be filled within 72 hours efter death with the Marylar if Heelth end Mentel Hygiene. If Heelth end Mentel Hygiene. Item 27 is marked other than "natural", or items 23a or 28e-f ahow other traumatic avant, mn Medical Examiner must be notified at		19a. informant's Name/Relationship (Ty)	oe, Print)			g Address (Stree						Code)	
	elth 27 1		Anne Barry W	ife		12300	Salem I	Lane B	owie	Maryla	nd 2071	5		
ore	ten the		20a. Method of Disposition		20b. Piac	ca of Dispos						City or To	own, State	
Ĕ	Pege ent mt: If	1 Buriai 2 Ceremation 3 Removal from State 4 Donation 5 Other (Specify)  Metropolitan Crematory 8/2									Alexandria Virg			
altimore,	orta													
m	permit. Peges 1 end 2 sh Department of Heelth end Important: If item 27 Is m any injury or other traum 2000s.		* Kalinat S	CIRIA	Va									
1		$\vdash$	23a, Part1, Enter the disease, or compli	cations that caused	We death	Do not ente	000 Ann	apolis	Rd.	Bowie	Marylar	nd 20	715 Approximate	
	Discolution		23a. Part1. Enter the disease, or compli- shock, or heart failure. List only on	e cause on each line	ie.	DO HOT BING	i the mode of dy	ing, odor as	Cargiac or	respiratory a	11001		Interval Between Onset and Death	
	Physician /Medical		immediate Cause (Flnai	1		C		0.					( "	
	Examiner		disease or condition resulting in death)	MEIAS	ATTO	CA	STRIC	ARC	NON	14			O anoniar	
		9			Dua to (or a	s a consequ	uenca of):							
	rted Insit	Examiner	_ b				1							
	certificate be executed ding physician and use es the buriel-transit	xai	Sequentially list conditions, if any, leading to immadiate cause. Enter Underlying Cause (Diseasa or injury that initiated events		Due to (or as a consequenca of):									
68760,	be e iclan buri		Cause (Diseasa or injury											
387	phys the	n/Medical	rasulting in death) Last	С	Dua to (or a	s a consequ	ence of):					į		
ox 6	nding use es	¥	L a											
Bo		Jan										1		
P.O.	requires thet the death seen signed by the atter hould be detached for t	Physician	Part il. Other significant conditions con	tributing to death bu	it not rasulti	ing in the un	derlying cause g	iven in Part I		23b. Dfd	lobacco use co	ntribute t	o the cause of death?	
	het ti od by detac	윤								1 🗆	Yes al No	3 ☐ Pro	bebly 4 Unknown	
Records,	signe d be	by						_				T au 111	- A	
0	v require been si should	e e								24e. Wes perfo	en eutopsy med?	av	ere eutopsy findings raliable prior to empletion of causa	
ec	≥ S ×	du						•				of	death?	
=	F age	Completed								10	Yes 2 No	1[	☐ Yes 2☐ No	
Vital	Physician: The this certificate ral director, pag	Be	25. Was casa referred to medical examiner?					28. Place	of Death	(Check only o	ne)			
of	Physic this ce	ဥ	1 Yas 2 No	ospital: 1 ☐ Inpatier	nt 2 EF	3/Outpatient	3□ DOA O	ther: 4□ Nu	irsing Hom	a 50 Rasio	dance 8 Oth	ner (Specif	(y)	
u	ng Pl		27. Manner of Deeth  Natural 5 □ Pending	28a. Date of Injung (Month, Day	Year) 2	8b. Time of fnjury	28c. inj	ury at ork?	21	8d. Describe I	now injury occur	rred		
0	uttendir death. ctor: Af y the fu	atic	2 ☐ Accident investigetion					☐Yes 2☐	No					
Division	or Attending I after death. Director: After i in by the funer	E	3 Suicida 6 Could not be 4 Homicide determined	28e. Place of Inju- building, etc.	ry - At hom	e, farm, stre	et, factory, office	9	21	Bf. Location (:		ber or Ruri	ai Routa Number,	
	all or A	Certification:		Danieli 1g, oto.	. (Opeony)					ony or ro	,,			
	Hospital 24 hours Funeral etely filled		29a. Certifier Certifying Phya	iclen: To the best of	f my knowle	edge, deeth	occurred at the	time, date an	d piece, er	nd due to the	cause(s) end m	anner es s	iteted.	
		edical	(Check only 2 Medical Examin	er: On the basis of and mannar stat	examinatioi ted.	HOUD INV	estigation, in my	opinion, dea	in occurre	s at the time,	ueta and piace,	and due to	uie cause(s)	
	To the comple	×	29b. Signature and title of certifier	$\gamma$	4		29c. Licer	nse number			29d. Date signe	d (Month,	Day, Year)	
	(15)		time (	20004 11	uu)		00	7285		2	CIGUST	22 /	796	
-	(1)		30. Name and address of person who co	npieted cause of de	eth (item 2	3a) (Type, F	Print)_	~		\	ALL MAK !		1	
	1 14	1	LAMES A. BOOKEN	MD 970	7 M4	SYCH	CENTR	D. De	VEK	OCKVIL	1EM)	20	RTO	
	Sta	te	31. Date fliad (Month, Dey, Year)	32. Registra	r's Signatur	.6	51416		3		)			
	Registr		4110 4 4	oc Ki	A. is	arlan	2.00							
DH	MH 16 Ray 6/9:	,	AUG & D	0	-									

DHMH 16 Rav 6/95

and the state of the state of the state of

# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

27087

_								Cen	uncare	or	Death			Reg. No.			
п	Physic	an	Decedent's Nam	e (First, Middle	, Last)								2. Date of De Month	eath Day	Year	3. Time of Death	
	Physici /Medi		Alice Pa	auline	Braden								August	27, 1	996	7:55 PM	
)	Examir		4a. Facility Neme (	If not institution	, give street and n	um <i>ber)</i>					4b. City, To	own, or Lo	ocation of Deal	th 4c. Co	unty of Dea	th	
			Bayside	Nursin	g Center						Lexin	gton	Park	S	t. Mai	ry's	
Н	Funeral		5. Social Security N		6. Sex	7. Age	(In yrs. lest birt	thdey)	If Under 1	Year	if Under	24 Hrs.	8 Date of Bi	rth	9. Bir	thplece (State or Foreign	
п	Director		236-42-	5210	1□M 2∏ F		75	Yrs.	Months I	Days	Hours	Min.	(Month, D.) August 1	ey, <i>Year)</i>	Wes	thplece (State or Foreign ountry) t Virginia	
L			Usuel Residence o			1	, ,						a anguse 1	.0, 1721	1400	C VII BIHIA	
	land		10a. State	10b. County			10c. City, Town	or Loc	ation							10d. Inside City Limits	
	Mary	ŏ	West Virginia	Greenb	rier		White	Su1	nhur	Spr	ing					1 ☐ Yes 2 ☑ No	
	the 48	9	10e. Street end Nu		, LLCI		WILLEC	our	10f. Zip C		26			10g. Citizen	of What Co	nuntar?	
	With P	ā	Route #92, Box D-397 24986							6			ates				
	at 23	Fal		72, DUX													
	72 hours after death with the Maryland naturel, or items 23a or 28s4 show dical Examiner must be nutified at	Funeral Director	11. Marital Status		12. Wes De Armed F	orces?		13. W	Yes, specify	Cub	nspanic Ori an, Mexicai	n, Puerto	ecify Yes or No Rican, etc.)	0- 14.	Black, Whit	erican Indian, te, etc.	
20	a g	by F	1 Never Marr		If Yes, C	2 X No	)	1	☐ Yes 2	No	Specify:			Sp	ecity:		
8	non-		3 Widowed		Yeer or	Dates:										White	
21215-0020	72 hours naturel',	ete	(Spec	15. Decedent' cify only highes	's Education <i>t gr</i> ade co <i>mpleted</i>	1)	16a.	(Give k	ind of work	done	during mos	st of work	ing	16b. Kind	of Business	Andustry	
12	within ene.	ďμ	15. Decedent's Education (Specify only highest grade completed)  Eiementary/Secondary (0-12) 7  16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired)  Homemaker														
	filed v Hygie Ither t		7						Homer	nak					N/A		
in o	ges 1 and 2 should be filed within 72 hr t of Health and Mental Hygiene. If Item 27 is marked other than "natur or other traumatic event, the Medical	Be	17. Father's Name (First, Middle, Last)  James Franklin Braden  18. Mother's Neme (First, Middle, Melden Surneme  Bessie Jane Loving									meme)					
N S		2	James F	ranklin	Braden						Bes	sie	Jane L	oving			
Maryland	2 sho and is me		19e. Informant's N	ame/Reletionsh	nip (Type, Print)		19b.	Meiling	Address (S	Street	and Numb	er or Run	al Route Numb	per, City or To	wn, State,	Zip Code)	
	Health Health em 27		Donald	Lee Bra	den	S	on 31	9-B	Lexwo	ood	Driv	e, L	exingt	on Par	k, Ma	ryland 2065	
ore	T He He		20a. Method of Dis				20b. Piace of	Dispos	ition (Name	of er ple	ce)	T	Date	20c. Locat	ion - City or	Town, State	
Ĕ	it. Pa artmen ortant: injury			☐ Cremation 5 ☐ Other (Sp	3 ☐ Removal from	n State	Whotco		•		,	18	-31-96	West	Virgi	nia	
altimore,			21. Signature of		**	111	7	_							11161	III	
Ba	Deperment		9/11	10/11	Den!	W	/						Home,				
			Edwar	d W. B	rinsfield	d, UI	M0005	2 P.	0. Bo	x 2	279, I	Leona	rdtown	, Mary	land	20650	
в			23a. Part1. Enter t shock, or hea	he disease, or out failure. List o	complications that only one cause on	caused the	he death. Do r	not ente	r the mode of	of dylr	ng, such as	cardiac	or respiratory	arrest,		Approximete Interval Between	
	Physician			9												Onset and Deeth	
ч	/Medical		Immediate Cause diseese or condition			01	2050	アる	15							SDAY	
п	Examiner		resulting In deeth)		е.	D	ue to (or es e o	onsequ	ence of):							7	
	D 2	ner				71	BER	=3	1	18	241	Up				154an	
	ocertificate be executed inding physician and use as the buriat-transit	Examiner	Sequentially list co	nditions	Ь.	D	ue to (or as a	onsequ	ence ot):							1 1	
ó	exe rial-t	EX	Sequentially list conditions, if any, leeding to immediate cause. Enter Undertying Cause (Disease or injury that initiated events resulting in death) Last  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Family This initiated events resulting in death) Last									IT GOIN					
9/	s bu	cal											13 //				
68760,	ifical pph ps th	8										1-40m					
X	nding use	2			d	,0,	0(64			//		/	701-			1	
Ď	atte for	cla	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.  23b. Did tobacco use contributions														
P.O.	that the de ed by the detached	ys															
	that the												1,0	Yes 2□1	No 3□P	robably 4 Unknow	
Records,	ires tha signed d be del	by													1		
ord	been should	tec												an autopsy ormed?	240.	Were autopsy findings available prior to	
ec	has by	ple														completion of cause of death?	
8	m = w	Completed											10	Yes 2	10	1 Yes 2 No	
of Vital	Iclan: The certificate rector, pag	Bec	25. Wes case refer	red to medical						-	26. Plece	e of Deat	h (Check only	one)			
>	Physician: this certific	To E	examiner?	No	Hospitel:	3 inpatient	2□ ER/Ou	nationt	3□ DOA	Oth	or _		me 5□Res		Other (Sp.	acifu)	
0	Phy prthi eral		27. Manner of Deat		28a. Date	of Injury	28b. T	ime of		. Injur Wor			28d. Describe			iony)	
o	Affa fun	tloi	1 ☐Natural 2 ☐ Accident	5 Pending investig		nth, Day	Year) Ir	njury	м		rk? Yes 2∐	No					
Division	l or Attending I after death. Director: After I in by the fune	Certification:	3 Suicide	6 Could n	ot be	e of Injun	y - At home, fai	m etre	et factory o				28f Location	(Street and N	lumber or R	lural Route Number,	
5	or A	T	4  Homicide	determi	build	ding, etc.	(Specify)	111, 3110	or, ractory, c	mou				wn, Stete)	a	arar roots rombor,	
	To the Hospital within 24 hours a To the Funeral Completely filled	1	20a Cariffee	40 0 411													
	Hos 14 ho Fun tely	edical	29a. Certifier (Check only	2 Medical E	Physician: To the xaminer: On the	basis of e	xamination/and	death of for investigation	occurred et estigation, in	the tir my o	me, date an pinion, dea	nd piace, ath occurr	and due to the ed at the time.	cause(s) and date and pla	d manner a ice, and du	s stated. e to the cause(s)	
	the the	Mec	one)		and ma	nner state	d.			1							
_	5 ¥ 5 8	-	29b Signature end	title of certifier		2 /	4		29c. L	icens	e number			29d. Dete s	igned (Mon	th, Day, Year)	
			D17677 8/28/96														
			30. Name and addr	ess of person w	vho completed cau	use of dee	ntH-(Kem 23a) (	Type, P	rint)								
					os Reyes	-			•	, E	30x 87	7, Ho	ollywoo	d, Mar	yland	20636	
	Sta	te											-				
	Registr			ALIC OF	1996	this d	Havelun-	tarda	Ц								
DH	IMH 16 Rev 6/9	5		HUU & C	0	-											

# Please Type or Print in Black Indelible ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

27088

						Cer	uncate	OI I	Death		Reg. No.			
ď	Physici	an	Decedent's Neme (First, Middle, Last)							2. Dete of I Month	Deeth	Year	3. Time of Death	
	/Medi			illiam			E		coe		August 24, 1996   11:00am			
A	Examir	ner	4e. Fecility Neme (If not institution, give str							n, or Location of De				
	_		Calvert Memorial Ho  5. Social Security Number 6. Sex				If Under 1 \		If Under 24	Frederic				
	Funeral		The state of the s	/. Ag	e (In yrs. lest bir	Yrs.		eys		Min (Month I	Dey, Year)	9. Birthp	place (Stete or Foreign atry)	
	Director		Usuei Residence of Decedent		96					Novembe	r 20, 1899	Rid	ge	
	Mo #		10e. Stete 10b. County		10c. City, Tow	n or Loc	cation					1	0d. Inside City Limits	
	Mary	io	Maryland St. Mary'	S	Ri	dge							1 ☐ Yes 2 ☑ No	
	28a	Director	10e. Street end Number				10f. Zip Co	de			10g. Citizen of 1	What Coun	ntn/?	
	3a or	0	69 Seaside View Roa	d				680	0		United			
	Jeath Tre 2	Funeral		Wes Decedent	Ever in U,S.	13. W				n? (Specify Yes or I		e - Americ		
0	offer prine		1 🕱 Never Merried 2 ☐ Merried	Armed Forces? 1 ☐ Yes 2 🔀	No					Puerto Rican, etc.)	Ble	ck, White,	etc.	
02	al.	by	3 Widowed 4 Divorced	if Yes, Give Yeer or Detes:		1	☐ Yes 2🛚	No	Specify:		Specify	y: Bla	ack	
21215-0020	d within 72 hours effer death with the Maryler light. I than "natural", or itema 23a or 28e-f show than "natural" or itema 23a or 28e-f show than 12a Maryles Examiner must be not red at	Completed	15. Decedent's Educat (Specify only highest grade of	tion completed)	16a.	Deced	ent's Usuel C	ccup	etion during most o	f undelna	16b. Kind of B	usiness/Inc	dustry	
21	thin a	nple	Elementery/Secondery (0-12)	College (1-4or 5	5+)	life. D	O NOT use	atirec	d)	Working				
	2 should be filed within 72 hours efter death with the Maryland and Manial Hygiene. Is marked other than "natural", or itema 23a or 28e-f show aumatic event, the Madical Examiner must be notified at	5	7 Farmer								Agriculture			
Maryland	be filed fall Hyg d other event,	Be	17. Fether's Neme (First, Middle, Last)							Neme (First, Midd	le, Meiden Sumen	ne)		
yla	Mantal Marked of attic eve	J.	George Biscoe						Lilli	an Green				
lar	d 2 should th and Man 7 is marke traumatic		19e. Informent's Neme/Relationship (Type							or Rural Route Num				
	CENF		Annette B. McIntosh	Ni					iew Ro	ad, Ridge	, Maryla	nd 20	0680	
OF	permit. Pages 1 a Department of Her Important: If item any injury or othe		20e. Method of Disposition 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Rem	novel from Stete	20b. Plece of cemeter	l Dispos ry, crem	etory or othe	of r piec	ce)	Dete	20c. Location -	City or To	wn, State	
E		- 10	4 Donetion 5 Other (Specify)	_	St. Pe	ter	Clave	r	8	3-29-96	St. Ini	goes,	Maryland	
Baltimore,			21. Stanton Collegeral Savicy Johnson	Solo	1/	22.	Name end A			neral Hom	o D A			
ш	20239		Edward N. Brinsf	ield, Jr	МООО	52				Leonardt		vland	20650	
			23e. Pert1. Enter the diseese, or complice shock, or heert feilure. List only one										Approximate interval Between	
	Physician		,			Α.	$\wedge$			- 4		0	Onset and Deeth	
	/Medical Examiner		Immediate Cause (Finel disease or condition	105	sile	la	- H	-C	ule	Myo	NOC.	9	de	
н	Examinier		resulting in deeth) a		Due to (or es a	consequ	uence of):			U				
	D #	Examiner		Sm	forc	lu						i		
	icate be executed physician and s the burial-transit	Хаш	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury Cause (Disease (Disease or Injury Cause (Disease (Disease or Injury Cause (Disease											
60,	clan clan buria		cause. Enter Underlying Cause (Disease or Injury	(0)	ron	2	7	a	rly		e same	2		
68760,	phys the	P	thet initiated events resulting in deeth) Last		Due to (or es a c	onsequ	enca of):		0					
ox 6	n certificate be executed inding physician and use as the burial-transit	n/Medical	d											
B	- 63	clan												
0	requires that the death een signed by the ette hould be detached for	Physiciar	Part ii. Other significant conditions contrit	outing to death bu	ut not resulting in	the un-	derlying caus	e giv	en in Pert i.	23b. DI	d tobacco uss co	ntributs to	the cause of death?	
0	deta	4								10	Yss 2 No	3 Prot	onbly 4 Onknown	
Vital Records,	uires than signed and the definition of the defi	d by								24a Wa	s an autopsy	24b. We	ere autopsy findings	
00	20 00	Completed									formed?	col	allable prior to impletion of cause	
Re	The lew ate hes b page 2 s	Ē									1		death?	
e	ician: The certificate rector, pag		OF Mos sees referred to Alice!								Yes 2 No	1	Yes 2 No	
5		o Be	25. Wes case referred to medical exeminer?	pital:	- ACT-010			Oth	or	Deeth (Check only				
ō	Phy rthis arai d			≥1 Nnpatie 28a. Dete of Injur		ipatient			4 LI NUISI	ng Home 5 ☐ Re 28d, Describ	how injury occur		()	
on	ding th.	t o	1 Netural 5 Pending investigation	(Month, De)		njury	м	Injun Worl	k? Yes 2 □ No					
Division	Attending or death. ector: After by the fune	fica	3 Suicide 6 Could not be	28e. Pieca of Inju	ury - At home, fe	rm. stre					(Street and Numb	er or Rura	i Route Number	
Š	al or Attending Pt s efter death. ii Director: After the ed in by the funeral	Certification:	4 ☐ Homicide determined	building, etc	. (Specify)	, 00	o., 100.01y, 01			City or T	own, State)			
	Hospital 24 hours a Funeral D letely filled		29a. Certifier 1 Certifying Physici	an: To the best of	of my knowledge	deeth	occurred at the	ne tim	ne, date end r	piece, and due to th	e cause(s) and me	nner as et	eted	
	To the Hospital or within 24 hours effe To the Funeral Dirac completely filled in	edicai	(Check only 2 Medical Examiner one)	On the basis of end menner sta	examinetion end	d/or inve	estigetion, in	my o	pinion, deeth	occurred at the time	, date end pieca,	end due to	the cause(s)	
	To the within 2 To the comple	Ž	29b. Signeture end title of certifier	0 1	N 1)		29c. Li	cense	number		29d. Date signe	d.(Month,	Day, Year)	
			A Trum	Of The	Ph	inco	T	)	194	27	81	ds	186	
			30. Neme and eddress of person who comp	eleted cause of de	eth (item 23a)	Type. P	Print)	_		/				
(	3)			Frederi		, , ,	0678							
	Sta	te	21 Date filed (Month Day Veed)	an Destate	de Otenania									
	Registra		AUG 2.8 199	16 Vali	Shuden	Kard	all							
DHI	MH 16 Rsv 6/95		HOU AU IOC	0					-					

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. ITEN: 19a, PER FI.H. FILM G-739 9/16/95 State of Maryland / Department of Health and Mental Hygiene Certificate of Death Au Month 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Henry Elton Barham /Medical 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Dorchester General Hospital Cambridge Dorchester If Under 1 Year If Undar 24 Hrs. 5. Social Security Number 7. Aga (In yrs. last birthday) Birthplace (Stete or Foreign Country) 8. Data of Birth (Month, Dey, Year) **Funeral** Hours Months Days 1 XM 2 ☐ F 89 Yrs. 219-05-0361 Director June 22, 1907 North Carolina Usual Residance of Decedent death with the Meryland 10a. State 10b. County 10c. City. Town or Location item 27 is marked other than "natural", or itema 23a or 28a-f show other traumatic event, the Medical Examinar must be notified at 10d. Inside City Limits 1 ☐ Yes 2 No Director Maryland Dorchester Hurlock 10e. Street and Number 10f. Zlp Code 10g. Citizen of What Country? P.O. Box 0 21643 USA Funeral 13. Was Dacedant of Hispanic Origin? (Specify Yas or No-if Yes, specify Cuban, Mexican, Puerto Rican, atc.) 12. Wes Decedent Evar in U,S. Armed Forces? 11. Maritai Status 14. Race - American Indian. Black, Whita, atc. permit. Peges 1 and 2 should be filed within 72 hours efter to Department of Health end Mental Hygiene. Important: If item 27 is marked other than "natural", or fles any Injury or other traumatic event. In 1 ☐ Yas 2 ☒ No If Yes, Give Year or Dates: 1 ☐ Nevar Married 2 Married Baltimore, Maryland 21215-0020 Specify: Black 1 Yas 2 No Specify: à 3 Widowed 4 Divorced Completed 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grada completed) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) Coilege (1-4or 5+) 7th Night Watchman Acme Cannery 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Sumeme) 8 John R. Barham Julia Beamon 2 19a. Informant's Name/Relationship (Type, Print)

Velma Olivia Johns
Barham 19b. Malling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) P.O. Box O, Hurlock, Maryland 21643 20b. Placa of Disposition (Name of 20a. Method of Disposition 20c. Location - City or Town, State cemetery, cremetory or other place) 1 Burial 2 □ Cremation 3 □ Removal from Stata 4 ☐ Donation 5 ☐ Other (Specify) Federal Hill Cemetery 8/27/96 Federalsbury, Md. 21. Signature of Funeral Service License 22. Name and Address of Facility Bennie Smith Funeral Home P.O. Box 1687, Easton, Maryland 21601 23a. Part1. Enter the class of complete the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Between Onset and Death **Physician** /Medical Immediate Cause (Final disaase or condition resulting in death) Examiner Due to (or as a consequence of): Examiner sician end bunel-trensit na Sequentially list conditions, if any, leading to Immediate cause. Entar Underlying Cause (Disease or Injury thet initiated events rasulting in daath) Last Due to (or as a consequence of) be exec physician s the buriel P.O. Box 68760. CONALY Physiclan/Medical Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? signed by t d be detect 1 Yes 2 No 3 Probably 4 Unknown þ been si 24b. Were autopsy tindings available prior to completion of causa of death? Completed 24a. Was an autopsy performed? hes 1 Yes 212 No 1 ☐ Yas 2 ☐ No certificate Be 25. Was case referred to medical 26. Placa of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Rasidence 6 Other (Specify) 2 1 Yes 2€ No 28a. Date of Injury (Month, Day Year) 27. Manner of Death Certification: 28b. Time of 28c. Injury at Work? 28d. Dascribe how injury occurred 1 WNatural 5 Pending invastigation 1 Yes 2 No 2 Accident 3 ☐ Suicida 6 Could not be determined 28f. Location (Street end Number or Rural Route Number, City or Town, State) 28e. Place of injury - At homa, farm, street, factory, office building, etc. (Specify) 4 - Homleide

Records, Division of Vital Mospital or Attending Physician:
 24 hours efter death.
 Funeral Director: After this certificaletely filled in by the funeral director, I To the I

> State Registrar

edical

29a. Certifler (Check only one)

31. Date filed (Month, Day, Yeer) AUG 2 8 1996

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

29b. Signature and title of certifia-

32. Registrar's Signature wha Davidson

1 Certifying Physician: To the best of my knowledge, death occurred et the time, date and place, and due to the cause(s) and manner as stated.

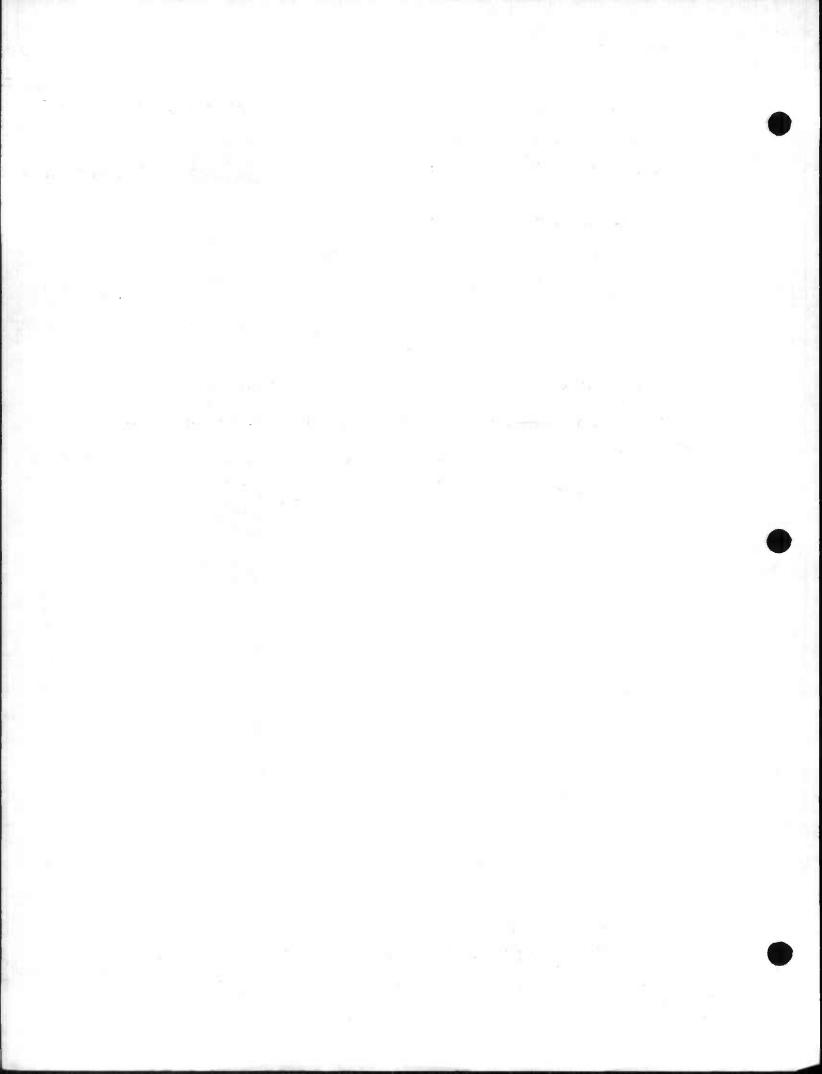
2 Madical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and dua to the cause(s) and menner stated.

29c. License numbar

29d. Date signed (Month, Day, Year)

Lois NORR

**DHMH 16 Rav 6/95** 



# Please Type or Print In Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

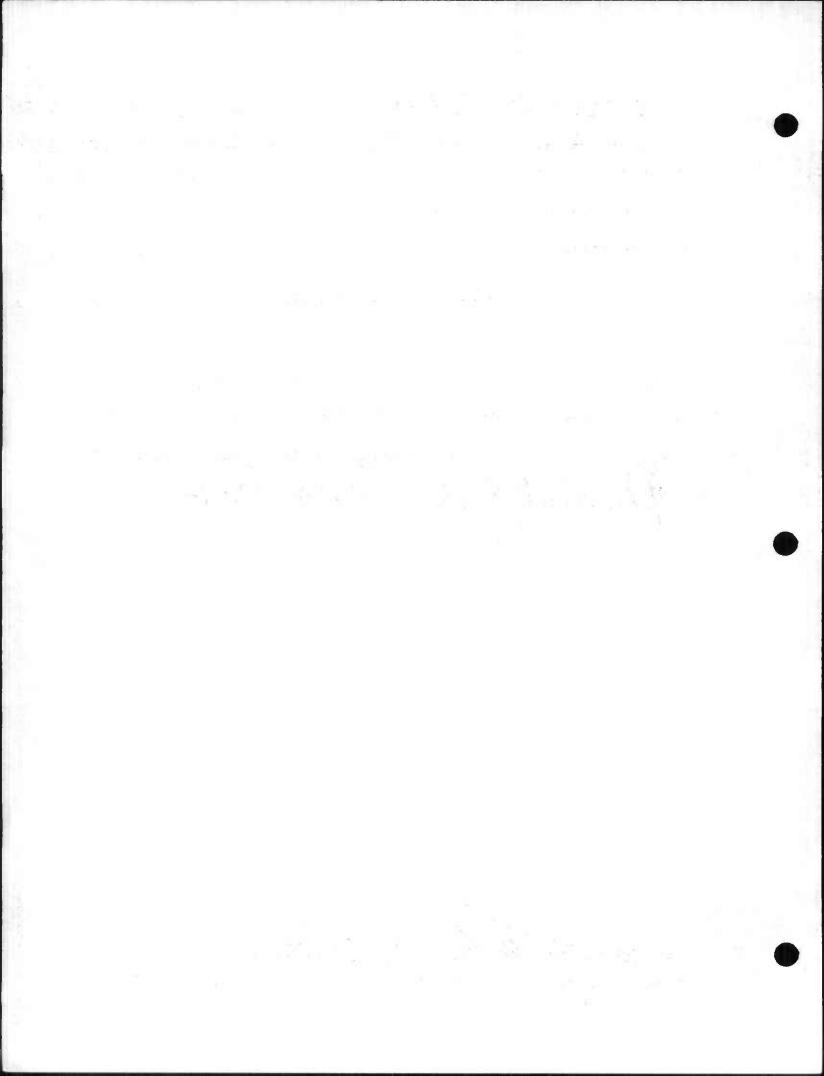
_							Obit	ilicate of	Dealli		Reg. No.			
ľ	Physic		1. Decedent's Name (First AUBRE)		,	BURCH	- SR			2. Dete of D  Month  Allouis	eath t 29, 19	Year 96	3. Time of Deeth 3:30 PM	
N	/Medi		4a. Facility Name (If not it	in stitution aive			, DIC.		4h City Town o	r Location of Dea			3:30 PM	
	Exami	ner	8110 Fore			/								
-			5. Social Security Number			ge (In yrs. lest	S for institution and	If Under 1 Year	White P		Charles			
	Funeral		216-18-505		M 2□F	70	Yrs.	Months Deys		n. (Month, D	lay, Year)		plece (Stete or Foreign ntry)	
	Director		Usual Residence of Dece			70	110.			June 2	23, 1926	Mar	yland	
	pue *_			. County					10d. Inside City Limits					
	eho a	5	Maryland (	Charles				] .	1 ☐ Yes 2 No					
	5 E	act		char res	)	Wni	te Pl							
	sth with the Merylen 23s or 28s-f show	Directo	8110 Fores	at Class	Donal			10f. Zip Code	0605		10g. Citizen of 1	What Cour	ntry?	
	23 v v	B	offo roles	st Gren	ROAG			2	0695		USA			
	ep a	Funeral	11. Merital Stetus		<ol><li>Was Decedent Armed Forcas</li></ol>	?	13. W	as Decedent of Yas, specify Cul	Hispanic Origin? ban, Maxican, Pu	(Specify Yes or Nerto Rican, etc.)	o- 14. Rad Bias	e - Amaric ck, Whita,	can Indien, atc.	
20	of of		1 Nevar Married 2		1 ØYas 2 ☐ If Yes, Give		1[	Yes 25 No			Specifi			
8	within 72 hours efter deeth with the Meryland ene. than "natural", or items 23s or 28s-f show he Medical Examiner must be notified at	d by	3 ☐ Widowed 4 ☐ □	Divorced	Yeer or Detes:							Wh	ite	
5	I within 72 ho liene. • then "netur	Completed	15. C (Specify on	Decedent's Ed	ucation de completed)	.1	6a. Decede	nt's Usual Occu	ipetion a during most of w ad)	rorking	18b. Kind of B	usiness/In	dustry	
12	£ 9 5	du	Elementary/Secondery	(0-12)	College (1-4or	5+)			ed)					
7	TOPE	S	12				Sal	esman		171115-1711-18-5		Real Estate		
D L	A TE D	a B	17. Fether's Nema (First,								a, Meiden Sumen	10)		
N S		2	Dewey P. E	surch					Mildre	d Gutrid	ge			
Maryland 21215-0020	and and in man		19e. Informent's Name/R Catherine				ber, City or Town,							
			Catherine	G. Dul	CII-MITE				Glen Ro	ad, Whit	e Plains	, MD	20695	
ore	200		20e. Method of Disposition 1 ☑ Burial 2 ☐ Cre		Damoval from State	00.00	e of Disposi ata <i>ry, crem</i> a	tion (Neme of Itory or other pla	aca)	Date	20c. Location -	City or To	own, State	
<u>E</u>	Pages nent of I ant: If its ury or o	١.,	4 Donetion 5 0	Other (Specify	)_	Trin	ity Me	emorial	Gds.	9-3-96	Waldorf	- MD		
Baltimore,	교원관등.		21. Signature of Eureral	Service Lices	100	11	22.	Name end Addr	ess of Fecility					
8	Depa impo any i		1 Day	<i>5770</i>	110000	OCEO			neral Hor					
			23a. Part1. Enter the disa shock, or heert feilu		tthews MO		Do not enter	the mode of dv	156, Wa	aldori,	MD 2060	4-015	Approximate	
	Dhusisian		shock, or heert feilu	ire. List only	one ceuse on eech l	ine.		,					Interval Between Onset and Deeth	
	Physician /Medical		Immediate Cause (Finel									į	1	
	Examiner		disease or condition resulting in deeth)  Due to (or es a consequence of):										170	
	1.00	ē				Due to (or es	a consequ	ence of):						
	uted Insit	Examiner			b. —	5		1 0				1		
~	al-tra	Exa	Sequentially list condition if any, teading to immedia	ns, ate		Due to (or es	a consequ	ence of):				t i		
ox 68760,	h certificate be executed anding physician and use as the burial-transit											1		
68	ficat phy sth	n/Medical	rasulting in deeth) Last	- 1		Due to (or es	e conseque	ence or):				t		
X	nding use	Z			d									
Ď	requires that the death	cla	Post II. Other elegitions							001 - 01				
P.O.	ires that the death signed by the atted to be detached for	Physicia	Pert II. Other algnificant	conditions of	ontributing to death t	out not resultin	ig in tha und	lerlying cause g	iven in Pert I.				o the cause of death?	
	that ed b									10	Yss 2∐No	3 Pro	bably 4 Unknown	
Records,	sign d be	d by								240 14/0	s en eutopsy	24h W	ere eutopsy findings	
Ö	v requir been s should	ete									formed?	av	railable prior to	
še	2 50	Completed										of	death?	
<u></u>	The se	Co								1□	Yes 2 No	10	☐ Yes 2☐ No	
/its	Physician: The this certificate ral director, par	Be	25. Wes case referred to examiner?	-						eath (Check only	one)			
=	D 00 Z	P	1 ☐ Yes 2 ☐ €o		Hospitet: 1 ☐ Inpati	ent 2 ER	/Outpetient	3 DOA	ther: 4 Nursing	Homa CR Ras	sidenca 8 🗆 Oth	er (Specif	(y)	
L			27. Manner of Death Naturel 5	Pending	28a. Date of Inju (Month, Da	ly Year) 28	b. Time of Injury	28c. Inju	ury et ork?	28d. Dascribe	how injury occur	red		
.0	Attending r death. octor: After by the fune	atle	2 Accident	Investigetion					Yes 2 No					
Division of Vital	er de recte	Certification:	3 ☐ Suicide 6 ☐ 4 ☐ Homicide	Could not be determined	289. Place of In	jury - At homa ic. (Specify)	, farm, stree	et, fectory, offica		28f. Location	(Street and Numb	er or Rure	al Route Number,	
	rs eff	Ö				,,								
	To the Hospital or Attend within 24 hours efter death To the Funeral Director: completely filled in by the	edical	29a. Certifier (Check only 201)	Certifying Phy	sician: To the best Insr: On the basis o	of my knowled	dge, deeth d	occurred at the t	ime, dete and ple	ca, and dua to the	cause(s) and ma	inner es s	stated.	
	he H	8	one)	Madical Exam	end mannar st	ated.	and/or inve	stigetion, in my	оріпюп, авет ос	curred at the time	, dete and placa,	and due to	o the cause(s)	
	To to to to to to to to to to to to to to	Σ	29b. Signatura and title of	f certifiar		1 2 =			sa number		29d. Dete signe	d (Month,	Day, Year)	
			Dece	8h	M.	Man	h~	03	£35	2	8/2	010	7/	
			30. Name and eddress of	person who c	ompleted cause of o	deeth (Item 23	a) (Type, P		J		13	-	16	
			Dr. Krish					•	d, Suite	102, Wa	aldorf,	MD 20	0602	
	Sta	ite	31. Dete filed (Month, Day	v. Year)										
	Registr		AUG	3 0 19	96 Juli	rer's Signature	x-Randa	Щ						

State of Maryland / Department of Health and Mental Hygiene

96

27091

						Certificate o	f Death		Reg. No.		- 1031
	Physici /Medi		Decedent's Name (First, Middle, Las     FTAN	"N. E	3/0	M		2. Date of Dec Month AUGUST	Day 31 /	Year 996	3. Time of Deeth 8:16 A/
	Examir Funeral Director		4e. Facility Neme (If not Institution, give NOTH UES 5. Sociel Security Number 8. Sec 057–10–5145	T HOSE	YAL yrs. last birti	rs. Months Dey		S Date of Birt (Month, De July 6	V BAL	TIMO	V-E COUNTY  ice (State or Foreign  and
	P .	or	Usual Residence of Decedent  10a. Stete 10b. County  Maryland Baltimore	e 100	c. City, Town Balti			odly o	1221		d. Inside City Limits
	with the Merylar 3s or 28s-f show	il Director	10e. Street and Number 135 Slade Avenue			10f. Zip Code 2120	8		10g. Citizen of V U.S.A.		y?
020	s 1 and 2 should be filed within 72 hours efter deeth with the Meryland of Health and Merital Hygiene. Item 27 Is marked other than "natural", or Itema 23s or 28s-f show other treumstic event, the Medical Examiner must be notified at	by Funeral	11. Marital Stetus  1 X Never Married 2 Married 3 Widowed 4 Divorced	12. Wes Decedent Ever Armed Forces? 1 Dyes 2 XNo If Yes, Give Yeer or Detes:	in U,S.	13. Wes Decedent of If Yes, specify Cu	Hispanic Orlgin? (Spa ben, Mexican, Puerto o <i>Specify</i> :	ecify Yes or No- Rican, etc.)	Bled	e - American ck, White, et	tc.
21215-0020	within 72 hours iene. then "neturel", the Med cal Ext	Completed	15. Decedent's Edi (Specify only highest grad Elementary/Secondary (0-12)		16a.	Decedent's Usuel Occ (Give kind of work don life. DO NOT use reti Disabled	upetion e during most of work red)	ing	16b. Kind of Bo	usiness/Indu	stry
Maryland 2	2 should be filed withir and Mental Hygiene. Is marked other than reumatic event, or M.	To Be C	17. Father's Name (First, Middle, Last) Ferdinand Blum				18. Mother's Name Corinne	(First, Middle, Burgur		ne)	
	and 2 sho saith and N 27 is ma er treuma		19e. Informent'e Neme/Rejetionship (7) Sidney Hollander,	ype, Print) JrGuardia	n 830	Meiling Address (Stre W 40th St	et end Number or Run reet, Apt.	350, Bal	er, City or Town, Limore, M	Stete, Zip C D 21211	code)
Baltimore,	permit. Pages 1 and 3 Department of Health Important: If item 27 I eny Injury or other tr. 2009.		20a. Method of Disposition  1 ☐ Burial 2 ☐ Cremetion 3 ☐ I  4 ☒ Dopation 5 ☐ Other (Specify)		cemetery	Disposition (Name of c, crematory or other p ashington Un I Center	iversity Se	ptember 1, 1996	20c. Location - Washing		
Ball	Depart Import eny in		21. Signifure of Funeral Service Licens	d Den	In		ress of Feellity ortuary Servi ir Ave., NW,	ices, Inc Washingto		0011	
x 68760,	bhysician be executed attending physician end attending physician end executed for use as the burial-transit	/Medical Examiner	Immediate Ceuse (Final disease, or compression, or heart feliure. List only of the compression of the ceuse (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	e. Coron Due DiAt Due c. Hype	MATRY to (or es e c  SETE to (or es a c	Arcter	EZLITO	Dise.	ALE	M:	Approximete interval Between Dineet and Death inutes  Years  Years  Years
ls, P.O. Bo	requires that the death c een signed by the attend hould be detached for us	by Physician	Pert II. Other eignificant conditions co	ntributing to death but no	t resulting In	the underlying cause	given in Pert I.		Nobacco use con	ntribute to t	the cause of death?
ecord	2 S S	Completed t	31 11						an autopsy med?	com	e autopsy findings lable prior to pletion of cause eath?
a	ilclan: The li certificate he rector, page							101	res 2 No	10	Yes 2□ No
Vital	Physician: this certific ral director,	o Be	25. Was case referred to medical examiner?  1 ☐ Yes 2 ☑ No	Hospitel:	Arri		28. Place of Deet				
Division of	ling After fune	Certification: To	27. Menner of Deeth  1 Netural 2 Accident investigation 3 Suicide 6 Could not be	28a. Dete of Injury (Month, Day Yea		me of Jury 28c. In	ury at ork?  ☐ Yes 2 ☐ No	28d. Describe !	dence 8 Oth how Injury occur  Street end Numb	red	Route Number
-	To the Hospital or Attend within 24 hours after deet? To the Funeral Director: , completely filled in by the	edical Certif	4 Homicide determined	building, etc. (S)  rsician: To the bast of my  liner: On the basts of examend menner stated.	knowledge	death occurred at the	time dete and piece	City or Tov	vn, Stete)	anner as ele	ted
	To the within To the comple	Med	29b. Signeture and title of certifier  30. Neme and eddress of person who co	Matu	(item 23a) (	MD D	1146 (	0	29d. Dete signe	d (Month, D	əy, Year)
	Sta	te	Francisco A. Mathe		old		, Randalls	town, M	D 2113	3	

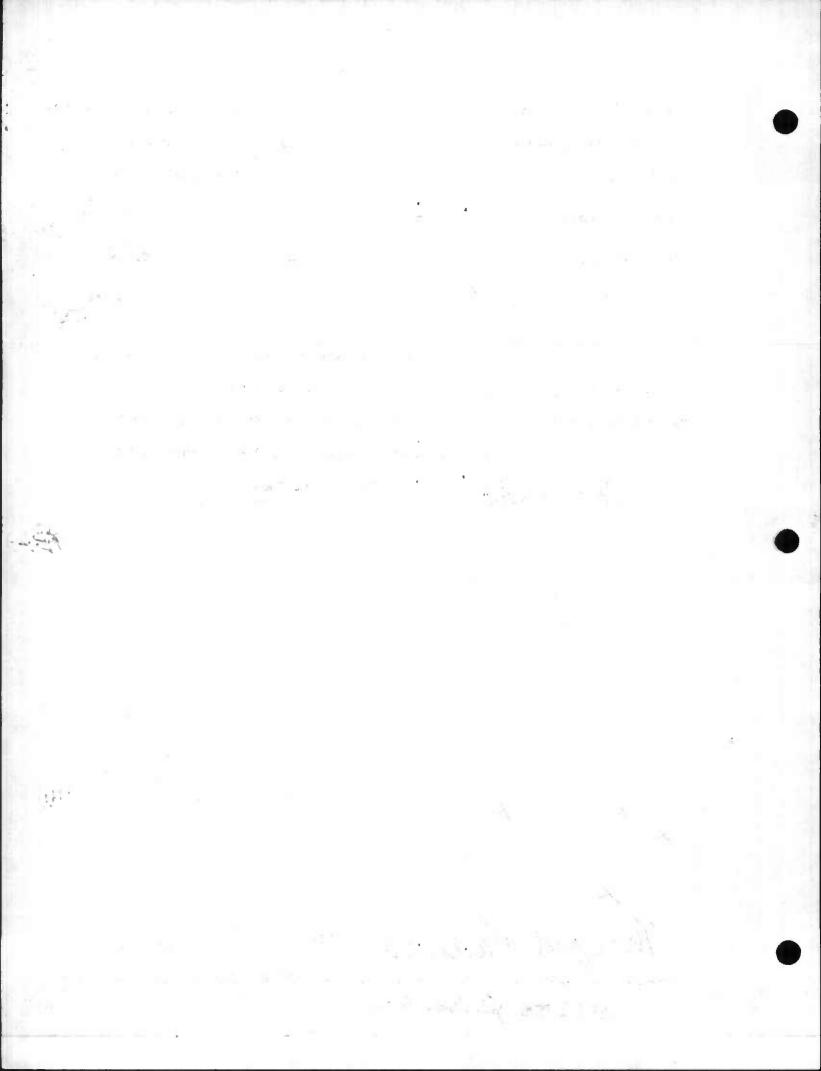


State of Maryland / Department of Health and Mental Hygiene

092 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Death Month Dav Yeer **Physician** 10:10A.M. /Medical Mary Rose Baltimore 08 31 1996 4e. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner GARRETT County Hospital Oakland Garrett If Under 1 Year 5. Social Security Number 7. Age (In yrs. last birthday) if Under 24 Hrs. Birthplece (Stete or Foreign Country) **Funeral** Days Months 1 M 2 F Hours 71 Yrs. Director 235-36-0037
Usual Residence of Decedent WV. with the Maryland 10a. State 10b. County 10c. City, Town or Location or 28a-f show 10d. Inside City Limits Examiner must be notified at Director N Yes 2 No WV. Tucker Thomas 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 238 death Funeral P.O. Box 393 26292 U.S.A. Hems 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Maritei Status 14. Race - American Indian. Black, White, etc. Peges 1 and 2 should be filed within 72 hours efter nent of Health and Mental Hygiene. 1 ☐ Yes 2☐No OF 1 Never Married 2 Married Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: p Specify: White 3 ☐ Widowed 4 ☐ Divorced Year or Dates: natural', Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Il Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) 8 12 CSX Railrood Administrative assistant 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Majden Surneme) Be la marked 9 Teresa Senatora Anthony Sagace 19e. informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) item 27 i 15312 Holly Hill Dr. Montclaire, Va. 22026 Perry Baltimore/son Baltimore, 20b. Pleca of Disposition (Neme of cemetery, cremetory or other plece) 20a, Method of Disposition Date 20c. Location - City or Town, Stete permit. Peges 1 Department of F Important: If ite any injury or ot once. 1 ☐ Buriel 2 ☐ Cremation 3 ☐ Removal from Stete Mt. 09-02-1996 Thomas, WV. Calvary Cemetery 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signatur M Funeral Service Licensee 22 Name and Address of Facility Hinkle Funeral Home P.O. Box 186 Davis, WV. 26260 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such es cardiac or respiratory arrest, shock, or heart failure. List only one ceuse on each line. Approximete Intervel Between Onset end Deeth **Physician** Immediete Cause (Finel disease or condition resulting in death) /Medical METASTATIC SQUAMOUS CELL CANCER OF LUNG 7 YEARS Examiner Due to (or as a consequence of): Physician/Medical Examiner The law requires that the death certificate be executed use es the bunal-tran Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury Due to (or as e consequença of): Box 68760. physician thet initiated events resulting in death) Lest Due to (or as e consequence of) Po P.O. 1 detached Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? signed by 3 Probably 4 Unknown 1 Yes 2 No Vital Records, þ page 2 should 24b. Were autopsy findings available prior to completion of cause of deeth? Completed 24a. Was en eutopsy performed? peen 2 No 1 Yes 1 ☐ Yes 2 ☐ No al or Attending Physician: T s after death. It Director: After this certificat Be 25. Was case referred to medical exeminer? 26. Plece of Deeth (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Certification: To 1 Inpatient 2 □ ER/Outpatient 3 □ DOA o Date of Injury (Month, Dey Year) funeral 27. Manner of Death 28c. Injury at Work? 28b. Time of 28d. Describe how injury occurred Division 1 Naturel 2 Accident 5 Pending Investigation injury 2 No 1 Yes the 1 6 Could not be 3 ☐ Suicide in by 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) determined 4 Homicide To the Hospital within 24 hours a To the Funeral Completely filled Hospital Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29e. Certifie Medical (Check only one) 29b. Signed and title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) D26650 8/31/96 30. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print) MARGARET A. KAISER, MD, PO BOX 486, 13079 GARRETT HIGHWAY, OAKLAND, MD 21550 31. Dete filed (Month, Day, Year) 32. Registrar's Signature State 1996 SEP11 Registrar

**DHMH 16 Rev 6/95** 



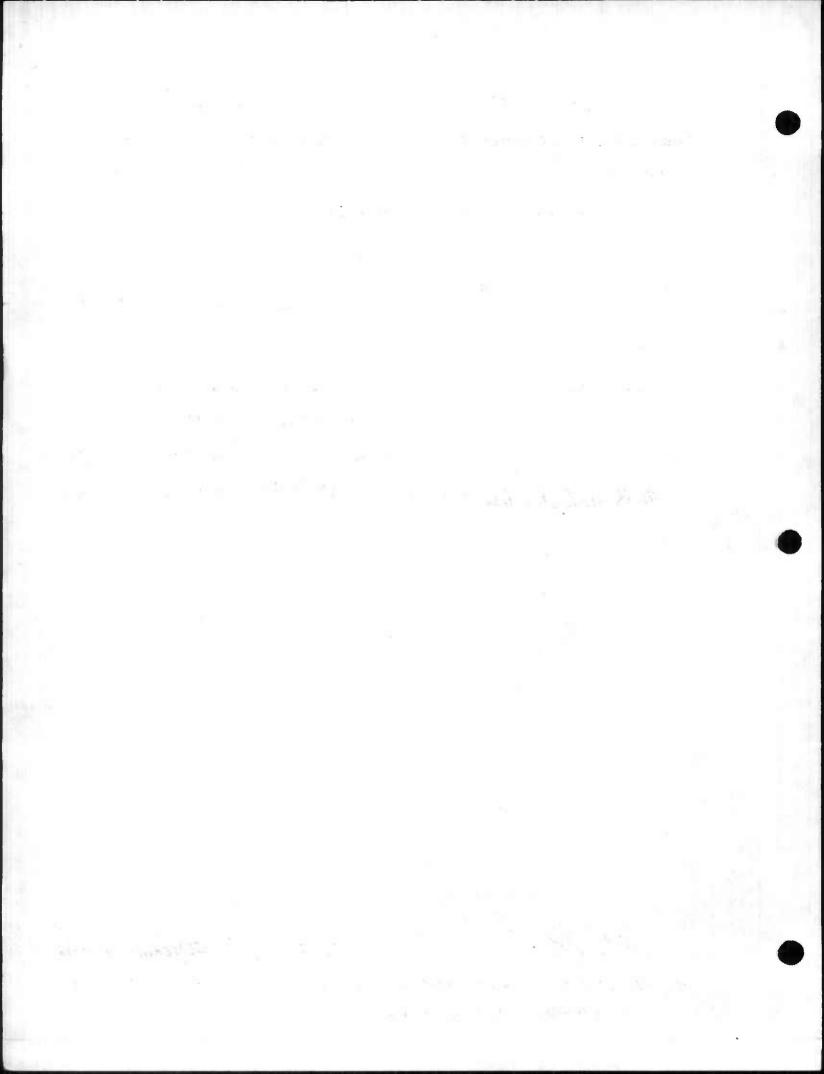
State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

	/Medic Examin	;
	Funeral Director	
Maryland 21215-0020	d 2 should be filed within 72 hours efter death with the Maryland th and Mental Hygiene. It and Mental Hygiene. 7 is marked other than "natural", or items 23s or 28s-f show traumatic event, the Medical Exercises from the	

the meture, or items 234 or 284-f show the meture, or items 234 or 284-f show the meture of the metu	4e. Fecility Neme MEMORIAL 5. Sociel Security 182-50- Usuel Residence 10a. State PA 10e. Street end N RD1 11. Marital Status	HOSPITAL Numbar 6. S 6085 of Decedent 10b. County Somerse	ANNA e street and number) & MEDICAL ex   7. Age	CENTER (In yrs. lest birt. % &	BENDER	der 1 Year	UMBERLA If Under 24 I		IBER 2 th 4c. Count ALL	Year 1996 by of Deeth EGANY 9. Birthp	3. Time of Deeth  5:55 AM  Dieca (Stata or Foreign
by Funeral Director	4e. Fecility Neme MEMORIAL 5. Social Security 182-50- Usual Residence 10a. State PA 10e. Street end N R D 1 11. Marital Status 1 Never Me	HOSPITAL Number 6. S 6085 of Decedent 10b. County Somerse	& MEDICAL  oex  of M 2 A F 7. Age	(In yrs. lest birt		der 1 Year	UMBERLA If Under 24 I	or Location of Dee  AND  Irs. 8, Date of B	ALL:	y of Deeth EGANY	
al, or from 23s or 28s-f show the control of the co	MEMORIAL 5. Social Security 182-50- Usual Residence 10a. State PA 10e. Street end N R D 1 11. Marital Status 1 ☑ Never Me	HOSPITAL Numbar 6. S 6085 of Decedent 10b. County Somerse	& MEDICAL  oex  of M 2 A F 7. Age	(In yrs. lest birt	hdey) If Unc frs. Month	der 1 Year	UMBERLA If Under 24 I	AND	ALL	EGANY	pieca (Stata or Foreign htry)
by Funeral Director	182-50- Usuel Residence 10a. State PA  10e. Street end N RD1  11. Marital Status	Numbar 6. S 6085 of Decedent 10b. County Somerse	ex □ M 2ÅF	(In yrs. lest birt	frs. If Und Month	der 1 Year	If Under 24 I	irs. 8. Date of B	irth		nieca (Stata or Foreign
by Funeral Director	Usuel Residence  10a. State PA  10e. Street end N RD1  11. Marital Status	of Decedent  10b. County Somerse			rs. Month	ns Deys			ley, gegr)	Coun	itry)
by Funeral	Usuel Residence  10a. State PA  10e. Street end N RD1  11. Marital Status	of Decedent  10b. County Somerse		10c. City, Town						PA	
by Funeral	PA  10e. Street end N  RD1  11. Marital Status  1 🕱 Never Me	Somerse		10c. City, Town							
by Funeral	10e. Street end N RD1 11. Marital Status 120 Never Me		: L	DD 1 M		1-1-				1	0d. tnside City Limits
by Funeral	KDI  11. Marital Status  1⊠ Never Me	umbar		RD 1 M	leyers	dare					1 Yes X No
by Funeral	KDI  11. Marital Status  1⊠ Never Me				10f. 7	Zip Code			10g. Citizan of	Whet Coun	ntry?
þ						1555	2		U	SA	
þ			12. Was Decedent Ev Armed Forces?	var in U,S.	13. Was Dad	cedent of H	lispenic Origin?	(Specify Yas or Narto Rican, etc.)	o- 14. Re	ce - Amaric	
pleted by		rried 2 Married	1 ☐ Yes 2X No If Yes, Giva	)		No	Specify:	arto riioari, oto.,	Specia	ock, Whita,	
plete	3 ☐ Widowed	4 Divorcad	Year or Dates:			74.	Open,		Speci	. W 11	ite
0	(Spi	15. Decedent's Ed acify only highest gre	lucation de completed)	16e.	Decadent's Us (Give kind of t	work done	etion during most of d)	working	16b. Kind of E	Business/Inc	dustry
E	Elamentery/Sac	condary (0-12)	College (1-4or 5+	}	ever						
		(First, Middle, Last)		11/	ever	WOLK		lama (First, Middle	14-14-0		
Be								Babara		ma)	
2		d Bende		401	Markey Arts						
	Naomi	The state of the s	Sister	R D				Pa. 155		i, Stete, Zip	Code)
	20e. Method of Di		DIBLEI				-	T		Olhu ar Ta	Plata
	MBurial a	Cramation 3		20b. Pleca of cemetery				1996	RD1 Sa	lisb	urv. PA
		5 Other (Spacify		Oak D	ale C			Sep 4			ury, PA 15558
	21. Signature of F	uneral Servica Lican					ss of Fecility	v Funer	al Hom	0	
	11.	Lay Lec		10094-				y Funer et Meye		, PA	15552
	23e. Pert1. Enter shock, or he	the disease, or compart feithere. List only	olicetions that caused the	ne death. Do n	ot entar the m	ode of dyin	g, such as card	liac or raspiretory	arrest,		Approximete Intervel Between
	Immediate Course	(Fig.)								1	Onsat and Deeth
	Immadlete Ceuse disaese or condit resulting in deeth	on	e. Pulmonar	y hyper	tensio	n				· ·	57 years
<u></u>			D	ue to (or es e c	onsequence o	of):				-	
를			b. Ventricu	lar sep	tal de	fect					57 years
Examiner	Sequentially list of it eny, leading to	onditions, mmediete	D	ue to (or es e co	onsequenca o	rf):					
iai	Sequentially list of fency, leading to cause. Enter Und Cause (Disease of thet initiated even	errying r Injury	C								
in/Medicai	resulting in deeth)	Lest	De	ue to (or es e co	insequence of	<b>()</b> :					
3			d							- !	
cia	Doed II Other o'	Mana and the									
Physicial	Pert II. Other sign	meant conditiona co	ontributing to death but	not resulting in	tne underlying	g causa give	an in Pert i.		A .		the cause of death?
V P	Down sy	ndrome						1	Yes 28 No	3 ☐ Prob	bably 4 Unknown
d by								2da Wa	s an eutopsy	24b We	ere autopsy findings
Completed									ormed?	ava	ailabla prior to mpletion of cause
mp										of c	deeth?
								1 🗆	Yas 240 No	1	Yes 2□No
Be	25. Wes case refe axeminer?	,	Hospitel:			O4h	or	eeth (Check only			
- To		1140	Inpatient				4 LI Nursin	Homa 5□ Res			1)
Certification:	27. Menner of Dee	5 Pending	28e. Dete of Injury (Month, Dey )	Year) 28b. Ti	jury	28c. Injun Work		28d. Describe	how injury occur	rred	
Icat	2 ☐ Accident 3 ☐ Sulcide	investigetion 6  Could not ba	00-5	A	М		Yes 2 □ No	200/ 1	101		
rtif	4 Homicide	determined	28e. Pleca of injury building, etc.	r - At home, ferr (Specify)	n, street, fecto	ory, offica			(Street end Numi wn, State)	ber or Rura	i Houte Number,
		4 D C - 114 - 11	1112 7 2		and the second						
(0)	29a. Certifier (Check only one)	2  Medicai Exam	iner: On the best of e	xaminetion end/	deeth occurre for Investigetic	on, in my of	na, dete and pla pinion, deeth o	ca, and due to the curred et the time,	ceuse(s) end m dete end pteca,	enner es st end due to	ated. the cause(s)
=	29b. Signature age		end menner stete	0.		29c. License					
Medic		111161	,		2	.ou. License	- number	100	29d. Dete signe		
Medical	1	11 11 11 11				90 0 0					
Medic	· a	evan				D 43	3497	•	deptemb	ER. 4	1996
Medic	· a	ress of person who c	ompleted cause of dee	th (ttem 23e) (T	'ype, Print)	D 43	3497	•	SEPTEMB	ER, 4	1996
Medic	30. Neme and edd	EL LEIBMAN	, MEMORIAL	HOSPIT							21502
tate	30. Neme and edd  DR. DANT  31. Dete filed (Mor	EL LEIBMAN	N. MEMORIAL	HOSPIT	CAL & M						

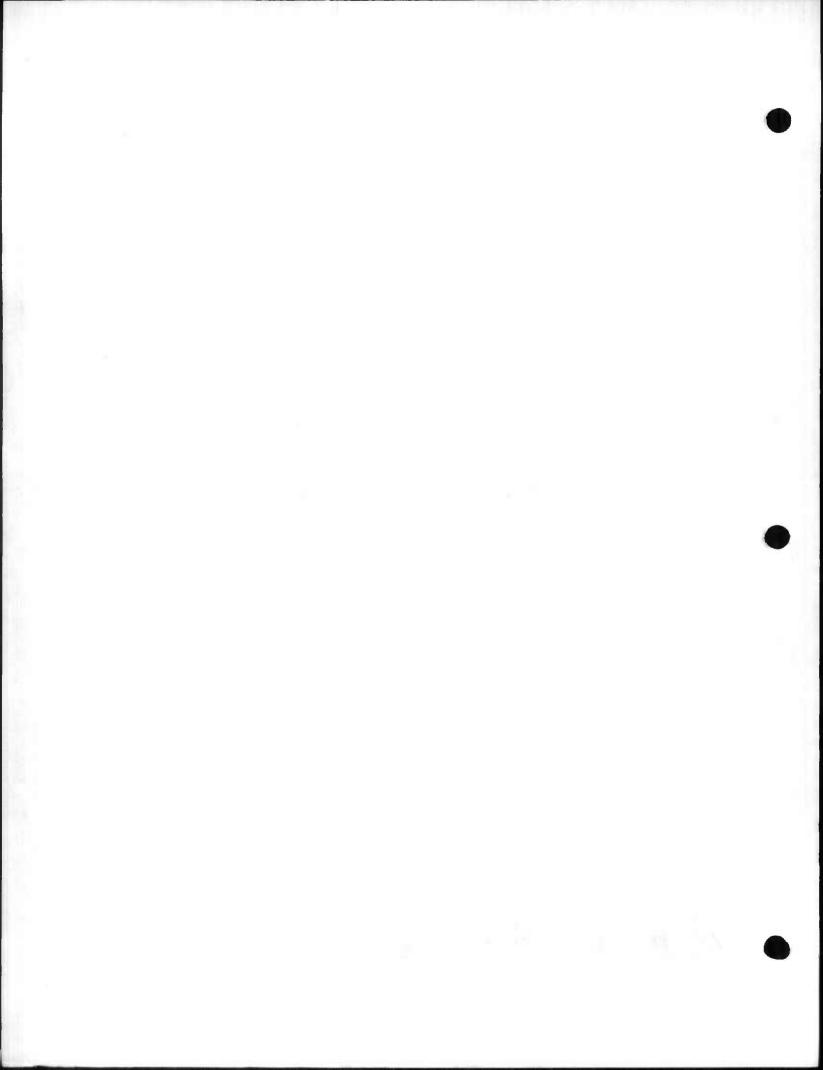
DHMH 16 Rev 6/95



_	
	١
60,	
16	
88	
<b>BOX 687</b>	
0	
$\mathbf{\omega}$	
o	
P.0	
S	
2	
RECORDS,	
O	
2	
_	
⋖	
느	
>	
OF VITAL	
$\leq$	
5	
NOISIN	
3	
$\leq$	

O THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit, Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hydiene prior to bunial, cremation, or removal.	INPORTANT If then 28 is marked or them 23 shows any injury or other traumatic event the medical examiner must be notified at once
TO THE HOSPITAL (	TO THE FUNERAL De filed within 72 h	IMPORTANT: If I

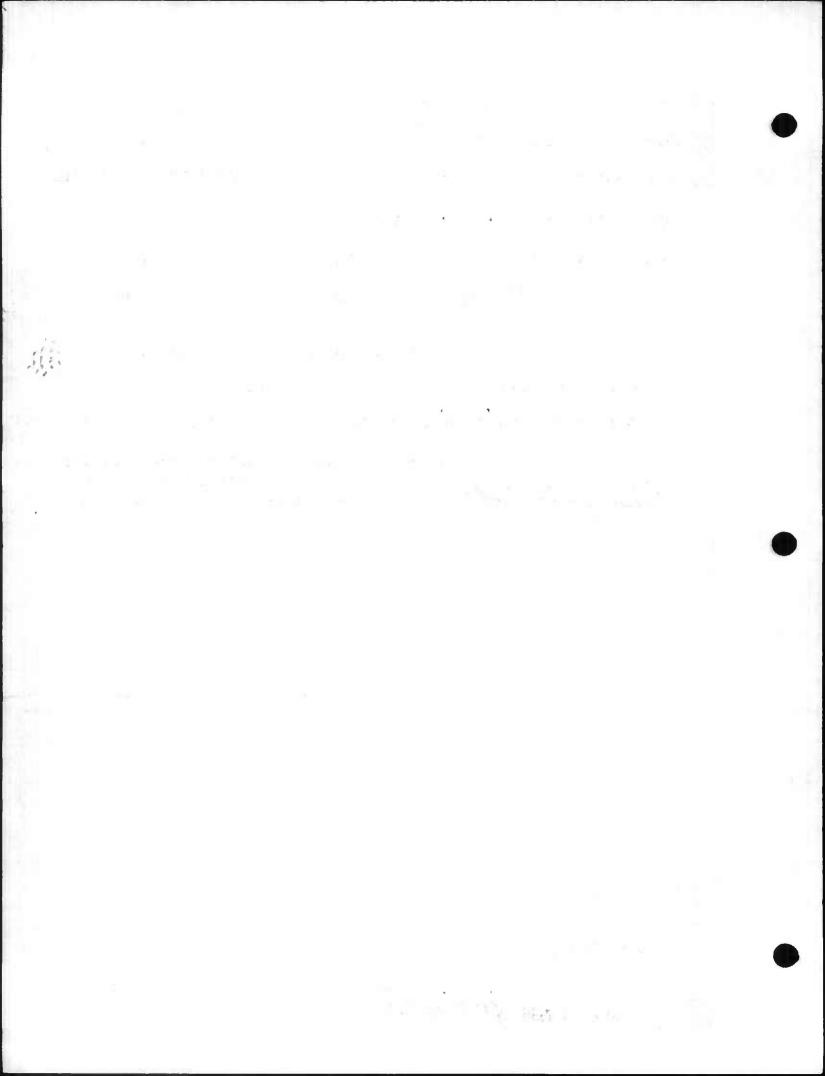
	1 - FOR STATE OF M	MARYLAND / DEPARTM CERTIFICA	ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, EIST)  CAT he save Fauluse	Coleman		2. DATE OF DEATH DAY	YEAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 218-24-6189  5. SEX 1 □ M 2 ☑ F		THE DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	a. BIRTHPLACE (State or Foreign Country) 1916 Maryland
E	9a. FACILITY NAME (If not institution, give street and number) 213 Phelps Avenue (At Hom		city, town on location of d Galena	A	COUNTY OF DEATH  Kent
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  Maryland  Kent		wn on Location Galena		10d. INSIDE CITY LIMITS? 1\(\Lambda\) YES 2 \(\Dagger) NO
FUNERAL	100. STREET AND NUMBER 213 Phelps Avenue		101. ZIP CODE 21635	10g	U.S.A.
B		T EVER IN U.S. ARMED  YES 2 NO WAR OR DATES	13. WAS DECENDENT OF HISPA 11 yes, specify Cuban, Maxic 1 YES 2 NO Specify	an, Puerto Rican, atc.)	o- 14. RACE - American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 - 1 2).	ille. Do NOT use reti	tone during most of working	16b. KIND OF BUSINES	
BE COM	17. FATHER'S NAME (First, Middle, Leet) Wilton Sparks		Kate Re	AME (First, Middle, Melden Surne Ced	
2	James T. Coleman/Husband		ness (Street and Number or Rural ps Avenue, Gal		
	20s. METHOD OF DISPOSITION    Surial 2   Cremation 3   Ramoval from State 4   Donation 5   Other (Specify)    21. SIGNATURE OF FUNERAL SERVICE LICENSEE	1.7	Cemetery/Augu 22. NAME AND ADDRESS OF FA Fellows, Helfe	nst 10, 1996 ACIUTY Enbein & Newn	Sullersville, Maryland am Funeral Home, P.A
3	23. PART I. Enter the diseases, or complessions the shock, or heart failure. List only one cau iMMEDIATE CAUSE (Final disease or condition resulting in death)	t caused the deeth. Do not e se on each line.	nter the mode of dying, such	this cardiac or reapirator	n. Maryland 21620 y arrest, Approximate interval Between Onset and Death  Ay 15
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury	(OR AS A CONSEQUENCE OF):	Arky Dis	Pase	57.15
MEDICAL	PART II. Other significant conditions contributing to	death but not resulting in th	e underlying cause given in	Part I. 24a. WAS AN AUTO PERFORMED?  1 YES 2 -N	AWAILABLE PRIOR TO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1   YES 2   LM   1		26. PLACE OF DEATH (C/		
ву РНУ	27. MANNER OF DEATH  1 Netural 5 Pending (Month, D	INJURY 28b. TIME OF	Nursing Home S ☐ Residence  28c, INJURY AT WORK?  M 1 ☐ YES 2 ☐ NO	26d. DESCRIBE HOW INJURY	Y OCCURED
	3 Suicide 28e. PLACE O	F INJURY — At home, 1arm, street etc. (Specify)	, factory, office	281, LOCATION (Street and Nu City or Town, State)	umber or Rural Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of an MEDICAL EXAMINER: On the basis of an				
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUS	have m D	29c. LICENSE NU	MBER 29d.	Aug 8, 1996
12	WALLACE OFEN. 31. DATE FILED (Month, Day, Year) 32. REGISTRA	SHRIN (	ecilton.	md 9/9/3	•
	HUU I ) JO Stuha Dai	idson-Rando po			



State of Maryland / Department of Health and Mental Hygiene 96

	0	arra	0	0	-
)	2	1		4	5
	Same .		0	-	-

						Ce	rtifica	te of	Death		Reg. I	No.			
Dhusisian		1. Decedent's Neme (First,	viiddle, Las			,				2. Dete d		Ову	Vesr	3. Time	0.
Physician /Medical	_	JOHN I	10M	AS CA	RRL	THE	RS			0	7 . 9	L' - (	76	8	PM
Examiner		4a. Fecility Neme (If not inst	tution, give	e street and number	)					or Location of I		4c. County	-	-	
										DDCE			EPE	RIC	K
Funeral		5. Sociel Security Number	17	ex 7.A 1X0M2□F		.,	Months Months			Vin. (Monti	t Birth h, Dey, Yea	ar)	9. Birthpl Coun	lece (State try)	or Foreign
Director	-	214-34-631 Usuel Residence of Decede	3		81	9 Yrs.	L			8/21	/190	)7	Vir	gini	a
land land	- 15	10e. Stete 10b. Co			10c. Cit	ty, Town or Lo	ocation						10	0d. Inside (	City Limits
f show	2	MD Fr	eder	ick ·	Mi	ddlet	own								s 2 No
or 28a-f sh	2	10e. Street end Numbar						p Code			10g.	Citizen of V	Vhet Coun	try?	
3a or		504 E. Ma	in S	treet				769				J.S. A		.,	
r items 234	2	11. Meritel Status	-11	12. Wes Deceden	Ever In U	l,S. 13.			Ispanic Origin	? (Specify Yes o		14. Rec	e - Americ		
within 72 hours after open with the Meryland and Alba "neturel", or items 23e or 28e-f show the Medical Examiner must be notified at ministed by Frinaral Director		1 Never Merried 2		Armed Forces NXYes 2□ If Yes, Give Yeer or Detes	1926.	-	If Yes, spo 1 ☐ Yes		on, Mexican, P Specify:	uerto Rican, etc	Bleck, White, etc.  Specify: White				
a litter			edent's Ed		1930	16a. Dece	dent's Us	iel Occup	ation		16b	Kind of Bu	isiness/ind	lustry	
yglene. Ner than "natural", the Medical Commisted	2	(Specify only I	ighest gra	de completed)	E.)	(Give	kind of w	ork done	during most of	working					
0 5 1 9	5	12	12)	Coilege (1-4or	3+)	Glas	ss B	lowe	er		E	ducat	ion		
EISE L	0	17. Father's Neme (First, Mi	idle, Last)						18. Mother's	Neme (First, Mi	ddle, Meid	en Sumem	Θ)		
marked of umarks ave		Lorenzo B	. Ca	rruthers	3				Mart	ina Bu	irch				
and I		19a. tnformant's Neme/Rele			1					r Rural Route N					
		John Thoma	s Ca	rruthers	s,Jr	. 1070	9 St	ap1	eford	Hall I	or. I	otor	nac,	MD	2085
of Heel	1	20e. Method of Disposition		D		Plece of Dispo	sition (Ne	me of other plea	ce)	Dete	20c.	Location -	City or To	wn, Stete	
0 = = 0		1 X Buriel 2 ☐ Creme 4 ☐ Donetion 5 ☐ Oth			9	nion (				9/7/9	96 Le	esbi	irq,	Vir	gini
Departmen important: any injury pnce.		21. Signeture of Funeral Se	vice Licen	S00		22	2. Neme e	nd Addre	ss of Fecility C	colonia					
REES		1Samo	erry Ro												
SECTION 1	+	23e. Pert1. Enter the disees shock, or heart fellure.	e, or comp	olicetions thet cause	d the deet								-97	Approxime	ete
Physician	1	Shock, or neer reliure.	List only o	one cause on eech	line.								i	Onset and	
/Medical		Immediate Cause (Final		CAR	CIAL	DMA	1) 2	= /	20101	1			1	21	108
xaminer		disease or condition resulting in deeth)		е	_	or as a consec			_000	O				0	, .
e e	5					and the same		, -							
physician and s the burial-transit		Sequentially list conditions,		b	Due to (c	or es e consec	quence ot	:							
urial a		Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last  Due to (or es e consequence ot):  Due to (or es e consequence of):											i		
physicies the burner edical													1		
00 5															
e attendi				o											
the a	1	Pert II. Other significant co	dittons co	ontributing to death i	but not res	ulting in the u	nderlying	cause giv	en in Pert I.	23b.	Did tobac	co uss cor	ntributs to	the cause	of death?
5 a 1		Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.  ISCHEMIC HEART DISEASE										No	3 Prob	ably 4[	Unknow
D S S	2	1 SCHOLLC	176	21/1-1 3	ادراما						-				
should be det											Wes an au		8VB	ere autopsy aliable prior	r to
as be													of c	npletion of death?	cause
page Con											1 🗆 Yes	3200	1	Yes 2	J No
this certificate has brail director, page 2 s		25. Wes case referred to me exeminer?	dical						28. Piece of	Deeth (Check o	only one)				
		1 ☐ Yes 2 No		Hospitel: 1 ☐ Inpati	ient 2 🗆	ER/Outpetler	nt 3DD	OA Oth	er: 4 🗆 Nursir	ng Home 5	Residence	6 DOth	er (Specify	")	
h. After th funera		27. Menner of Deeth 1 Neturel 5 □ P	ndina	28e. Dete of Inj (Month, De	ury ay Year)	28b. Time of	1	28c. Injur Wor	y at k?	28d. Desc	ribe how Ir	jury occurr	ed		
within 24 hours efter deeth. To the Funeral Director: After thi completely filled in by the funeral Medical Certification: 1		2 Accident in	estigetion				М		Yes 2 □ No						
efter deeth. Director: After In by the fune			ould not be termined	288. Place of in	jury - At he tc. (Specif	ome, farm, str	reet, lecto	ry, office		28f. Locat City o	ion (Street r Town, St	end Numb	er or Rura	Route Nu	m <i>ber</i> ,
within 24 hours efter deet To the Funeral Director: completely filled in by the Medical Certifical			/												
within 24 hours To the Funeral I completely filled Medical Ce		29e. Certifier 1 Cer	ifying Phy	valcian: To the best	ol my kno	wledge, deeth	occurred	et the tin	ne, dete and pi	lece, end due to	the ceuse	(s) and ma	nner as st	ated.	(e)
within 2		one)		and menner s	teted.	and of the original or the	vostigotioi	i, iii iiiy o	pinon, dodin	ACCUITED AT THE T		ing place, i	210 000 10	uio cause	(3)
To to	1	29b. Signeture and title of or	rtifier	0.				c. Licens				Dete signed			
		Micha	25.	Kulm	an,	MD	4	DI	7106	TR: A	9	-4-	-96	,	
	1	30. Name and address of pe	son who c			n 23e) (Type,	Print)					11/			
		MICHAR	25	S. RUDI	MA	N.	HAX	2011	MED C	TR: 1	(DD)	CE 10	TWN.	m.	D.
State	3	31. Dete tiled (Month, Dey, 1	ear)	BOC 32. Pégist	rer's Signa	ture Ray	att								
Charles America		CLD		MANUAL VALUE	ALL SULPAN	CULT VINOU	SACTE SACT								



Decedent's Name (First, Middle, Las Violet  Fecility Name (If not institution, give ALLEGIS OF SOU' locial Security Number 6. Sec. 78-78-3239  Ital Residence of Decedent 10b. County aryland Prince Grayland	Cloudestreet and number)  THERN MARYLA  THERN MARYLA  7. Age (tn) 65  LS of Souther  12. Wes Decedent Ever in Armed Forces? 1 Yes, Give Year or Detes:  Lacation the completed)  College (1-4or 5+)  Lype, Print)  Lype, Print)  Lype, Print)  Lype, Print 20	yrs. last birthda Yrs. City, Town or Clinto rn Mary in U.S.  16a. Dec (GG ilfe  19b. Me 7019 b. Placa of Dis cemetery, ci	June 1 Yee Months Days  Location  Dn  Location   35 Hispanic Origin? (Sban, Mexican, Puerto Specify: upation e during most of wored) ife 18. Mother's Nan Jewe.	B. Date of Birth (Month, Day, y June 14  100  pecify Yes or No-or Rican, etc.)  kting  16  18  18  18  18  18  18  18  18  18	25, 1996  4c. County of I Prince  (ear) 9. , 1931 3  3. Chizen of Whe United 3  14. Raca- Black, V Specify:  8b. Kind of Busin Privat	Death George's Birthplece (State or Foreign Country) Scottsdale, NC  10d. Inside City Limits 12 Yes 2 No et Country? States American Indian, White, etc. Black Hess/Industry  Ce  Inte, Zip Code) D. C. 20012	
ALLEGIS OF SOUT TO SOU	THERN MARYLA 7. Age (In) 6.5  eorge's 10c  10c  eorge's 10c  12. Wes Decedent Ever in Armed Forces? 1   Yes, Give Yeer or Detes:  ucation to completed) College (1-4or 5+)  ype, Print) ughter  Removal from State	yrs. last birthda Yrs. City, Town or Clinto rn Mary in U.S.  16a. Dec (GG ilfe  19b. Me 7019 b. Placa of Dis cemetery, ci	Months Day  Location  On  1a not Zip Code 207  3. Was Decedent of If Yes, specify Cu  1 Yes 2 Not  redent's Usual Occur  re kind of work don  DO NOT use retir  Housew  Georgia  position (Neme of ematory or other pl	Clinton or If Under 24 Hrs. s Hours Min.  35  Hispanic Origin? (S. ban, Mexican, Puerto o Specify:  upation e during most of worked)  1fe 18. Mother's Nan Jewe. et end Number or Ru Avenue,	8. Date of Birth (Month, Day, ) June 14  10g pecify Yes or No- o Rican, etc.)  king  16  18  18  18  18  18  18  18  18  18	Prince  (ear)  9.  1931  10. Citizen of Whe  United  14. Raca- Black, Specify:  Sb. Kind of Busin  Privat  aiden Sumame)  City or Town, Stathington,	George's  Birthplece (State or Foreign Country) Scottsdale, NC  10d. Inside City Limits 12 Yes 2 No of Country? States  American Indian, White, etc.  Black less/Industry  Ce  Inte, Zip Code) D. C. 20012
ocial Security Number  78-78-3239  Ial Residence of Decedent  State  10b. County  aryland  Prince G  Street and Number  Allegi  211 Stewart Lane  Marital Status  1 Never Married  (Specify only highest grace)  Iementary/Secondary (0-12)  12  Father's Name (First, Middle, Last)  Theodore Davis  Informent's Neme/Relationship (7)  Judy Holmes - Dat  Method of Disposition  1 Serial 2 Cremation 3 F  A Donation 5 Other (Specify)  Signature of Euneral Servica Licens	7. Age (In) 6.5  eorge's 10c. eorge's 10c. s of Souther 12. Wes Decedent Ever in Armed Forces? 1	yrs. last birthda Yrs. City, Town or Clinto rn Mary in U.S.  16a. Dec (GG ilfe  19b. Me 7019 b. Placa of Dis cemetery, ci	Months Day  Location  On  1a not Zip Code 207  3. Was Decedent of If Yes, specify Cu  1 Yes 2 Not  redent's Usual Occur  re kind of work don  DO NOT use retir  Housew  Georgia  position (Neme of ematory or other pl	If Under 24 Hrs.  Hours Min.  35  Hispanic Origin? (S. ban, Mexican, Puerto Specify:  upation e during most of worked)  ife  18. Mother's Nan  Jewe.  at and Number or Ru  Avenue,	June 14  June 14  pecify Yes or No- o Rican, etc.)  king  ne (First, Middle, Ma 1 Scott  ral Route Number, (N. W., Was)	g. Citizen of Whee United States of Black, Specify:  Sb. Kind of Busin  Private aiden Sumame)  City or Town, States of States	Birthplece (State or Foreign Country) Scottsdale, NC  10d. Inside City Limits 125 Yes 2 \( \triangle \) No at Country? States American Indian, White, etc. Black ness/industry  Ce  Atte, Zip Code) D. C. 20012
Street and Number Allegi 211 Stewart Lane Marital Status 1 Never Married 2 Merried 35 Widowed 4 Divorced  15 Decadent's Edi (Specify only highest grad Iementary/Secondary (0-12) 1 2 Father's Name (First, Middle, Last) Theodore Davis Informent's Neme/Relationship (7) Judy Holmes — Davis Method of Disposition 1 18 Burial 2 Cremation 3 Father of Euneral Servica Licens  Part 1. Enter the disease, or compo	eorge's  Ls of Souther  12. Wes Decedent Ever in Armed Forces? 1 — Yes 2 Note of tyes, Give Year or Detes:  Lucation de completed)  College (1-4or 5+)  Lype, Print)  Lighter  Removal from State	Clinton Mary In U.S. 13 16a. Dec (GG) Illie 19b. Me 7019 Tb. Placa of Discemetery, ci	larion Zip Code 207  3. Was Decedent of If Yes, specify Cu  1 Yes 2 No.  1 Yes 2 No	Hispanic Origin? (State Number of Workers)  Specify:  upation eduring most of worked)  ife  18. Mother's Nam  Jewe.  Avenue, 1	pecify Yes or No- o Rican, etc.)  king  ne (First, Middle, Ma  1 Scott  ral Route Number, (N. W., Was)	United S  14. Raca Black, V Specify:  Sb. Kind of Busin  Privat siden Sumame)  City or Town, Stathington,	1 ☑ Yes 2 □ No of Country? States American Indian, White, etc. Black ress/Industry  ce  ite, Zip Code) D. C. 20012
Street and Number Allegical Stewart Lane Marital Status    Never Married 2 Merried Status     Never Married 2 Merried Status     Never Married 2 Merried     Nether's Name (First, Middle, Last)     Nethod or Disposition     Nethod of Disposition	12. Wes Decedent Ever is Armed Forces?  1	16a. Dec (Gine)  19b. Me 7019  1	I a not zip Code 207  Was Decedent of If Yes, specify Cu  1 Yes 2 Not redent's Usual Occure kind of work don DO NOT use retir  Housew  Georgia position (Neme of ematory or other pi	Hispanic Origin? (State Number of Workers)  Specify:  upation eduring most of worked)  ife  18. Mother's Nam  Jewe.  Avenue, 1	pecify Yes or No- o Rican, etc.)  king  ne (First, Middle, Ma  1 Scott  ral Route Number, (N. W., Was)	United S  14. Raca - Black, V Specify:  Sb. Kind of Busin  Privat siden Sumame)  City or Town, Stathington,	of Country? States American Indian, White, etc. Black ress/Industry Ce Inte, Zip Code) D. C. 20012
211 Stewart Lane  Marital Status  1 Never Married 2 Merried  35 Widowed 4 Divorced  15. Decadent's Edit (Specify only highest gradiementary/Secondary (0-12)  12  Father's Name (First, Middle, Last)  Theodore Davis  Informent's Neme/Relationship (7)  Judy Holmes - Dat  Method of Disposition  1 Me	12. Wes Decedent Ever in Armed Forces?  1  Yes 2 No it Yes, Give Yeer or Detes:  ucation de completed)  College (1-4or 5+)  uppe, Print)  ughter  Removal from State	19b. Me 7019  Demotracy of Discomptery, of Lincoln	207  S. Was Decedent of If Yes, specify Cu  1□ Yes 2☑ No  sedent's Usual Occure kind of work don  DO NOT use retir  Housew  Georgia  position (Neme of ematory or other pi	Hispanic Origin? (State Number of Workers)  Specify:  upation eduring most of worked)  ife  18. Mother's Nam  Jewe.  Avenue, 1	pecify Yes or No- o Rican, etc.)  king  ne (First, Middle, Ma  1 Scott  ral Route Number, (N. W., Was)	United S  14. Raca - Black, V Specify:  Sb. Kind of Busin  Privat siden Sumame)  City or Town, Stathington,	States American Indian, White, etc.  Black less/Industry  Ce  Inte, Zip Code)  D. C. 20012
1 Never Married 2 Merried 3 Widowed 4 Divorced  15. Decadent's Edit (Specify only highest grad lementary/Secondary (0-12) 12 Father's Name (First, Middle, Last) Theodore Davis Informent's Neme/Relationship (7) Judy Holmes - Dat Method of Disposition 1 Method of Disposition 2 Method of Disposition 3 Method of Disposition 3 Method of Disposition 3 Method of Disposition 4 Method of Disposition 3 Method of Disposition 4 Method of Disposition	Amed Forces?  1 Yes 2 No If Yes, Give Yeer or Detes:  ucation de completed)  College (1-4or 5+)  uppe, Print)  ughter  Removal from State	19b. Me 7019 b. Placa of Discemetery, ci	If Yes, specify Cu	iban, Mexican, Puertico Specify:  upation e during most of worked)  ife  18. Mother's Nan  Jewe:  et end Number or Ru  Avenue,	king 16  he (First, Middle, Ma  1 Scott  ral Route Number, O  N. W., Wasl	Black, N Specify:  Sb. Kind of Busin  Privat  alden Sumame)  City or Town, Sta  hington,	White, etc.  Black  ress/Industry  ce  rite, Zip Code)  D. C. 20012
(Specify only highest gradlementary/Secondary (0-12)  12 Father's Name (First, Middle, Last) Theodore Davis Informent's Neme/Relationship (7) Judy Holmes - Dat Method of Disposition 1	ype, Print) Ughter Removal from State	19b. Me 7019 b. Placa of Discemetery, or	Housew Housew Georgia position (Name of ematory or other pl Memorial	ife  18. Mother's Nam  Jewe: at and Number or Ru  Avenue,	ne (First, Middle, Ma 1 Scott ral Route Number, O N. W., Wasl	Privat  Alden Sumame)  City or Town, Sta	ce ste, Zip Code) D. C. 20012
Father's Name (First, Middle, Last) Theodore Davis Informent's Neme/Relationship (T) Judy Holmes - Dav Method of Disposition 1 Method of Disposition 1 Method of Disposition 1 Serial 2 Cremation 3 F 4 Donation 5 Other (Specify, Signature of Euneral Servica Licens	ughter 20 Removal from State	7019 b. Placa of Discemetery, co	illing Address (Street) Georgia position (Name of ematory or other pl Memorial	18. Mother's Nan  Jewe: et end Number or Ru  Avenue,	l Scott ral Route Number, (	city or Town, Sta	nte, Zip Code) , D. C. 20012
Informent's Neme/Relationship (T)  Judy Holmes - Data  Method of Disposition  1⊠ Burial 2 □ Cremation 3 □ F  4 □ Donation 5 □ Other (Specify)  Signeyure of Euneral Servica Licens	ughter 20 Removal from State	7019 b. Placa of Discemetery, co	Georgia  position (Name of ematory or other pl  Memorial	Jewe:  det and Number or Ru  Avenue, 1	l Scott ral Route Number, (	City or Town, Sta	D. C. 20012
Judy Holmes - Date Method of Disposition  Method of Disposition  1	ughter 20 Removal from State	7019 b. Placa of Discemetery, co	Georgia  position (Name of ematory or other pl  Memorial	Avenue, 1	N. W., Wasl	hington,	D. C. 20012
Method of Disposition  1 🖾 Burial 2 ☐ Cremation 3 ☐ F  4 ☐ Donation 5 ☐ Other (Specify, Signature of Funeral Servica Licens	Removal from State	b. Placa of Dis cemetery, cr Lincoln	position (Neme of ematory or other pl Memorial				
4 Donation 5 Other (Specify, Signature of Euneral Service Licens	) I						y or rown, State
John J. S. Bert 1. Enter the disease, or comp	tour to			Cemetery		Suitla	nd, MD
Part1. Enter the disease, or comp	1/11/2001 /	777		ress of Facility FUNERAL HO			
Conson, or mount failure. List only o	lications that caused the done cause on each line.	leath. Do not e		ning Road ring, such es cardiac			Approximete Interval Between Onset and Death
nediate Cause (Final pase or condition ulting in death)	a. Muli	o (or as a cons	en t	ailure			( march
				opethy			
uentially list conditions, ny, leeding to immediate se. Enter Underlying ise (Disease or Injury	Due to	o (or as e cons	equenca of):				
ulting in death) Lest		o (or as a conse	equenca of):				
II. Other significant conditions cor	ntributing to death but not	resulting in the	underlying cause g	iven in Part I.	23b. Dld tobe	acco uae contril	bute to the cause of death?
					1 🗆 Yes	2□ No 3[	Probably 4 Dunknown
					24a. Was an a performe		4b. Were autopsy findings aveilable prior to completion of cause of death?
					1 ☐ Yes	20No	1 ☐ Yes 2 ☐ No
exeminer?	Hospital:	DED/Outpat	2 7004 0	ther /			Co-called
Manner of Deeth  ☐ Naturel 5 ☐ Pending 2 ☐ Accident investigation	28a. Date of Injury	28b. Time	of 28c. Inju	ury at ork?			Specify)
3 Suicide 6 Could not be determined	28e. Place of Injury - A building, etc. (Spe	at home, farm, s ecify)	treet, factory, office	•			or Rural Route Number,
Certifier 1 ☐ Certifying Physical Check only 2 ☐ Medical Examinations	elcian: To the best of my liner: On the basis of exem and menner stated.	knowledge, dee Inetion and/or I	th occurred et the t nvestigetion, in my	lme, dete and place, opinion, death occur	and due to the ceu- red et the time, dete	se(s) and manne e end place, end	or as steted. due to the cause(s)
Signature end title of cartifier							
) an W	u		20	+2432		8/28/	96
			Print)	En l	SUNEIA	and.	14. 10.10
Date filed (Month, Day, Year)			4	TOUR OF	VVINVE	ou They	NIS JULY
701 7 1 2 3 4	Was case referred to medical exeminer?  II. Other significant conditions conditions conditions conditions conditions.  Was case referred to medical exeminer?  II. Yes 2 No  Manner of Deeth  Acident investigation investigation investigation investigation determined  Certifier (Check only 2 Medical Examinar)  Signature and title of cartifier  Name and address of person who condition in the condition investigation investigation investigation investigation investigation.  Certifier (Check only 2 Medical Examinary)  Signature and address of person who conditions in the	Due to the desired process of the pr	Due to (or as e consistent to mediate see. Enter Underlying see (Disease or Injury Initiated events Itiling in death) Lest  Was case referred to medical exeminer?  Due to (or as a consetting exeminer exemines exemines exemines exeminer.  Due to (or as e consetting exeminer exemines	Due to (or as e consequenca of):    Due to (or as e consequenca of):	Due to (or as a consequence of):    Due to (or as a consequence of):   Due to (or as a consequence of Due to (or as a consequence of Due to (or as a consequence of Due to (or as a consequence of Due to (or as a consequence of Due to (or as a consequence of Due to (or as a consequence of Due to (or as a consequence of Due to (or as a consequence of Due to (or as a consequence of Due to (or as a consequence of Due to (or as a consequence of Due to (or as a consequence of Due to (or as a consequence of Due to (or as a consequence of Due to (or as a consequence of Due to (or as a consequence of Due to (or as a consequence of Due to (or as a consequence of Due to (or as a conse	Due to (or as e consequenca of):  y, leading to immediate see. Enter Underlying see (Disease or Injury Initiated events litting in death) Lest  Due to (or as a consequenca of):  d.  Due to (or as a consequenca of):    Due to (or as a consequenca of):	Use filed (Month, Day, Year)  Due to (or as e consequence d):  Due to (or as e consequence d):  Due to (or as e consequence d):  Due to (or as a consequence of):  Due to (or as a consequence of the underlying cause given in Part I.  Due to (or as a consequence of the underlying cause given in Part I.  Due to (or as a consequence of the underlying cause given in Part I.  Due to (or as a consequence of the underlying cause given in Part I.  Due to (or as a consequence of the underlying cause given in Part I.  Due to (or as a consequence of the underlying cause given in Part I.  Due to (or as a consequence of the underlying cause given in Part I.  Due to (or as a consequence of th

DHMH 16 Rev 6/95

industrial of the same field . I will

Silvo VS in el Tentre Silvo V X es

e de la villa de la Santia de la constitución de la la constitución de

State of Maryland / Department of Health and Mental Hygiene

27097 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month Day **Physician** 26, 1996 Richard 0430 Am Counts Aug. /Medical 4e. Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Death **Examiner** 4c. County of Death 6113 Harley Lane Camp Springs Prince George's 5. Social Security Number 6. Sex If Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Month, Day, Year)
Dec. 12, 1939

9. Birthplace (State or Foreign Country)
Columbia, S.C. 7. Age (In yrs. last birthday) 8. Dete of Birth (Month, Day, Year) **Funeral** 1 € M 2 F Months Deys Hours Yrs. Director 155-32-2453 56 Usual Residence of Decedent with the Maryland 10a. State 10b. County Show 10c. City, Town or Location 10d. Inside City Limits id other than "natural", or items 23a or 28a-f show event, me Medical Examiner must be notified at 1 XYes 2 ☐ No Directo Maryland Prince George's Camp Springs 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 6113 Harley Lane Funeral 20748 daath United States 11. Marital Status 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-It Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indian, Black, White, etc. permit. Pages 1 and 2 should be filed within 72 hours after to Depertment of Health and Mentel Hygiene. Introcrant: If Itam 27 is marked other than "retural," or iten eny injury or other traumatic event, trained ender. 1 ☐ Yes 21X No It Yes, Give 1K Never Married 2 Married Maryland 21215-0020 1 ☐ Yes 21X No Specify: þ Specify 3 ☐ Widowed 4 ☐ Divorced Year or Detes: Black Completed 15. Decadent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) Elementary/Secondary (0-12) College (1-4or 5+) 4 Counselor Government 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be Frank C. Counts 2 Margaret E. Monroe 19a. Intorment's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rurel Route Number, City or Town, State, Zip Code) Frank C. Counts - Father 6113 Harley Lane, Camp Springs, MD Baltimore, 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 1 ☐ Burial 200 Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Lee's Crematory 8/30/96 | Clinton, MD ure of Funeral Service Licensee 22. Name and Address of Facility STEWART FUNERAL HOME, Inc. 4001 Benning Road, N. E., Washington, the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, D. C. enter the disease, or comor or heart failure. List only Approximate Interval Between Onset and Deeth **Physician** Immediete Cause (Final disease or condition resulting In death) /Medical Examiner Due to (or as a consequenca ot): Examiner Sequentially list conditions, if eny, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that hillsted expects) and Due to (or as a consequenca ot) Box 68760. ettending physician for use es the buris The law requires that the deeth certificate be Physician/Medical that initiated events resulting in deeth) Last Due to (or as a consequence ot): P.O. I Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 6 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records. by 24b. Were eutopsy tindings evailable prior to Completed 24a. Was en eutopsy completion of cause of death? hes certificate 200 No 1 Yes 1 ☐ Yes 2 ☐ No or Attanding Physician: director. 25. Was case reterred to medical examiner? Be 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 DResidence 6 Other (Specify) 2 1 Yes 25 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28d. Describe how Injury occurred After Certification: 28c. Injury et Work? 1 Naturel 5 Pending investigation s after death.

I Director: Aft
od in by the fur 1 Yes 2 No 2 Accident 6 Could not be determined 3 Sulcide 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide To the Hospital or ithin 24 hours aff To the Funeral Di completaly filled in Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and plece, end due to the cause(s) and manner as stated.

| Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) and manner stated. 29e. Certifier Medical (Check only 29b. Signature end title of conting 29c. License number 29d. Data signed (Month, Day, Year) OXON HILRD OXON HILL 30 Name and address of person #240 HANTHA 20 2. legistrar's Signature 31. Dete filed (Month, Day, Year) State Registrar

**DHMH 16 Rev 6/95** 

11 5 4

( In the works of

ALPEN O. ST. 1 . S.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

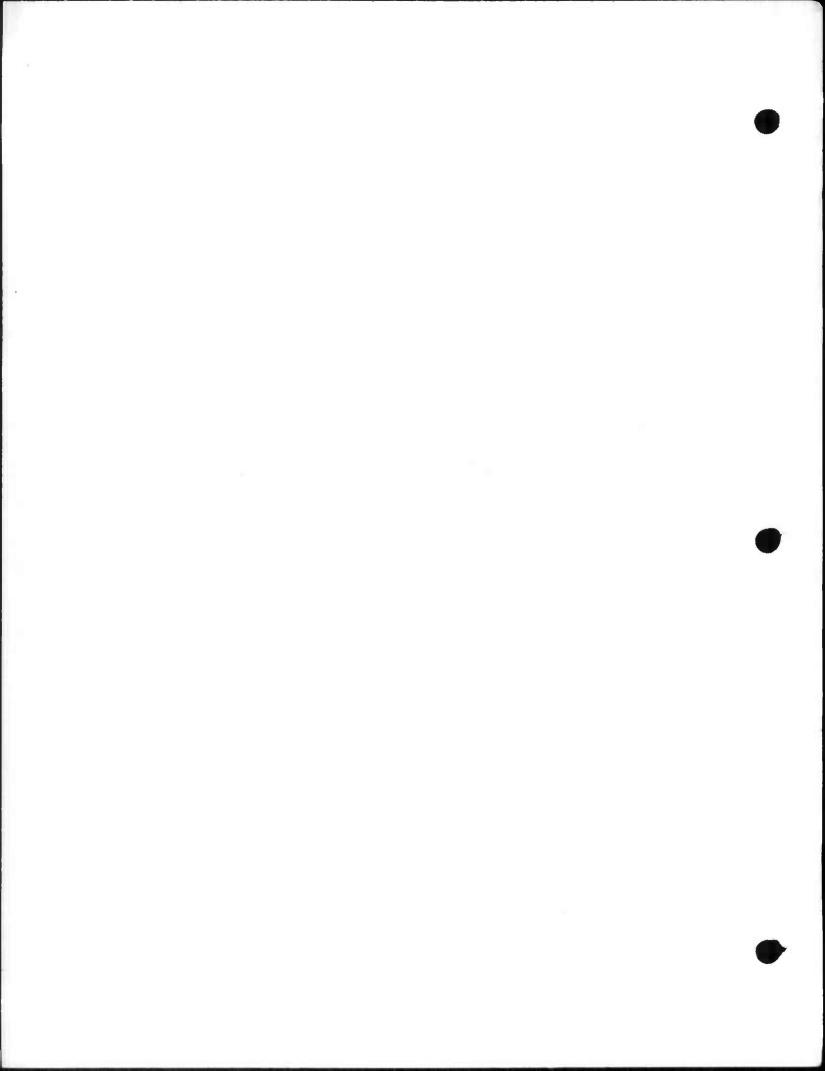
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	HEGISTRAH			CERTIF	ICALE	: OF	DEATH	1	REG	. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) ANASTASIA	M.	CLAR	200					2. DATE OF DEA	DAY	Y	EAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER			-0				-	940451			96		
	042-16-3221	1 M 2 XXF	6. AGE (In yrs. 77	YRS.	IF UNDER	DAYS	HOURS &	MIN.	7. DATE OF BIRT (Month, Day, York) larch 29	N (NAV)	919 (	Country)	Bristol, ecticut	
	9a. FACILITY NAME (If not institution, give a	treet end number)			9b. CITY.	TOWN C	OR LOCATION			-	e. COUNTY			
E	Brooke Grove Mano		Cente	r		lney				- 1			ry County	
K	RESIDENCE OF DECEDENT				- 02						Tromegomery country			
DIRECTOR	10a. STATE 10b. COUNTY	1		10c. CIT	Y, TOWN O	R LOCAT	ION					1	IOd. INSIDE CITY	
5	Maryland Montg	omery Cou	nty	01:	ney						LIMITS?			
	10a. STREET AND NUMBER					101	ZIP CODE			1	no CITIZEN			
FUNERAL	18043 Brooke Grov			20903						10g. CITIZEN OF WHAT COUNTRY United States of America				
בָּן בָּ	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1	EVER IN U.S.	ABMED 100	13. V	WAS DEC	ENDENT OF H	HISPANIC	ORIGIN? (Speci	fy Yes or			- American Indian, White, stc.	
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, OIVE WA		780	, ï	YES	2 NO	Specify:	Puerto Rican, el	C.)		Specify:		
	- W money 1   Strates				1				_		W	Whit	e	
回	15. DECEOENT'S EDUC (Specify only highest grade	CATION completed)	18e.	OECEDENT'S (Give kind of v life. Do NOT us	USUAL OC	CUPATIO	ON st of working		16b. KIND C	F BUSIN	ESS/INDUST	TRY		
9	Elementary/Secondary (0-12)	College (1-4 or 5+)		ilfe. Do NOT us	e retired.)									
COMPLETED	12		Ho	omemak	er				70	vn H	ome			
8	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER	R'S NAM	E (First, Middle, M	eiden Sur	name)			
8	Custas Mamatseo						Anna	Shi	omou					
2	19e. INFORMANT'S NAME (Type/Print)							Rural Ro	ute Number, City	or Town, S	itete, Zip Co	de)		
F	Barbara Apple	/Daughter		3048	Slehb	ert		S	ilver S	Spri	ng, M	lary	land	
	20a. METHOD OF DISPOSITION 1 TO Buriel 2 Cremetion 3 Remains		20b. PLAC	CE AND DATE O	F DISPOSI	TION (Na	me of		8727 20	c. LOCAT	ION — City	or Town	n, State	
	4 Donation 5 Other (Specify)	oval from State	cemetery	Vest C	emete	ery			1996 B1	rist	o1. C	onn	ecticut	
	21. SIGNATURE OF FUNERAL SERVICE LIC	MOO #MOO	_		22. N	IAME AN		OF FACIL	LITY		,			
21. SIGNATURE OF FUNERAL SERVICE LICENSEE #M00690  22. NAME AND ADDRESS OF FACILITY Dunn Funeral Home 191 West Street, Bristo.										1 - Co	nna	06010		
	23. PART i. Enter the diseases, or o	complications that	ceused the	deeth. Do n	ot enter t	the mo	de of dvina.	. such	as cardiac or	respirat	ory arrest	IIIIC	Approximete	
ł	snock, or neert failure.	List only one ceus	e on each ii	ine.				,		oop.ii at	.,	,	intervai Between	
	iMMEDIATE CAUSE (Final disesse or condition	Cause	error or all	1	11-0		+						Onset and Death	
	resulting in death)	CONG	OR AS A CON	SEQUENCE OF	HEA	KT_	+/	AIL	URE				IMEEK	
۱ ـ	_	SEVER		A	EM I A	\								
CERTIFICATION	Sequentially list conditions,	OUE TO (C	R AS A CONS	SEQUENCE OF		1								
¥	if any, leading to immediate cause. Enter UNDERLYING	BONE		ARRO		t	Διιτέ	DE					i 1	
Ē	CAUSE (Disease or injury that initiated events		R AS A CONS	SEOUENCE OF	):		111000	,cc					1	
ե	resulting in death) LAST	SUSTRE	CTEL		MAI	16-1	VAN	CY						
5														
¥∥	PART ii. Other significent condition	s contributing to d	eeth but no	t resulting i	n the unc	derlying	ceuse give	n in Pa	ort i. 24a, W	S AN AUT			ERE AUTOPSY FINDINGS	
EDICAL										ES 2 X		C	WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
WE										25			YES 2 NO	
	DID TOBACCO USE CONTR	RIBUTE TO CAU	SE OF DE	ATH YE	SΠN	K O	UNCER	TAIN						
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL			ACE OF OEAT			2.1001	**** 4	- 1					
S	EXAMINER?	HOSPITAL:	R/Outpatient	3 🗆 DOA	OTHER		5		□ 0M (0H					
<b>È</b> ∥	27. MANNER OF OEATH	28e. DATE OF IN	JURY	28b. TIME	-	28c. thjl			Other (Specify		BA UCCIIBI	ED		
	1 Netural 5 Pending	(Month, Day,	Year)	INJ		WOI	RK? ES 2 NO		ou. Degombe i	011 11100	ni occoni	20		
BÁ	2 Accident Investigation 3 Suicide & Could get be	28e. PLACE OF	INJURY — At	home farm a	treet factor			-	IN LOCATION (C		Manharan	2 1 1		
	4 Homicide 8 Could not be determined	building, et	c. (Specify)			ry, ornee		ľ	Bf. LOCATION (S City or Town,	State)	Number or h	lurer Hou	ne Number,	
	29e. CERTIFIER													
	(Check only	CIAN: To the best of m												
COMPL	2 MEDICAL EXAMINER	R: On the basis of exam	mination end/o	or investigation	i, in my op	Inion, de	eth occured a	et the tin	ne, date end plac	e, end de	ue to the ce	use(s) e	nd menner ee stated.	
w II	296. SIGNATURE AND TITLE OF CENTIFIER	. 44	2				29c. LICENSE	E NUMBI	ER	29	d. DATE SK	GNED (M	fonth, Day, Year)	
	J. SHOW	) /V	4				D3	371	N		00	14.	23,1996	
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH (IT					- , \			-4 -71			
	TED E. HO	WE		542	OVE	RO	OK D	SR.	Boo	JU51	3020		MD	
	AUG 26 1996	THE PERSON AND THE	SIGNATURE	LA										

TOTHE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE BUNKBAL DIRECHA Met this receitificate has been signed by the attending physician and completely filled in the furneral director, page 5 should be detached for use as the burial-transit permit. Page that with the State Deat of Heath and Mantal Husines price to having the state of Mantal Husines price to having a control of the state of Mantal Husines price to have a state burial-transit permit. Page	IMPORTANT: It flow 28 is marked, or flow 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
--	--

	FOR STATE REGISTRAR		STATE OF I	MARYLA						MENTAL HYGIEN		50	21033	
	1. DECEDENT'S NAME (First,	Middle Lest)			CERTI	FICATI	E OF	DEA	IH	REG. NO				
	Nickie B.									MONTH D		YEAR	3. TIME OF DEATN	
1	4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In	yrs, lest birthday	) IF UNDER	R 1 YEAR	IF UNDE	R 24 HRS.	August 19	, 19:		11:05 P.M	
	431-22-604	0	1 M 2 X F	74	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) August 1, 19	122	Countr	110	
	9a. FACILITY NAME (If not in	stitution, give s	treet and number)			9b. CITY	Y, TOWN (	R LOCAT	ION OF D		_	NTY OF D		
H	Pleasant L	iving	Nursing	Cente	er	Ede	gewat	er					Arundel	
5	RESIDENCE OF DEC	EDENT									7 1111	10 711	. III diract	
DIRECTOR		10b. COUNT	•			ITY, TOWN							10d. INSIDE CITY LIMITS?	
	Maryland 100. STREET AND NUMBER	Cal	vert		Н	untin	_					1	1 TES 2 NO	
Y		0.0					101	ZIP COD			1:12		IN OF WHAT COUNTRY?	
FUNERAL	P.O. Box 7	99	12. WAS DECEDEN	T EVER IN	II C ADMED	- 10		2063					States	
	1 Never Married 2	Merried	FORCES? 1	YES		If yea, sp	ecify Cubi	n, Maxica	HC ORIGIN? (Specify Yearn, Puarto Rican, etc.)	or No-	14. RACE Black	— American Indian, t, White, etc.		
à	3 Widowed 4 🔀 Divo	roed	IF YES, GIVE V	WAR OR DAT		1 TYES	2 💢 NO	Specif	γ:		Specif	White		
ED	15. DEC	EDENT'S EDU	CATION	S USUAL O				16b. KIND OF BUS	SINESS/IN	DUSTRY	WILLOC			
COMPLEI	Elementary/Secondary (0		College (1-4 or 5	+)	(Give kind o life. Do NOT	f work done use retired.)	during mo	st of worki	ng	Electric	cal			
2	12				Office	Mana	ager			Engineer		Comp	any	
3	17. FATHER'S NAME (First, M.	iddle, Last)						16. MOT	NER'S NA	ME (First, Middle, Meiden	Sumame)			
מב	Nick L. Be		.0					Far	nnie	Karr				
5	19a. INFORMANT'S NAME (7)	ype/Print)	Fische	tti	100000000000000000000000000000000000000					Soute Number, City or Town				
	Frederick	P.O.	Box	799,	Hur	nting	gtown, Maryland 20639  DATE   20c. LOCATION - City or Town, State							
	20a. METHOD OF DISPOSITI	n 3 🗆 Ram	oval from State		PLACE AND DAT									
- 1	Burlal 2 M Cremetton 3   Removal from State   Cemetery, cremetery, cremetery or other place)   Donation 6   Other (Specify)   Metrophiltan Crematory   8-21-96   Alexandria, Virginia													
- 1	THIEL	77.	Dul	1/		Br	insf	ielo	ss of fa Fur	neral Home,	P. A	۸.		
	Edward N. Brinsfield, Jr. M00052 P.O. Box 279, Leonardtown, Maryland 20650													
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, ahock, or heart failure. List only one cause on each line.  Approximate interval Between												Approximate	
	IMMEDIATE CAUSE (Final													
	disease or condition resulting in death)	<b>+</b>	Sent	icen	in.						lumber			
	,,		DOE TO	DOE TO (9R AS A CONSEQUENCE OF):									/wear	
ξ	Sequentially list conditi	000	. Mut	lighte	deci	fite	5 1	Sec	ers				1 year	
	if any, leading to immed	diate	DUE TO	(OR AS A C	ONSEQUENCE	OF):							9-	
RIFICATION	CAUSE (Disease or Inju		c. My	ulis	ONSEQUENCE	25					A		Tyears	
	that initiated events resulting in death) LAS	т.	0000	7	DISEOUENCE	1	A	PI.		1.	do:	1.	40000	
3			d. Che	mai	Tare	won t	MIN	1.10	ewy	regen and	In	nua	1 grous	
4	PART II. Other algnifice	nt condition			not resulting	in the ur	nderlying	ceuse	given in	Part I. 24s. WAS AN		24b.	WERE AUTOPSY FINDINGS	
MEDICA	Arthril	in, ma	Clipelo	aint	1					PERFOR			AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?	
M	Neuroza	in 6ly	adder in	ch	conic u	riva	my we	feet	non		-		1 YES 2 NO	
	DID TOBACCO U	SE CONTI	RIBUTE TO CA	USE OF	DEATH Y	ES 🔲 I	NO E	UNC	ERTAIL	<u> </u>				
SICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:	26	B. PLACE OF DE									
2	1 TYES 2 NO		1   Inpetient 2	ER/Outpet	lent 3 🗆 DOA	4 Nur		5 🗆 Re	sidence	6 Other (Specify)				
5	27. MANNER OF DEATN		26a, DATE OF (Month, D		26b. TI	ME OF	26c. INJ WO			26d. DESCRIBE HOW II	NJURY OC	CURED		
		Pending Investigation				M		ES 2 [	NO					
		Could not be	28e. PLACE O building.	F INJURY - atc. (Specify	At home, farm	street, fact	lory, offici	1		28f. LOCATION (Street a City or Town, State)	nd Numbe	or Rural A	oute Number,	
		determined												
										to the cause(s) and man				
2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and placa, and due to the cause(s) and manner as stated									end manner as stated,					
	296. BIOSTATUREJAND TITLE	OF CERTIFIER	11/.					29c. LIC	ENSE NUA	IBER	29d. DAT	E SIGNED	(Month, Day, Year)	
	Charlo	sW.	Kines	~				DO	59	28	► A	igus	120,1996	
	30. NAME AND ADDRESS OF	PERSON WHI	COMPLETED CAUS	E OF DEAT	H (ITEM 27) (Typ	e, Print)	11	1 1	0:			01	0.12	
	Charles	_W,	Kinzer	M	D. 20	03	Mec	ica	Yku	17#100, A	MAK	polis	IMD	
	31. DATE FILED (Month, Day, 1		12. REGISTRA							/				
	AUG ZI	1996	Salva allul	work	ardally								1	



State of Maryland / Department of Health and Mental Hygiene

96 27100

				Cert	ificate of	f Death		Reg. No.		
		1. Decedent's Name (First, Middle, La	st)				2. Date of De			3. Time of Death
Phys		0770	August		Cherbo	nnier	Augus	$\stackrel{\text{Day}}{=} 25$ , 1	.996	10:00AM
	dica	An English Name (Manakanakanian aka			CIICIDO	4b. City, Town, or				IU.UUAM
Exar	nine	se. Fechity Neme (Il not institution, giv	e street end number)							
		Memorial Hos	pital @ East	on	1	Eas		Talb	ot	
Funer	ral	5. Social Security Number 6. S	ex 7. Age (In yrs. I	est birthdey)	If Under 1 Yee Months Deys			th Veer)	9. Birthpi	ace (State or Foreign
Direct	or	220-32-0809	XM 2□F 81	Yrs.	Worth's Doys	s House Will	March	13, 1915	Mary	zland
-		Usual Residence of Decedent					1122 012		I III	Turiu
Me to		10a. State 10b. County	10c. City	, Town or Loca	ation				10	d. Inside City Limits
fary	1 2	Mamrland Talbet	m:	1 -3						1 ☐ Yes 2 No
A THE		Maryland Talbot	1.	l ghman						X
F 6 F		10e. Street and Number			10f. Zip Code			10g. Citizen of \	What Count	try?
1215-0020 within 72 hours efter deeth with the Maryland ene. ene. han "netural", or items 23a or 28a-f show he Medical Examiner must be notified at	1		n Rd.		21671			U.S.A	<b>A</b> .	
9 = 5	P. C. C. C.	11. Marital Stetus	12. Wes Decedent Ever in U.	S. 13. W	es Decedent of	Hispenic Origin? (5	Specify Yes or No		e - America	an Indien,
- P	0	1 Never Married 2 Married	Armed Forces? 1 ☐ Yes 2 ☐XNo			ben, Mexican, Puè	to Rican, etc.)	Bied	ck, White, e	etc.
2 8 5		3 ☐ Widowed 4 ☑ Divorced	If Yes, Give Year or Dates:	1[	Yea 2 X	Specify:		Specify	. Whi	ite
	1	2 Vilability 4 Epitology								
2 2 and	100	15. Decedent's Ed (Specify only highest gra	ducation de com <i>pleted)</i>	(Give ki	nt's Usuei Occu ind of work done	e during most of wo	orking	18b. Kind of B	usiness/Ind	ustry
21215-0020 d within 72 hours eff glene. or than "natural", or the Medical Exerci-	1	Elementary/Secondary (0-12)	College (1-4or 5+)		O NOT use retir	•				
N DEL	3	11		Plumb	er Mec	hanical H	Ingineer	Constr	ructio	on
filed Physic other work, it	0					18. Mother's Ne	me (First, Middle	, Meiden Sumen	ne)	
aryland should be file and Mentel Hy marked othe	0	Laurence S. Chen	bonnier			Iphia	a Kemp			
aryland 21215-0020 should be filed within 72 hours effer deeth with the Marylen and Mentel Hyglene. marked other than "natural", or frems 23a or 28a-f show amatic event, the Medical Examination must be notified at	- 15		F 44 500	401 15:00						
2 4 4 4		19a. Informant's Name/Relationship (				et and Number or R		er, City or Lown,	State, Zip	Code)
E T N L		Alice C. Cherbon	mier Daughter	1106	Gypsy	Lane West	Balti	nore, Mo	1. 212	286
of Heelt of Heelt r other		20a. Method of Disposition	0.0	ace of Disposi	ition (Neme of atory or other pl	lece)	Date	20c. Location -	City or To	wn, State
Baltimore, permit. Pages 1 as Department of Hee Important: if item:		1 N Burial 2 □ Cremation 3 □ 4 □ Donation 5 □ Other (Specification 5 □	Hemovei from State		11 Ceme	,	r. 27 19	96 East	n Ms	myland
alti mmit. i pontan y Injun	4	21. Signatury of Funeral Service Licen			Name and Add		,, 21,10	oo nabte	711, 1710	ti y land
B SEE	8	15/	- 0			E. Leonar	d Funer	al Home		
		Speciel in Co	Lenard	31	2 S. Ta	lbot St.	St. Mic	haels N	lary la	nd 21663
		23a. Part1. Enter the disease, or company shock, or heart lailure. List only	plications that caused the death	. Do not enter	the mode of dy	ing, auch as cardla	c or respiratory	rrest,	arry It	Approximate
Physicia	ın	orion, or ributt failure. Elst orny	one cause on each mie.							Interval Between Onset and Deeth
/Medica		Immediete Cause (Final	Answer .	00 5440	10-00	other			1	1 done
Examine	_	disease or condition resulting in death)	e. Anoxic a		MCOF					1
83	ы,		Due to (or	as a consedu	ence of):	2 -0			1,	0
D #	<u>۽</u>		, Cerebrour	saler	/ occ	meller (			1 1/1	Shop 1
58760, icate be executed physician and s the buriel-transit	Evaminar	Sequentially list conditions,	Due to (or	as a consequ	ence of):					U
Tiel o									1	
68760, ficate be ex physician as the burie	ledical	that initiated events	C. — Due to (or	es a conseque	ance of):				<u> </u>	
X 68760, sertificate be executed ding physician and se es the buriel-transit	18	resulting in death) Last			51100 517					
A 0 2 3	3		d							
death of dea	Physician									
	10/	Part II. Other algnificant conditions of	ontributing to death but not resu	iting in the und	dertying cause g	given in Part I.	23b. Did	tobacco use co	ntribute to	the cause of death?
at the color	4	Or proton	0				10	Yes 220 No	3 Prob	ably 4 Unknown
C X 13	2		7.500							
rd puire puire uld t	3		•				24a, Wes	an autopay		re autopsy findings
COTC v require been si should	1						perf	ormed?	COL	ilable prior to appletion of cause
te se se se se se se se se se se se se se	Completed	<u> </u>							Of C	leath?
The page	3						10	Yes 20 No	1 🗆	Yes 2□ No
to diffe	8	25. Was case referred to medical				28. Place of De	ath (Check only	one)		
Of VITAL HEC hysician: The law his certificate hes to il director, page 2 s		1 Yes 2 No	Hospital: 1 Inpatient 2 1	ER/Outpatient	3 DOA O	ther: 4   Nursing	Home 5 □ Res	dence 6 Oth	er (Specify	.)
DIVISION Of VITAI RECORDS, for Attending Physician: The law requires that death.  Director: After this certificate has been signe of the funeral director, page 2 should be or the funeral director, page 2 should be or the funeral director, page 2 should be or the funeral director, page 2 should be or the funeral director, page 2 should be or the funeral director, page 2 should be or the funeral director, page 2 should be or the funeral director, page 2 should be or the funeral director.			28a. Date of Injury	28b. Time of	28c. Inje		1	how Injury occur		,
VISION OF VITA Attending Physician: or death. ector: After this certific by the funeral director,	2	1 Natural 5 Pending 2 Accident Investigation	(Month, Day Year)	Injury		ork? ⊒Yes 2⊟No				
Seat for:	a	2 Accident Investigation 3 Sulcide 8 Could not be					ned to salies	(C4		D
Ter P	Certification.	4 ☐ Homicide determined	28e. Place of Injury - At ho building, etc. (Specify	me, farm, stree ')	et, factory, office	9		Street end Numb wn, State)	per or Hurai	Houte Number,
LIVISION  To the Hospital or Attendin within 24 hours after death.  To the Funeral Director: Af completely filled in by the fu	0									
hour lines	a	29e. Certifier Certifying Phy	ysician: To the best of my know	vledge, deeth o	occurred at the t	time, deta end place	e, and due to the	cause(s) and ma	anner as st	nted.
24 F	Police	one) 2   Medical Exam	niner: On the basis of examination and manner stated.	on and/or inve	stigation, in my	opinion, deeth occ	urred at the time,	date and place,	and due to	the cause(s)
on this	3		10		29c Licer	nse number		294 Date signe	d (Month, L	Dey, Year)
- S F O		14/1	1		130	1749		29d Date sign	96	
						-				
		30. Name and address of person who	completed cause of death (Item	23a) (Type, P	rint)					
		David G. Oliv	er M.D. 503 Du	tchmans	s Lane	Easton,	Marylan	1 21601		
	State	31. Dete filed (Month, Dev. Year)	32. Registrar's Signat	ure						
Regi		AUG 2.7	1996 > Julia Do	widson A	andelle					
			1000							

1. Decedent's Name (First, Middle, Last)

4a. Facility Name (If not institution, give street and number)

10b. County

TRAUMA

1□M 2▼F

Cecil

BETTY

SHOCK

5. Social Security Number

10a. State

Maryland

11. Marital Status

10e. Street and Number

Director

216-16-2306

Usual Residence of Decedent

56 Hawley Road

# **Please Type or Print**

DAGG

Months

Port Deposit

10f. Zip Coda

State of Man

if Under 1 Yaar If Under 24 Hrs.

Hours

21904

Days

in Black indelible ink. Assure	All Copies Are Legible.	O 100 1 4	n 1						
land / Department of Health and	2710								
Certificate of Death	Certificate of Death Reg. No.								
	2. Date of Death	3. Time of Da	aath						

4b. City, Town, or Location of Death

BALTIMORE

8. Date of Birth April 8, 1925

AUGUST 28, 1996 8:09 PM

9. Birthplace (Stata or Foreign Country) Maryland

White

Approximate Interval Between Onset and Death

24b. Were autopsy findings available prior to complation of cause of death?

1X Yes 2□ No

Passanger

COLLISION

10d. Insida City Limits 1 Yes 2 No

4c. County of Death

10g. Citizen of What Country?

U.S.A.

**Physician** /Medical **Examiner Funeral** Director

with the Maryland r than "nature!; or items 23s or 28s-f show the Medical Examiner must be notified at Peges 1 end 2 should be filed within 72 hours after deeth venent of Health end Mentel Hygiene. Int: If Item 27 ia marked other than "naturst", or Items 23s

Baltimore, Maryland 21215-0020

**Physician** /Medical **Examiner** 

or Attending Physician: The law requires that the death certificate be executed pue P.O. Box 68760, ettending physician for use as the burie signed by the Division of Vital Records, cate has been sig certificate has this After deeth. after deeth To the Hospital o within 24 hours af To the Funeral Di

Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give Year or Datas: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puarto Rican, etc.) 14. Race - Amarican Indian, Black, White, atc. 1 Never Married 2 Married 1 ☐ Yes 2 No Specify: Be Completed by 3 ☐ Widowed 4∑Divorced 16a. Decedent'a Usual Occupation (Give kind of work dona during most of working lifa. DO NOT usa retired) 15. Dacedent's Education (Specify only highest grade complated) 16b. Kind of Business/Industry Nanette Fashions Elemantary/Secondary (0-12) Twelve Years College (1-4or 5+) Elkton, Maryland Seamstress other traumatic event, 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Sumama) Robert Hamilton Bertha Ross 19a. Informant's Name/Ralationship (Type, Print) 19b. Malling Address (Straat and Number or Rural Route Number, City or Town, State, Zip Code) permit. Peges 1 end 2:0 Depertment of Health er Important: If Item 27 la any injury or other trau once. Vernon J. Nickols (Son) 56 Hawley Road, Port Deposit, Maryland 21904 20b. Place of Disposition (Name of compatery, crematory or other place)
Dublin Missionary Baptist 20a. Method of Disposition Date 20c. Location - City or Town, State XXBurial 2 Cremation 3 Removal from State 8/31/96 Darlington, Maryland 4 ☐ Donation 5 ☐ Other (Spacify) Church Cemetery 21. Signature of Funarai Service Licenses 22. Name and Addrass of Facility Lee A. Patterson & Son Funeral Home 23a. Part1. Enter the diseasa, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Immediata Cause (Final Multiple Injuries

Due to (or as a consaquence of): disease or condition resulting in death) Examiner Sequentially list conditions, if any, leading to immediate ceuse. Entar Undarlying Causa (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of) Physician/Medical Dua to (or as a consaquence of) Part Ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ Completed 24a. Was an autopsy performed? 1X Yas 2 No Be 25. Was cese referred to medical 26. Place of Death (Check only one) axaminerr IXIX as 2□ No Other: 4 Nursing Home 5 Residance 8 Other (Specify) Hospital: 1 ☐ Inpatient 2XXX R/Outpatient 3☐ DOA P 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Tima of 28c. Injury at Work? 28d. Describe how Injury occurred Certification: 5 Pending Investigation 1 Natural -28-96 1335M 1 Yes 2 No 2 Accident 3 ☐ Sulcide auto - auto 6 Could not be determined 28e. Place of Injury - At home, farm, streat, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 4 Homicide LOCATION (CONTING Rd -MO Route

1 Cortifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

27 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and manner stated. Loadwan edical (Check only one) 29b. Signatura and title of certifier 29c. Licansa number 29d. Data signed (Month, Day, Year) AUGUST 29, 1996 O.C.M.E. 46

LOUISE

71

7. Age (In yrs. last birthday)

Yrs.

10c. City, Town or Location

30. Name and address of person who completed ceusa of death (Itam 23a) (Type, Print) David R Fower 111 Penn Street, Baltimore, Maryland 21201 31. Date filed (Month, Day, Year) 32. Registrar's Signature State Lulia Davidson Registrar AUG 3 0 1996

## P

Plea	ase Type or State o	Print in E	d / De <sub>l</sub>	oartment	of H	lealth	and N		_	ible.	27102	
			C	ertificate	OT I	Death			Reg. No.			
Decedent's Nama (First, Midd	le, Last)							2. Data of De		Year	3. Tima of Death	
LOUISE	LANGE	D	EPPA					SEPTEM	1BER 4,1	1996	3:40 PM	
4a. Facility Nama (If not institution	n, <i>giv</i> a s <i>treet</i> and nu	ımber)			4	lb. City, To	wn, or L	ocation of Deet	h 4c. Count	y of Death		
WILSON HEALTH	H CARE CEN	NTER				GAI	THER	SBURG	MONT	ONTGOMERY		
5. Sociel Security Number 213-42-8257	6. Sex 1 □ M 2 <b>X</b> F	7. Aga (In yrs. 84	last birthda Yrs.		Yeer Days	If Under Hours	24 Hrs. Min.	Min. (Month, Day, Year) Country)			place (Stata or Foreign TIGAN	
Usuai Rasidance of Decedant												
MARYLAND MONT		TTHERSBURG						0d. Insida City Limits 1 ☐ Yes 2 📉 No				
10e. Street and Number 20711 WARFIELI	COURT	<u> </u>		10f. Zip Coda 20879 10g. Citizan of What Count UNITED STATE								
11. Meritei Stetus  1 Never Merried 2 Mar  3 Widowed 4 Divorced	ried 1 ☐ Yas	2 No ive	S. 13	If Yas, specify Cuban, Mexican, Puerto Rican, etc.)  Black, Whita					ack, Whita,	etc.		
	it's Education st grade completed)		(Gi	edent's Usual ( va kind of work	done d	durina mos	t of work	ina	16b. Kind of E	Business/In	dustry	
Elamantary/Secondary (0-12)	T	1-4or 5+)	lifa	. <i>DO NOT</i> usa )MEMAKEI	ratirec	1)			OWN	HOME	100	
17. Fathar's Nama (First, Middla,				18. Moth	er's Nam	a (First, Middla	, Maidan Suma	ma)				
HERMAN C. LANGE							LYDI	A BET	ΓΖ			
19a. informant's Neme/Raiations	ship (Type, Print)		19b. Ma	lling Address (	Street	and Numb	er or Rur	al Routa Numb	er, City or Town	n, Stata, Zip	Code)	
JAMES W. DEPP	A, HUSBANI	D	207	11 WAR	FIE	LD CC	URT,	GAITH	ERSBURG	, MD.	20879	
20e. Method of Disposition	o Domewolf.com			position (Nama amatory or other		:e)	1	Deta	20c. Location	- City or To	own, State	

Physician /Medical Examiner

**Physician** 

/Medical

Examiner

**Funeral** 

Director

permit. Pages 1 and 2 should be filed within 72 hours after deeth with the Maryland Department of Heelth and Mantel Hyglene. important: if item 27 is marked other than "natural", or items 23a or 28e-f show any injury or other traumstic event, the Medical Examination notified an once.

Baltimore, Maryland 21215-0020

Director

Completed by Funeral

To Be

Medical Certification: To Be Completed by Physician/Medical Examiner

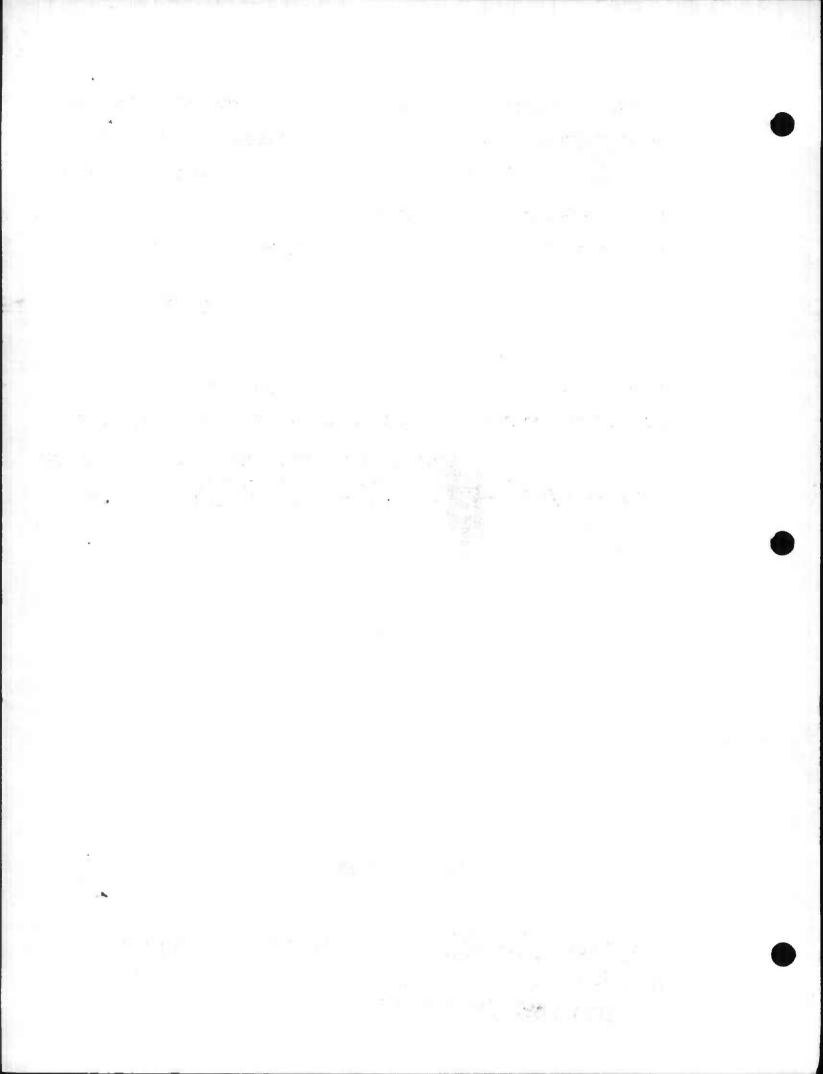
To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours after death.

To the Funeral Director: After this certificate has been signed by the ettending physician and completely filled in by the funeral director, page 2 should be detached for use as the burish-transit

Division of Vital Records, P.O. Box 68760,

1 ☐ Buriai 2 🔀 Cramation 3 ☐ R	Compuel from Ctate	cematary, cram			De	ta 200. Eucation	- City or Town,	State
4 Donation 5 Othar (Specify)		METROPOLI	TAN CR	EMATORY	9/5/9	96 ALEXANI	DRIA,VI	RGINIA
21. Signeture of Funaral Sarvice Licens  Thuruf	Back	22. M P	Name and A URIEL	ddrass of Facility H. BARBEI	R FUNE	RAL HOME	. 20882	
23a. Part1. Enter the disaasa, or complishock, or haart failura. List only or	icetions that caused the na causa on each line.						Ap	proximete arvai Between aset and Death
immediate Cause (Final disaesa or condition resulting in daath)	Su	sis					d	ay
	Aspira	ua to (or as a consequent	pence of):	umoni	u		d	ays
Sequentially list conditions, if any, leeding to immadiate cause. Entar Undarlying	Du	1						
Causa (Disaase or injury that initiated evants rasulting in death) Last	Du	1						
Part II. Other significant conditions con	f	not reculting in the un	forbing cour	o chian in Rad I		23b. Did tobacco use c	ontribute to the	e onuse of death?
	minus in dozin but	TOT FASORING III THE DIR	Jonying Caus	o given in ranti.	_   '	1 □ Yee 2 □ No		
					2	24a. Was an autopsy performed?	comple of dea	
25. Was case referred to medical				00 Ph	D + + + (O)	1 Yas 2 No	1 🗆 Ya	as 2 No
axaminer?	lospitai:	2 ER/Outpatient	3□ DOA	0.1		eck only ona) 5 ☐ Residence 6 ☐ Ot	ther (Specify)	
27. Mannar of Death 1 Meturai 5 Pending 2 Accidant Investigation	28a. Dete of injury (Month, Day Y			injury at Work? 1 ☐ Yes 2 ☑ No	28d. [	Dascribe how injury occu		
3 Sulcida 6 Could not be 4 Homicida determined	28a. Piace of injury building, atc. (	- At homa, farm, stra (Specify)	at, factory, of	fice	28f. L	ocation (Street and Num ity or Town, Stata)	nber or Rural Ro	outa Number,
29a. Certifiar (Check only one) 1 Certifying Physical Examination (Check one) 1 Certifying Physical Examination (Check one) 1 Certifying Physical Examination (Check one) 1 Certifying Physical Examination (Check one) 1 Certifying Physical Examination (Check one) 1 Certifying Physical Examination (Check one) 1 Certifying Physical Examination (Check one) 1 Certifying Physical Examination (Check one) 1 Certifying Physical Examination (Check one) 1 Certifying Physical Examination (Check one) 1 Certifying Physical Examination (Check one) 1 Certifying Physical Examination (Check one) 1 Certifying Physical Examination (Check one) 1 Certifying Physical Examination (Check one) 1 Certifying Physical Examination (Check one) 1 Certifying Physical Examination (Check one) 1	sician: To the best of r ner: the basis of ex manner state	camination and/or inve	occurred at the	na tima, date and p my opinion, daath o	lace, end di occurred at	ue to the cause(s) end metha tima, data and place	nannar as state o, and due to the	d. 3 Cause(s)
29b. Signatupeand title of certifier	al .			cansa number	7	29d. Dete sign	ed (Month, Day	, Year)
* Whole ~	Locase		L	70900		0.10		
30, Name and address of person who co	multed causa of daal 8 kin, MD	th (itam 23a) (Type, P ) 940 (	rint)	seorgetim	in Rd	. Bethas	la, mo	20814

State Registrar



State of Maryland / Department of Health and Mental Hygiene

27103

					•	Ce	rtificate o	f Death		Reg. No.		4/100		
			1. Decedent's Neme (First, Middle, La	ist)					2. Dete of De Month	eth Dey	Vees	3. Time of Deeth		
	Physic /Medi		Nelson Edward De	an					August	22, 199	96	4:45 PM		
}	Exami		4e. Facility Neme (If not institution, gir	e street end numi	ber)			4b. City, Town, or L	ocation of Death	4c. County	y of Deeth			
			13005 Point Look	out Road				Scotland			St. Ma	ary's		
	Funeral				. Age (In yrs. la		If Under 1 Yes		8. Dete of Bir (Month, Da	th v. Year)	9. Birthp	place (Stete or Foreign		
н	Director		213-44-6709	1⊠M 2□F	72	Yrs.			February		Mary			
	pu .	1	Usuel Residence of Decedent  10a. Stete 10b. County		10a Citu	Town or Lo	anting							
	shor a	-								10d. Inside City Limits 1 ☐ Yes 2 ☑ No				
	N of Party	octo	Maryland St. Ma	rys	Sc	otlan								
	it to 2	Director	10e. Street and Number				10f. Zip Code			10g. Citizen of Whet Country?				
	ath w	<u>ra</u>	13005 Point Look				2068			United				
	in 72 hours after death with the Marylend "naturel", or items 23s or 28s-f show fedical Examiner must be notified at	Funerai	11. Meritei Stetus	12. Wes Deced Armed Ford	ent Ever in U,S es?	. 13.	Was Decedent of If Yes, specify Cu	f Hispenic Origin? (S) uban, Mexican, Puert	pecify Yes or No o Rican, etc.)	- 14. Race - American Indian, Bleck, White, etc.				
20	aft a	by F	1 Never Married 2⊠ Married	1 ☐ Yes 2 If Yes, Give			1□Yes 2⊠N	o Specify:		Specif	ly:			
8	ure!	D	3 ☐ Widowed 4 ☐ Divorced	Yeer or Det	es:							nite		
Maryland 21215-0020	nat	Completed	15. Decedent's E (Specify only highest gr			16a. Dece (Give	dent's Usuei Occ kind of work don	upation ne during most of wor red)	king	16b. Kind of B	usiness/Ind	dustry		
12	within 7 ene. than *r	du	Elementery/Secondery (0-12)	College (1-4	for 5+)			190/		A = = 4 = =	. 7 4			
2	Hygie Hygie		17. Fether's Neme (First, Middle, Last	1		га	rmer	18. Mother's Nen	na (Firet Middle	Agricu		8		
an	should be filed of Mental Hygi marked other matic event, I	Be	John Nelson Dean	,				Edith R		Wolden Gamer	110)			
2	should be end Mental e marked o	2 L	19e. Informent's Neme/Reletionship	Officer (Delet)		40h M-111	a - Address (Otro			C/h T	Cara Ti	0-41		
Ma	d2 s then trau				711.6			et end Number or Ru						
	s 1 and 2 should be flied within Hygiene. I Health end Mental Hygiene. 1em 27 le marked other than other traumatic event, tre M		Catherine P. Dea:	n				ookout Ro	ad, Scot	20c. Location				
Baltimore,	00 -		1 ☐ Buriei 2 🖾 Cremetion 3 🛭		ete		sition (Neme of metory or other p							
ţ	tmer tant:		4 ☐ Donetion 5 ☐ Other (Speci		Metry	Charles and Control of the Control o	n Cremato	3	23–96	Alexandri	a, Vir	ginia		
Sal	Department Meportant: Many Injury o		21. Signature of Experial Service Lice	Br/L	//	/ 2	2. Neme end Add Brinsfi	ress of Fecility .eld Funer	al Home	P.A.				
	70 = « O				Jr. mO		P.O. Bo	x 279. Le	onardto	wn. Mary	vland	20650		
F			23a. Pert1. Enter the disease, or con shock, or heert feilure. List only	plicetions that cau	used the deeth. ch line.	Do not en	er the mode of d	ying, such es cardiac	or respiratory e	rrest,		Approximate Intervel Between		
	Physician				^	0		- //				Onset end Deeth		
10	/Medical Examiner		Immediete Cause (Finel diseese or condition		RES	nine	elo ay	taill	W	)		hn.		
	LAGIIIIICI	L	resulting in deeth)		Pipe 10 (pg	as a conge	juence of):		1	1		1		
	D #	Examiner	_	h	(2)	200	sal	hom	WOX	S		n		
	and -tran	Сап	Sequentially list conditions,		Que to (or	as a consta	M(po Godon	7-7	1			1,		
50,	oe ax		Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury	0	Car	Mu	X 11/1	law c	- ,		41			
68760,	death certificete be axecuted e attending physician and ed for use as the buriel-transit	Physician/Medical	that initieted events resulting in death) Last		Due to (or a	as a consec	juence of):	1/		10	1			
	ing p	Me	L	-				V			- 4	/		
Box	attendir for use	an	_	0.										
	t the dee by the a tached for	/sic	Part II. Other significant conditions	contributing to dea	but not pesul	ting in the u	nderlying cause	glyen in Blift I.	23b. Did	tobacco use co	entribute to	the cause of death?		
P.0	at the d by th etache	P.		in	~ 78	1/	1501	100	- 10	Yes 20 No	3 Prof	bably 4 Unknown		
Ś	lew requires that as been signed b	by		my	was		1	vivi			1			
Records,	v requin	Completed	(V)	non	wH	lan	1 2	= _		an autopsy med?	avi	ere autopsy findings silable prior to		
eC.	has be	pje		111100	711	,,,,,,	7	1				mpletion of cause death?		
<u> </u>	0 5 0	5		()	/	/			101	Yes 25 40	10	Yes 20 No A		
Vital		Be	25. Was case referred to medical examiner?			· /		26. Place of Dea	th (Check only o	one)	3			
<b>&gt;</b>	5 00	10	1 Yes 2 No	Hospital: 1 ☐ Ing	patient 2 E	R/Outpatier	nt 3C DOA	Other: 4 - Nursing H	ome 5 Resi	denca 8 □Oti	her (Specif	ע		
J Of			27. Menner of Dear	28e. Dete of (Month,	Injury 2	28b. Time o Injury	f 28c. in	jury et	28d. Describe	how Injury occur	rred			
Division	Attending I or death. ector: After by the fune	atio	Netural 5 Pending Investigation		Doy roun,	argory		Yes 2 No						
N S	after death Director: /	tific	3 ☐ Suicide 6 ☐ Could not be determined	286. Piece 0	f Injury - At hon	ne, farm, st	reet, fectory, offic	9	28f. Location (	Street and Num	ber or Rura	al Route Number,		
	s after A Direct of in by	Certification:	4 E Homodo	Dunding	, etc. (Specily)				Ony or 101	wii, Ololoj				
	To the Hospital or I within 24 hours after To the Funeral Direct Completely filled in the Funeral C		29e. Certifler Check only Check Only Check Only	ysician: To the b	est of my know	iedge, deat	n occurred et the	time, dete end piece	, and due to the	ceuse(s) end m	enner es s	tated.		
	n 24 n 24 ne Fu	edicai	one) Medical Exam	niner: On the bas engimenne		on end/or in	vestigetion, in my	opinion, deeth occu	rred et the time,	dete and pieca,	and due to	the cause(s)		
	Withi To th	Σ	295. Signature and title of certifier	1)//	0	111	29c. Lice	nse number		29d. Dete signe	ad (Month,	Dey, Year)		
			* XXX	LAN	100	AL	) DO6	419		8/2	3/9	6		
			30. Name and address of person who	completed cause	of deeth (Item)	23e) (Type.		1		1	700			
			J. Patrick Jarbo	/				Bldg., Leo	nardtow	n, Mary	land	20650		
	Sta	ite	31. Date filed (North, Day, Year)	32. Mgc	platrage Signatu									
	Registr		AUG 23 I	996	a diminic	, ,								

State of Maryland / Department of Health and Mental Hygiene 27104 Certificate of Death 1. Decedent'a Neme (First, Middle, Last) 2. Dete of Death 3. Time of Death Yeer 66 **Physician** DASHIELL HELEN 8 0424 30 /Medical 4a. Fecility Nema (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner PENINSULA REGIONAL MEDICAL CENTER SALISBURY WICOMICO If Under 1 Yaar If Undar 24 Hrs.
Months Days Hours Min. 8. Deta of Birth (Month, Day, Year) 08/19/1931 5. Sociel Security Number 6. Sex 7. Age (in yrs. last birthday) 9. Birthplece (State or Foreign **Funeral** 1 M 2 F MARYLAND Yrs. 220-26-0820 65 Director Usual Residence of Decedent the Maryland 10e State 10b. County 10c. City, Town or Location 10d. Inside City Limits "natural", or itema 23a or 28a-f show traumatic event, the Medical Examiner must be notified at 1 PYes 2 □ No Directo MARYLAND. WICOMICO SALISBURY 10e. Street and Number 10f. Zin Code permit. Pages 1 and 2 should be filed within 72 hours after death with to Department of Health and Mental Hygiene.

Important: If item 27 is marked other than any injury or other from 10g. Citizen of What Country? 1412 EAST SANDY ACRES DRIVE 21801 U.S. Funeral 12. Was Decedent Ever in U.S. Armed Forcas? 13. Was Decedent of Hispanic Origin? (Specify Yes or No If Yas, specify Cuban, Mexican, Puerto Rican, atc.) 14. Race - American Indian, Black, Whita, atc. 1 Never Married 2 Merried 1 Yes 2 No 2 No þ f Yas, Giva Yaar or Detes: 3 ☑ Widowed 4 ☐ Divorced Specify: WHITE Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Eiementery/Secondary (0-12) College (1-4or 5+) WAITRESS RESTAURANT 10 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumama) Be JAKE F. WALKER JENNIE BURKE 5 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) EDWINA LEWIS/DAUGHTER 1412 SANDY ACRES DRIVE, SALISBURY, MD. 21801 20e. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) Date 20c. Location - City or Town, Stete 1 Burial 2 ☐ Cramation 3 ☐ Removel from Stata 4 ☐ Donetion 5 ☐ Other (Specify) ASBURY CEMETERY 9/1/96 Mt. Vernon, Maryland of Funarel Service Licensee 22. Nama and Address of Fecility Hinman Funeral Home Enter the disease, or complications that caused the deeth. Do not anter the mode of dying, such as cardiac or respiratory arrast, sk, or heart feilure. List only one cause on each line. 21853 Approximate Intarval Between Onset and Death **Physiclan** in rediete Ceuse (Finel lisaese or condition resulting in death) /Medical 12 hours SEPSIS UNENOWN Examiner - SOURCE Due to (or as e consequence of) Examiner ARCINOMA OVAR INA the Hospital or Attending Physician: The law requires that the death certificate be executed thin 24 hours after death.

The Funeral Director: After this certificate has been signed by the attending physician and mpletely filled in by the funeral director, page 2 should be detached for use as the burlantit mpletely filled in by the funeral director, page 2 should be detached for use as the burlantit Sequentielly list conditions, if any, leading to immediate ceuse. Enter Underlying Ceuse (Disease or Injury that initieted events resulting In deeth) Last Due to (or es e consequence of) Division of Vital Records, P.O. Box 68760, Physician/Medical Dua to (or es e consequence of): Pert II. Other eignificant conditions contributing to deeth but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yee 2 ☑ No 3 ☐ Probably 4 ☐ Unknown COPD q 24b. Were autopsy findings available prior to completion of cause of death? 24e. Was an autopsy performed? Completed 1 ☐ Yes 1 □ Yes 2 □ No 25. Wes case referred to medical exeminer?

1 Yes 2 □ No Be 26. Plece of Deeth (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Hapatient 2 ER/Outpatient 3 DOA 27. Manner of Death 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred 5 Pending Investigation 1 ☐ Yes 2 ☐ No 2 Accident 8 Could not be determined 3 Sulcide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, street, factory, offica building, etc. (Specify) 4 Homicide within 24 hours after To the Funeral Director completely filled in b Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the causa(s) and menner as stated.

2 Medical Examtner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the causa(s) and menner stated. 29a. Certifier Medical (Check only one) 29b. Signatura and title of cartifier 29c. License numbar 29d. Dete signed (Month, Dey, Year) 0 D36576 0

State Registrar 30. Neme and address of person who completed cause of deeth (Item 23e) (Type, Print)

TRAVITE

RIVERSIDE

560

MD

DR

SALISBURY MD 21801

AND THE OWN

Amended # 1 att

#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death

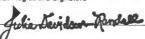
	Physic /Medi		1. Decedent's Name (First, Midd		CHARLES	A. DAV	/IS,J	R.			2. Dete of De Month AUG	eeth 26 1996	Yeer	3. Tima of Death 2:57 pm	
P	Exami		4e. Fecility Neme (If not institutio		imber)			-			ocation of Dee				
H	Funerai		PRINCE GEORGE I  5. Social Security Number	6. Sex	7. Age (In yrs.	lest birthday)	If Under		If Under Hours		8. Dele of Bi	PRINC		ORGE plece (Stete or Foreign ntry)	
	Director		217-18-3391 Usuel Residence of Decedent	12 M 2□F	73	73 Yrs. Months Deys				Min.	8. Dele of Bi (Month, D	ey, Year) 16 1923			
	Maryland a-f show	ctor	MARYLAND ANNE A		10c. Cit	eation	ation					10d. Inside City Limit 1 ⊠ Yes 2 □ N			
	ath with the Marylan 23a or 28a-f show	ral Director	10e. Street end Number 5242 SANDS ROAI	)								10g. Citizen of	Whet Cour	niry?	
020	72 hours efter death with the Maryland natural, or items 23a or 28a-f show Jeal Examiner must be netified at	by Funeral	11. Meritel Stetus  1 □ Never Married 2 □ Man  3 ☒ Widowed 4 □ Divorced	ried 1 1 Yes	2 □ No	s? If Yes, specify Cuben				dispanto Origin? (Specify Yes or No- en, Mexican, Puerto Rican, etc.)  Specify:			14. Raca - American Indien, Bleck, White, etc.  Specify: black		
21215-0020	i within 72 hours iene. r than "natural", the Med cal Ex	Completed	15. Deceden (Specify only highe Eiementery/Secondary (0-12)	it's Education st grede completed)	ducation rede completed)  College (1-4or 5+)  16e. Deceder (Give kii life. DC				ation during mos d)	st of work	king	16b. Kind of B	usiness/In	dustry	
	should be filed wind Mentel Hygien marked other th	Be	7th 17. Fether's Name (First, Middle,	· ·	()				18. Moth	er's Nem	e (First, Middle	, Meiden Sumer	NDREWS AIR FORCE BAS		
Maryland	12 S	To	19e. Informent's Neme/Relationship (Type, Print)  19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)										,		
Baltimore,	Peges 1 nent of Ho int: If iten iry or oth		BETTY A. SHARPS (DAUGHTER)  21577 SOUTH ESSEX DR. LEXINGTON, PARK, MD.  20e. Method of Disposition  12 Cremetion 3 Removel from State 4 Donation 5 Other (Specific)  20b. Plece of Disposition (Name of camelery, cremetory or other plece)  MOSES CEMETERY  21577 SOUTH ESSEX DR. LEXINGTON, PARK, MD.  20c. Location - City or Tow												
Balti	permit. Peg Department Important: I any Injury o		21. Signetute of Funeral Seption	Licochuse)	link				ss of Fecili	_ /	leese 4	SONS M	lortud	ery, PA	
	Physician /Medical Examiner	ner	23a. Part of the disease, of heart feilure. List Immediate Ceuse (Finel disease or condition resulting in deeth)	e	ardic Due to (o	Veg	~	^	ng, such es	cardiec	or respiretory e	erresi,		Approximete Interval Between Onset end Deeth	
x 68760,	ath certificete be executed stending physician and for use es the burial-transit	cian/Medical Examiner	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that Initiated events resulting In deeth) Lest	b		r es e consequ		1	Va		easy			ieverdija	
P.O. Box	res that the death c signed by the etterv I be detached for us	Physician	Part II. Other significant condition	one contributing to de	eath but not res	ulting In the un	derlying ca	use giv	ren in Pert i	l.		tobacco usa co		o the cause of death?	
Vital Records,	aw requi	Completed by	had surge	an for	fe.	m - P	00	54	pas	2		en eutopsy ormed?	av.	ere autopsy findings eileble prior to mpletion of cause death?	
Vital F	Physician: The I	Be	25. Wes case referred to medical exeminer?	Hospital:		16	0 000	011		of Deet	1 Check only		10	Yes 2 No	
ot o	ding Phys h. After this funeral di	ation: To	1 Yes 2 No  27. Menner of Deeth Netural 5 Pendin 2 Accident investig	28e. Dete	of Injury th, Day Year)	ER/Outpatient 28b. Time of Injury	3□ DOA 28	c. Injun Wor	4 ∐ Nu y et	74.		denca 6 Doth		y)	
Division	무취	Certification:	3 ☐ Suicide 6 ☐ Could r 4 ☐ Homicide determ	Ined 288. Pleca buildi	of Injury - At ho ng, etc. <i>(Specif</i> )						City or To				
	the Hospital thin 24 hours the Funeral I mpletely filled	edicai	29e. Certifier (Check only one) Certifyin (Check only one)	g Physician: To the Examiner: On the be end men	best of my know esis of exeminet ner steted.	wledge, deeth o ion end/or Inve	occurred el estigetion, l	the tim	ne, dete en pinion, dee	d plece, th occurr	and due to the red at the time,	ceuse(s) end me dete and pleca,	enner es st end due to	teted. the ceuse(s)	
	To the within: To the comple	Σ	29b. Signeture end title of certifier				29c.	License	e number			29d. Date signe	d (Month,	Dey, Year)	

30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

BRULL WWM AN PRINCE GEORGES 31. Dele filed (Month, Day, Year) State

32. Registrer's Signeture

SEP 0 3 1996



Maly light was a second

State of Maryland / Department of Health and Mental Hygiene

27106 Certificate of Death 1. Decedant's Nama (First, Middle, Last)-2. Date of Daath 3. Tima of Death Month **Physician** L. DeLost Ruth 26, 1996 August 5:20a.m. /Medical 4a. Facility Nama (If not Institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Anne Arundel Medical Ctr. Annapolis Anne Arundel If Undar 1 Year If Undar 24 Hrs. 8. Date of Birth
Houra Min. (Month, Day, Year) 5. Social Security Number 7. Age (In yrs. lest birthday) Birthplaca (Stata or Foreign Country) **Funeral** 1 M 2 F Deys Months 21522242 Yrs 69 12-21-26 Director MD Usuel Residance of Dacedant deeth with the Meryland 10a. Stata 10b. County 10c. City, Town or Location r than "natural", or itama 23a or 28a-f ahow the Medical Examiner must be notified at 10d. Insida City Limits Director 1 ☐ Yes 2 ☑ No Anne Arundel Annapolis 10e. Street end Number 10f. Zip Coda 10g. Citizen of What Country? 1158 St. George Drive Funeral 21401 USA 12. Wes Decedant Evar in U,S. Armed Forceş? 1 ☐ Yaa 2 ☑ No If Yas, Giva 14. Race - Amarican Indian, Was Decedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puarto Rican, atc.) 11 Maritel Stetus Bleck, Whita, atc. filed within 72 hours efter 1 □ Navar Married 2 □ Merried altimore, Maryland 21215-0020 1 ☐ Yas 2 ☒ No Specify: Specify: White à Yas, Giva Yaar or Datas: 3 □ Widowed 4 □ Divorced Completed 15. Decedant's Education (Specify only highest grada complated) 18a. Decedent's Usuel Occupation (Give kind of work dona during most of working lifa. DO NOT usa ratired) 18b. Kind of Buainass/Industry Hygiene. Elamantary/Sacondary (0-12) Collaga (1-4or 5+) 12 Homemaker Home permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: If Itam 27 is marked othe any injury or other traumatic avant, once. 17. Fathar's Nama (First, Middle, Last) 18. Mother's Nama (First, Middla, Maidan Surname) Be Raymond Turner 2 DeLauter Naomi 19a. tnformant'a Name/Ralationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) Douglas DeLost 1158 St. George Drive Annapolis, MD 21401
s of Disposition (Nama of Data 20c. Location - City or Town, Stata 20b. Place of Disposition (Nama of cematary, cremetory or other place) 20a. Mathod of Disposition 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Ramoval from State 5- Othar (Specify) 4 Donation Cedar Hill Cem. 8/29 Brooklyn, MD 21. Signature of Funeral Service Line 22. Neme end Addrass of Facility Barranco & Sons Funeral HOme 11. Enter the disease, or complications that caused the deeth. Do not anter the mode of dying, such es cardiec or respiratory errest, sck, or heart failure. List only one cause on each line. Approximata tritarvat Batween Onset and Death 21146 Physician Metastatic Breast Cancer /Medical Immediata Causa (Final disaaaa or condition rasulting in death) Examiner Examiner physician and the burief-transit that the death certificate be executed Sequantially list conditions, if eny, laading to immadiata causa. Entar Undarlying Cause (Diseeaa or Injury that initiated avants resulting in death) Last Dua to (or as a consequence of) Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or as a consequanca of): for use as 950 signed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown by 24b. Were autopsy tindings aveilebla prior to completion of cause of death? 24e. Wes an autopsy performed? Completed peed hes 1 Yas 2 No certificate 1 Yas 2 No After this certifical funeral director, i Attending Physician: or death. 25. Was casa retarred to medicat axaminar? Be 28. Placa of Death (Check only one) Othar: 4 Nursing Homa 5 Residence 8 Othar (Specify) 1 ☐ Yas 2 No 1 X Inpatiant 2 2 ER/Outpatient 3 DOA 28a. Date of Injury (Month, Day Year) 27. Mannar of Death Certification: 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred 1 Natural 5 Panding 1 ☐ Yas 2 ☐ No after death Director: A 2 Accidant Investigation 3 Sulcide 6 Could not be datarmined 28t. Location (Straat and Number or Rural Route Number, City or Town, Stata) 28a. Place of Injury - At homa, ferm, streat, tactory, office building, atc. (Specify) filled in by 4 Homicida Hospital 24 hours a Funeral D edical 29a. Certifian Certifying Physician: To tha best of my knowledga, daath occurred at tha time, date and placa, and dua to tha causa(s) and manner as stated. To the Hosp within 24 hor To the Fune completely fi (Check only 2 Medical Examiner: On the besis of examinetion and/or invastigation, in my opinion, death occurred at the time, data and place, end due to the cause(a) end mennar stated. onel 29b. Signetura and title of certifier 29c. Licensa number 29d. Dete signed (Month, Day, Year) August 26, 1996 30. Name and addrass of person who completed causa of daath (Itam 23a) (Typa Print) te Rd ANNApolis MD 21401 State

State of Maryland / Department of Health and Mental Hygiene

e.	0	-7	1	0	-
)	6	1	H	0	1

							Cei	tificat	e of	Death			Reg. No.			
	Discos!		1. Decedent's Nema (First, Mid									2. Data of Dec		Yaar	3. Tima d	of Death
	Physic /Medi		JOH1	V 1	M	Do	94	SHE	RT	CY		AUGUS	7 21	1996	3-2	5 PM
	Exami		4a. Facility Neme (If not Instituti Meridian Nu									Park		of Deeth	unde	1
	Funeral Director		5. Social Sacurity Number 2 2 0 - 3 0 - 5 8 0 9	6. Sax 1 1 M 2	7. Ag	a (In yrs. last bii 89	rthday) Yrs.	If Under Months	1 Yaa Days	r If Undar	24 Hrs. Min.	8. Data of Birt (Month, De)		9. Birthpi	aca (State	
	P .		Usual Residence of Decedent			10. 00 7							12			
	after death with the Meryland or Items 23a or 28a-f show prinet must be notified at	ctor	MD Ann	e Arun	de1	Sever			k					10	od. inside C	City Limits
	or 28	Die	10e. Street and Number				10f. Zlp Code						10g. Citizen of	What Coun	try?	
	ath w	rai	213 Avondale			21146									S.A.	
020	ours after	by Funeral Director	11. Marital Status  1 □ Never Merried 2 ☑ Ma 3 □ Widowed 4 □ Divorca	rried 1	as Decedent I med Forces? AYas 2 1 fas, Give ar or Detas:	Evar in U,S.	in U,S.  13. Wes Decedent of Hispanic Origin? (Specify Yas If Yas, specify Cuban, Mexican, Puerto Rican, et  1 □ Yas 2 ☑ No Specify:						14. Red Bla Specif	ce - America ck, Whita, a y:		e
Maryland 21215-0020	- 1 22	Completed	15. Decede (Specify only high Elementery/Secondary (0-12)		liege (1-4or 5		(Giva life. L		rk doni se retin	a during mos ed)	st of work	ing	Mary:	land	Stat	е
land 2	permit. Pages 1 and 2 should be filed withir Department of Heelth and Mentel Hygiene. Important: if item 27 is marked other than any injury or other traumatic event, the Mandate.	To Be Co	17. Father's Nema (First, Middle John Dough		37		Chief Auditor Income Tax  18. Mother's Nema (First, Middle, Melden Sumema)  Un known								X	
	nd 2 shoulth and No. 27 la mar		19e. Informant's Neme/Rejetlor Elizabeth R.	int) erty							le, Se				2114	
Baltimore,	Pages 1 ar nent of Hee nt: If Item 3		20e. Method of Disposition 1 ☑ Buriel 2 ☐ Cremetion 4 ☐ Donetion 5 ☐ Other (	20b. Piece o camate	f Dispo	sition (Ner	ne of thar pl			Date ug 24	20c. Location	City or To	y or Town, Stete			
Balti	permit. Departmimports any inju		21. Signeture of Fungtel Service	Llowingo	Zur	ma	) B	arra	nc	ress of Fecili	ons	Funer		ne.		1146
	Physician		23a. Pert Entar the diseese, stack, or heart failura. Li	or compileation t only one ceu	s thet caused sa <i>on</i> aach lir	the deeth. Do							rest,		Approxime Interval Be Onsat and	te tween
٧	/Medical Examiner		In medieta Zuse (Finel osaase Condition resulting in deeth)	8	DE	MEN	71	A						C	WO Y	6AKS
	LAGITITION	-	resultive in deeth)	•		Due to (or es a	conseq	uence of):		_						
oʻ	icete be executed physician and s the burial-transit	Examiner	Sequentially list conditions, if eny, leading to immediata cause. Enter Undertying Cause (Disease or Injury that initiated events  Due to (or as a consequence of):  Due to (or as a consequence of):										I I I			
x 68760,	ertificete b ding physic se es the b	Medical	thet initieted events resulting In deeth) Last	Due to (or es e	or es e consequenca of):							i				
Box.	d for us	Physician/	Part II Other significant condit	lone contributio	a to dooth h	st oot soouthing is	n Man	dod dos o		han In Dant		OSP Bids		-4-15-14-0-0-	the seven	of death 0
, P.O.	ires that the death certific signed by the attending p d be detached for use es	by Phys		_	esulting in the underlying cause given in Pert I.  OUS 6136					23b. Did tobacco use contribute to the cause of o						
Division of Vital Records,	aw requisite the property of t	Completed t										24a. Was perfor		ave	re autopsy ilable prior npletion of leath?	to
E	ysician: The lav s certificate hes director, page 2	E										1 🗆 Y	es 2 No	1 🗆	Yas 2	No No
/ita	Physiclan: this certific	Be	25. Wes casa raferred to medic exeminer?								e of Deeth	(Check only o	пе)			
of	S 00 0	은	1 Yes 2 No	Hospite	1 LI inpatie	nt 2□ER/Ou			A			me 5 Resid			)	
sion	or Attanding P siter death. Director: After I in by the funer	Certification:	Z LI Accident	igetion	. Dete of Injur (Month, Day	Year) 28b.	Tima of injury	M 2	8c. inju Wo 1 [	ury at ork? ]Yes 2 □		28d. Describe h	ow Injury occur	red		
DIV	tal or Att is siter d af Direct ed in by	Certifi	3 Sulcida 6 Could 4 Homicide deter	nined 28e	. Piece of Inju building, etc	iry - At home, fa :. (Specify)	ırm, stre	et, fectory	, office			28f. Location (5 City or Tow	treet end Numi n, State)	ber or Rural	Route Nur	nber,
	To the Hospital or Attanding Ph within 24 hours siter death. To the Funeral Director: After thi completely filled in by the funeral	edicai	29e. Certifier 1 Certify (Check only one) 1 Medica	Examiner: Or	To the best of the basis of d menner ste	f my knowledge examinetion an ted.	deeth d/or inv	occurred estigetion,	et the t	ime, dete er opinion, des	nd piece, o eth occurre	and due to the d ad at the time, d	ause(s) and ma lete end piece,	anner as sta and due to	ated. tha cause(	8)
	To t To t	M	29b. Signature and titla of certific	ete	ATT	svylv	5 1			sa number	776		9d. Dete signe			96
			30. Name and eddress of person	who complete	d cause of de	eth (item 23a)	(Type, I	Print)				sev				
	Sta		31. Dete filad (Month, Dey, Year			er's Signetura										-
	Registi	ar	AUG 27	1996	gulie	Deviden	Pare	W.								

DHMH 16 Rev 6/95

and the second of the second o

Mary ...

permit. Pages 1, 2, 3 should

use as the burial-transit

ò

To

notified

Pe

must

examiner

medical

the

event.

traumatic

other

Injury, or

shows any

23

item

50

marked.

.00

28

Item

BE

2

TO THE HOSPITAL
TO THE FUNERAL (
be filed within 72 h
IMPORTANT: If II

\$3	-	
3	2	
P	2	
9	3	
3	등	
6	S	
8	96	
2	8	
Ē	142	
9	2	
93	ã.	
S	6	
а.	100	
듄	2	
60	2	
2	2	100
g.	=	8
100	5	E E
5	Ξ.	lin.
2	8	0
95	Ē	É
2	2	쯮
Ē	te	Ě
Æ	음	9
P	E	_
9	2	Tall I
중	2	3
8	4.0	0
92	2	5
80	.0	8
100	š	0
1	0	8
1	B	96
0	ğ	£
每	ě	ਰ
9	76	E
92	8	ž
5	>	g
13	4	6
===	8	臣
9	Ö	ea
5	S	I
9	9	6
3	ā	H
-60	as	00
100	43	93
	133	B
3	N.	600
2	5	š
8	0	45
¥	ĕ	*
600	20	5
ž	fte.	eal
0	A	Ó
1	R	9
Ē	E	10
OF.	E	5
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by 1	OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be or	hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH 3. TIME OF DEATH August 31, 1996 Escobar Alice 8:18 PM 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Dec 1, 1928 HOURS 530-16-6656 1 M 2 X F 67 YRS Arizona 9e. FACILITY NAME (If not institution, give street end number) 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Naval Hospital St. Mary's Patuxent River 10e. STATE 10b. COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland St. Mary's Great Mills 1 TYES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 128 Belvoir Road 20634 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, stc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES 2 X NO 1 Never Married 2 Merried 1X YES 2 □ NO Specify BY 3 Widowed 4 Divorced Mexico Hispanic COMPLETED 16s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5 +) Homemaker Own Home 6th Grade 17, FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Meiden Surname) Eulalio Delgado Bautista Marcella Ramirez BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Gregory Escobar 128 Belvoir Rd., Great Mills, MD 20634 20e. METNOD OF OISPOSITION
1X Burlel 2 Cremetion 3 Ramovat from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE Our Lady's Cemetery 4 Donation 5 Other (Specify) 9/4/96 Leonardtown, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Mattingley-Gardiner Funeral Home, P.A. P.O. Box 270, Leonardtown, Maryland 20650 23. PARTY. Enter the diseases, of complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximata Intervai Between **Onset and Death IMMEDIATE CAUSE (Final** disease or condition accinon Ovarian mus resulting in death) DUE TO (OR AS A CONSEQUENCE OF CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE MEDICAL 25th 1 TES 2 40 OF DEATH? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) EXAMINER? OTHER: 1 Inpatient 2 ER/Outpetient 3 DOA 4 - Nursing Nome 5 Raeldenca 8 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 26b. TIME OF 28c. INJURY AT 28d. DESCRIBE NOW INJURY OCCURED INJURY Natural 5 Pending М 1 YES 2 NO BY investigation 2 Accident 26e. PLACE OF INJURY — At home, ferm, street, factory, offica building, atc. (Specify) 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Nomicide determined

29a. CERTIFIER (Check only one)

1 X CERTIFYING PNYSICIAN: To the best of my knowledge, deeth occurred at the time, date end place, end due to the ceuse(e) end menner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and piace, and due to the cause(s) and menner as stated.

29c. LICENSE NUMBER 29d. DATE SIGNED: (Month. Day, Year)

399

WALL 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

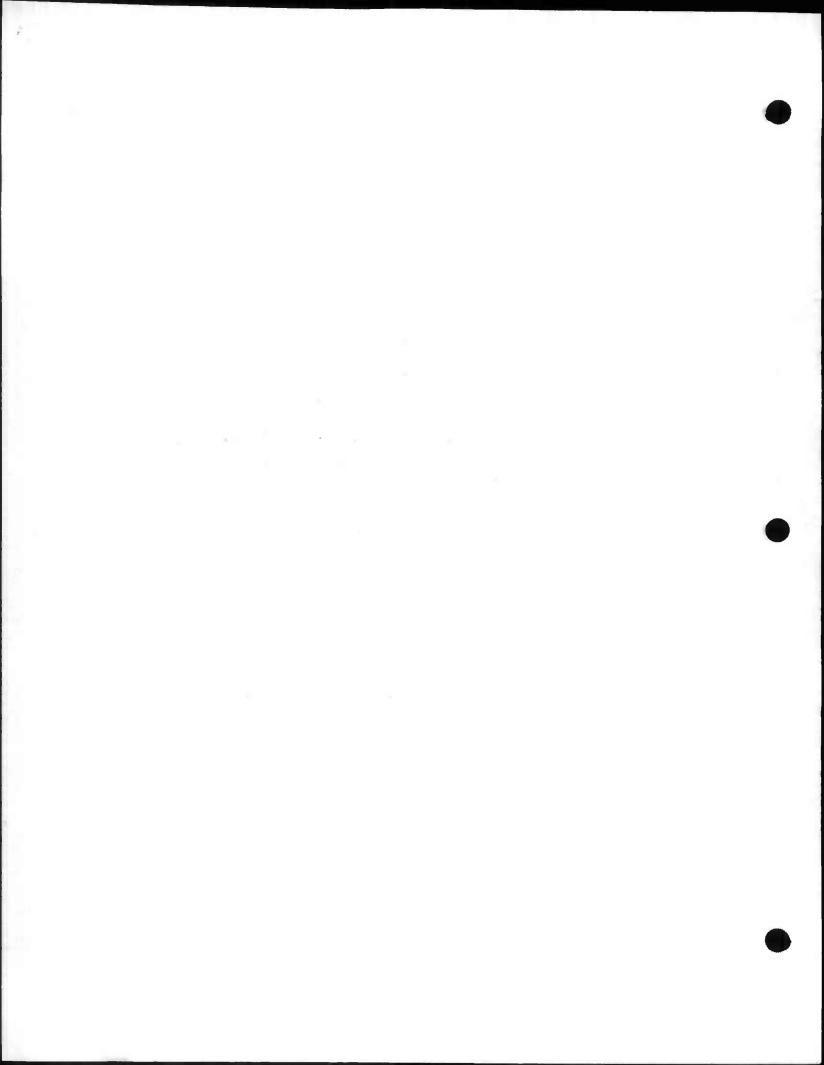
William Kelly, M.D. Leonardtown, Maryland

SEP -3 1996

32 REGISTRAR'S SIGNATURE Julia Dandear Rardall

196 3

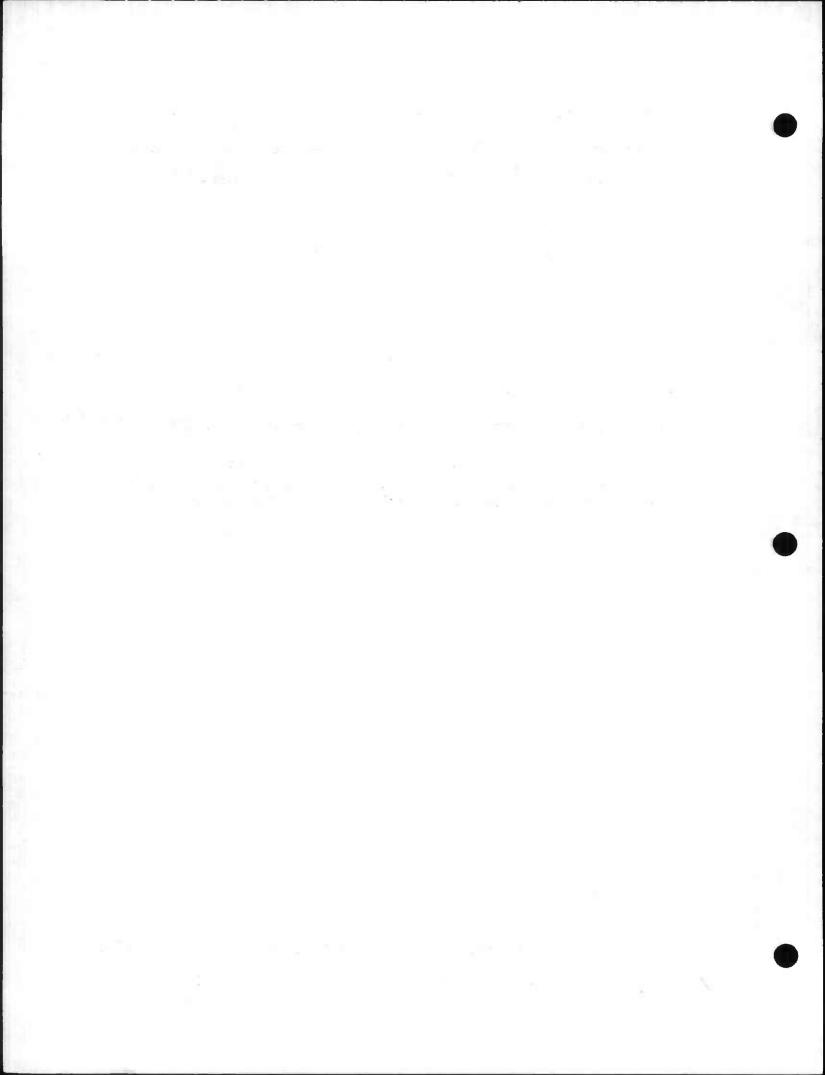
20650



, i		
State of Maryland / Department of Health and Mental Hygiene	96	2710

						Certifica	ate of D	eath	R	eg. No.		( I	
	Division		1. Decedant's Nama (First, Middla, Last)						2. Data of Dear Month	th	Veer	3. Tima	of Death
	Physici /Medic		Alberta Lieber		Frei	nch			August	5. 1	996	5:0	0 a.m
	Examir		4a. Facility Nama (If not institution, giva si		4		4b.	City, Town, or L			y of Death		0 0 110
_	Funeral		408 Morgnec Road 5. Social Security Number 6. Sex	At Home 7. Aga (In yr	s. last birtl	Month	dar 1 Yaar	lestert If Undar 24 Hrs. Hours Min.	(Month, Day	Ker Year)	9. Birthp	piace (Stati	a or Foreign
	Director		301-12-8638 Usual Rasidance of Decedant	86	Y	rs.			August 25	, 1909	Indi	iana	
	show	ř	10a. Stata 10b. County		125	or Location					1	10d. Insida	City Limits
	the N	ecto	Maryland Kent  10e. Street and Number		Ches	sterto	WIN Zip Coda		1	0g. Citizan of	M/hat Cause		10 2 110
	th with	ai Dir	408 Morgnec Road	i		101. 2	21620	)	'	U.S.		nryr	
020	permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hyglene. Important: if item 27 is marked other than "natural", or items 23a or 28a-f show myorlant: if item 27 is marked other than "hatural", or items 23a or 28a-f show in high call examine must be nothled at annot.	by Funeral Director	11. Marital Status 1:  1 Nevar Married 2 Married  3 XWidowed 4 Divorced	2. Was Decedant Evar In Armed Forcas? 1 Yas 2 No If Yas, Giva Yaar or Datas:	U,S.		cedant of Hisp pecify Cuban, 2 No	panic Origin? (Sp Maxican, Puarto Specify:	ecify Yas or No- Ricen, atc.)		ce - Americack, White,	atc.	
Ō	2 ho	ted	15. Decedant's Educa	ation	16a. i	Decedant's U	sual Occupati	on	res I	16b. Kind of E			
Maryland 21215-0020	ithin 7 Nan "n	Completed	(Specify only highast grada Elemantary/Secondary (0-12)	College (1-4or 5+)	- '			ring most of work					370
7	hygier her th	Co	12 17. Fathar's Nama (First, Middla, Last)	1		Homen		0.04-41-4-01		Domest		)wn H	lome
and	od od	Be	Albert (NMN) Lie	shor					a (First, Middla, I	Maidan Sumei	ma)		
Z	should be nd Mental marked o	To	19a. Informant's Name/Reletionship (Typ		106	Mailing Addr		leda La	ral Routa Number	City of Tour	Ctate 7in	Code)	
Z	and 2 s aaith an n 27 is i		Lillian Roxanna								Mars	71200	21620
ore,	of Haa Item 2		20a. Mathod of Disposition	20b	Piace of	Disposition (A	Vama of			20c. Location	- City or To	own, State	,
Ē	Pages nent of 1 ant: If its ury or of		1  Buriai 2  Cramation 3  Ra 4  Donation 5  Othar (Specify)	movai from Stata St.					ust 9, 1	1996 Ch	Mary	yland	
Baltimore,	permit. Departu Importa any Injk		21. Signature of Funeral Service Licenses			Fe11o	and Address He.	lfenbein	& Newna	am Fune	ral F	Tome,	P.A.
			23a. Part & Entar the diseasa, or comples shock, or haart failura. List only one	ations that caused the da	ath. Do no							Approxim interval B	nata
	Physician /Medical Examiner		immedlete Causa (Final disaasa or condition		2	546	-					Onset and	
П	LAGITITIO	-	rasulting in death) a.	Due to	(or es a co	onsequence o	of):						
Т	petr insit	Examiner	<b>b</b> .		,	,					-		
Ó,	ntificate be axecuted ng physician and a st the buriel-transit		Sequentially list conditions, if any, laading to immadiata causa. Entar Undarlying Causa (Disease or Injury	Dua to	(or as a co	onsequance o	or);				1		
68760,	cate b	edical	that initieted events rasulting in daath) Last	Dua to	(or as a co	onsequance o	f):						
	ding p	2	d.										
Box	eath ce attendii I for use	ciar									1		
o.	that the death ce led by the attendir detached for use	Physician/	Part il. Other eignificant conditione contr	ributing to death but not re	asulting in	tha underlying	g ceusa givan	in Part I.	23b. Did to	bacco uee co			e of death?
S, D	igned I be det	by P	COD		·	<del></del>			7127	20110		outly 4	
Record	been s	Completed							24a. Was a perform		av.	ere autops allable prio empletion o death?	or to
	The law sta has paga 2	E O							1 🗆 Yı	as 20 No	10	□Yas 2	□-N6
ita I	ysician: Tha la s cartificata ha director, paga	Be	25. Was casa rafarred to medical axaminar?					26. Place of Deel	h (Check only on	16)			
of Vital		10	1□ Yas 2□-M6 Ho		□ ER/Out	patient 3		4 LI Nursing Ho	oma 5 Rasida	ance 6 Ot	her (Specif	y)	
ion	g the	ation:	27. Mannar of Death  1 Natural 5 Panding  2 Accidant Invastigation	28a. Data of injury (Month, Day Year)	28b. Ti inj	ma of jury M	28c. Injury a Work? 1 ☐ Ya	at as 2□No	28d. Dascribe ho	ow Injury occu	rred		
Division		Certification:	3 Sulcida 6 Could not be detarmined	28a. Placa of injury - At building, atc. (Spec	homa, fam cify)	m, straat, fact	ory, office		28f. Location (St City or Town		ber or Rura	il Routa Nu	mber,
	To the Hospital within 24 hours a To the Funeral Completely filled	edical	29a. Certifier (Check only one) 1 Certifying Physic 2 Madical Examine	cian: To the best of my ki er: On the basis of axamir and mannar stated.	nowledga, nation and	daath occurre /or invastigati	ed at the time, on, in my opin	, dete and place, nion, death occur	and dua to tha cred at the tima, d	ausa(s) and m ete and piace,	annar as s , and dua to	tated. o tha cause	1(8)
	ro the	Me	29b. Signetura and titla of certifiar	The state of the s		2	29c. Licansa r	number	2	9d. Data sign	ed (Month,	Day, Year,	)
	->		) a Day	marin	_		DAC	354		8/2	5/90	0	
			30. Nama and address of person who com	nplated causa of death (It	am 23a) (T	ype, Print)	1000	0					
		10	C. Gottfried Ban	mann, Mi	D 1	00 Bro	wn 5	t Uh	estert	nous.	Md	-210	020
	Sta		31. Data filed (Month, Day, Year)	32. Registrar's Sig	natura	1,00							

DHMH 16 Rev 6/95



					Certificate d	of Death		Reg. No.		
Physicia	ın	1. Decedent's Name (First, Middle, La	st) Laur	a Eklu	nd Foley		2. Deta of De Month	eeth Dey_	Year	3. Tima of Death
/Medic	al	toleyplac				4h Chu Tourn e	or Location of Deet	27	96	2020
Examin	er	4a. Facility Name (If not institution, give MCD POINTE	10	. 1		45. City, Town, 6	r Location of Deet	0	C/	
Funeral		5. Social Security Number 6. S	PRIC Sex 7. Age	(In yrs. last bit	rthday) If Undar 1 Y					placa (Stata or Foraign
Director		213-20-0899 Usuel Residence of Decedent	1□M 2124F 9	1	Yrs. Months De	eys Hours Mi	n. (Month, Di	PR 1905	- Coui	aryland
whow		10a. Stata 10b. County		10c. City, Tow	m or Location				,	IOd. Inaide City Limita
Sa-f a	cto		Cecil		Pe	rryville				MYas 2□No
vith th	듬	10e. Street end Number			10f. Zip Coo			10g. Citizen of		ntry?
e 23s	eral	1453 Perryville R				903	(O		S.A.	an Indian
0 0 5	by Funeral Director	11. Marital Status  1 Nevar Married 2 Married  \$CXWidowed 4 Divorced	12. Was Decedent Exarmed Forcas?  1 ☐ Yes ② ② No If Yes, Give Yaar or Dates:		If Yes, specify (	of Hispenic Origin? Cuban, Maxican, Pu No Specify:	(Specify Yas of No arto Rican, etc.)	Specify	ck, White,	can Indian, etc. hite
s 1 and 2 should be filed within 72 hours if Health and Mental Hygiene. Item 27 is merked other than "natural", other traumatic event, the Medical East	Completed	15. Decedent's E	ducation	160	Decedent's Usuel Oc (Give kind of work do life. DO NOT use re	ccupation	vorking .	16b. Kind of B		
within ene. then	du	Elementery/Secondery (0-12)	College (1-4or 5+	)			Sining	Perryvill		Bank Perryvil
Hygie Hygie Other ti	ပိ	Six  17. Father's Neme (First, Middle, Last			Bank T	1	eme (First, Middle			yraid
should be filed withing Mental Hygiene. merked other than metic event, the Mental Men	Be		' Fritz Eklun	d		18. Mothera N	Lula Ge		10)	
2 should be and Mental is merked of summitteever	ပ	19a. Informant'a Name/Reletionship (			o. Meiling Address (Str	reet and Number or			State 7ir	Code)
od 2 :		Helen J. Gamble	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		44 Biggs H					21911
permit. Pages 1 and 2 Department of Health important: If itam 27 is any injury or other tra		20e. Method of Disposition		20b. Pleca o	f Disposition (Name o	f nlene)	Dete	20c. Location	City or To	own, State
rage int: H iny or		1 ☐ Burial 2 ☐ Cremetion 3 ☐ 4 ☐ Donation 5 ☐ Other (Specif	JRamoval from State y)		rk's Cemet		8/30/96	Perryvil	le,	Maryland
Departm Importa any inju	Ì	21. Signatura of Funerel Sarvice Licer	1996		22. Nama and Ac	dress of Facility				
ESE S S		Shoreag M	taller.	DON, J		atterson le, Maryl			ome	
		23a. Part 1. Enter the diseasa, or com shock, or heart failura. List only	plicetions thet caused to	ne death. Do	not enter the mode of	dying, such as card	iac or respiratory a	irrest,		Approximate Interval Between
Physician /Medical Examiner	liner	Immediate Cause (Finel disease or condition resulting in death)	e		Consequenca of):	1706483	IAC IN	FARCT	bu	
iew requires that the deeth certificate be executed as been signed by the attending physician and ? 2 should be detached for use as the buriel-transit	Examiner	Sequentially list conditions, if any, leading to Immediate	D	ue to (or as a	consequence ot):					
sicia bur	ca	cause. Enter Underlying Cause (Disease or Injury that initiated events	C	ue to for es a	consequanca of):				-	
as th	Medical	rasulting in death) Last		20 10 101 03 2	consequence ory.					
endir r use	Z		d					<u> </u>	i	
been signed by the attendi	Physician/	Part II. Other eignificant conditions of	ontributing to death but	not resulting i	n the underlying cause	given in Pert I.	23b. Did	tobacco uee co	ntribute t	o the cause of death?
d by t	£.	-A/34/ULR'S	L	-0	Vhry/A		10	Yes 2 No	3 Pro	bably Unknown
signe b ed	þ	1104160145120					-		T	
hould	Completed	-ATKIAL MB.					24a, Was	en eutopsy ormed?	av	ere autopey findings callable prior to empletion of cause
ate has bage 2 s	m m	11-11						/	of	death?
is certificate he director, page		77710					10	Yes 2 No	11	□Yas 20M6
r this certific	Be o	25. Wes case referred to medical examiner?  1 ☐ Yes Z No	Hospitel:	۵۵۶۵۵		Other \$ 2	eeth (Check only			, ,
r this	. To	27. Magner of Deeth	1 ☐ Inpatient 28e. Dete of Injury (Month, Dey		1	njury et Work?	Home 5 ☐ Real	how injury occur		(4)
or death.	Certification:	Natural 5 Pending investigation		(ear)		Work? 1 ∐ Yes 2 ∐ No				
or dea	100	3 Sulcide 6 Could not be determined	28e. Piece of Injur	y - At home, fe	erm, street, factory, off	ice	28f. Location (	Street and Numl	per or Run	al Route Number,
s afte		4 🗆 Nomicios	building, etc.	(Зреспу)			City of 10	wπ, Stete)		
	edical	29e. Certifier (Check only one)	yelcien: To the best of niner: On the basis of e end mannar state	xaminetion an	e, deeth occurred et the	e time, dete end ple ny opinion, death oc	ca, end due to the curred et the time,	cause(s) and made dete and place,	anner as s and due t	stated. the cause(s)
within To the comp	Ž	29b. Signature end titla of certifier			29c. Llo	anse number		29d. Date signe	a (Mopth,	Day, Year)
		7.1400	O MM		1	4280C	9	8/2	219	4
8		30. Neme end eddress of person who	completed cause of deg	ith (Item 23a)	(Type, Print)	WON SHE	1.11	0,1	1.24	
		7. Bion	DO 111)	UME	3195.01	WOR ARE	, HO16	Mao	2100	78
Stat		31. Data filed (Month, Day, Yaar)	32. Registrar	a Signature						
Registra	ır	AUG 2 8 1996	Fred Dair	dron-Har	delle					

-	0	-17	1	1	1
)	4	7			1

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death Month **Physician** Candace Louise Fichthorn September 3, 1996 06:20 AM /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** 215 West Branch Circle North East Ceci] If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 5. Social Security Number 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foraign Country) **Funeral** Days 1 □ M 2 🗓 F Yrs. Director 029-52-5841 37 7,1959 Massachusetts April Usual Residence of Decedent the Maryland 10a, Stata 10c. City, Town or Location 10b. County 10d. Insida City Limits permit. Pages 1 and 2 should be filed within 72 hours efter deeth with the Marylan Department of Health and Mental Hyglene. Important: if Item 27 is marked other than "natural", or Item 23 or 28a-4 show any Injury or other treumatic event, the Modesal Extrainted many Injury or other treumatic event, the Modesal Extrainted many Injury or other treumatic event, the Modesal Extrainted many Injury or other treumatic event, the Modesal Extrainted many Injury or other treumatic event, the Modesal Extrainted many Injury or other treumatic event, the Modesal Extrainted many Injury or other treumany. 1 ☐ Yas 2 No Director Maryland | Cecil North East 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 215 West Branch Circle 21901 Funeral United States 12. Was Decedant Evar in U,S. Armed Forcas? Was Dacedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Biack, White, atc. 1 ☐ Navar Married 2 ☐ Married 1 ☐ Yas 2 ☒ No If Yas, Giva Baltimore, Maryland 21215-0020 Specify: White 1 ☐ Yas 2 ☒ No þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highast greda complated) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Homemaker In her own home 17. Fathar's Nama (First, Middla, Last) 18. Mother's Nama (First, Middle, Maidan Sumama) Donald Betts 2 Marilynn Griswold 19a. Informant's Name/Reletionship (Type, Print) 19b. Meiling Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Phillip A. Fichthorn/Husband 215 West Branch Circle, North East, Maryland 21901 20b. Placa of Disposition (Nema of cematary, cramatory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, Stata 1 ☑ Buriai 2 ☐ Cramation 3 ☐ Ramoval from State 4 ☐ Donation 5 ☐ Other (Specify) Rosebank Cemetery September 6,1996 Calvert, Maryland 21. Signature of Funarai Sporto Licen 22. Nama and Address of Facility Crouch Funeral Home 127 South Main Street, North East, Maryland 21901 23a. Part1. Enter the disaasa, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximata Intervai Batween Onset and Death **Physician** /Medical Immediata Causa (Final Advanced Break disaasa or condition rasulting in death) Examiner Dua to (or as a consequence of) Examiner sician and burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Dua to (or as a consequence of) P.O. Box 68760, ettending physician for use es the buria that the death certificate be Physician/Medical Dua to (or as a consequence of): ed by the e Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by t d be detach 1 Yes 2 No 3 Probably 4 Unknown Records, þ 24b. Were sutopsy findings available prior to completion of cause of death? been si 24a. Was an autopsy performed? Completed hes 1 Yes 2 No 1 □ Yas 2 □ No certificate Division of Vital To the Hospital or Attending Physician: within 24 hours efter death.

To the Funeral Director: After this certified 25. Was casa rafarred to medical axaminar? 26. Placa of Death (Check only ona) Hospital: 1 ☐ Inpatient Other: 4 ☐ Nursing Homa 5 ☐ Residence 6 ☐ Other (Specify) 1 Yas 2 No 2 ER/Outpatient 3 DOA funeral 27. Mannar of Death 28a. Data of Injury (Month, Day Year) 28b. Time of 28d. Dascribe how injury occurred Certification: 28c. Injury at Work? 1 Naturel
2 Accident 5 Pending Invastigation 1 Yas 2 No 6 Could not be determined 3 Suicide 28a. Placa of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) filled in by 4 Homicide to Certifying Physician: To the best of my knowledge, deeth occurred et the time, deta and place, and due to the cause(s) end mannar as stated.

Medical Examiner: On the best of axamination and/or investigation, in my opinion, death occurred at the time, deta and place, and due to the cause(s) and mannar stated. 29e. Certifier Medical pletely

State Registrar

Dr. Yogish Patel 31. Data filed (Month, Day, Year)

29b. Signature and title of certifier

111 West High Street, Elkton, Maryland 21921 32. Registrar's Signatura

29c. Licanse number

29d. Data signed (Month, Day, Year)

196

SEP 0 3 1996

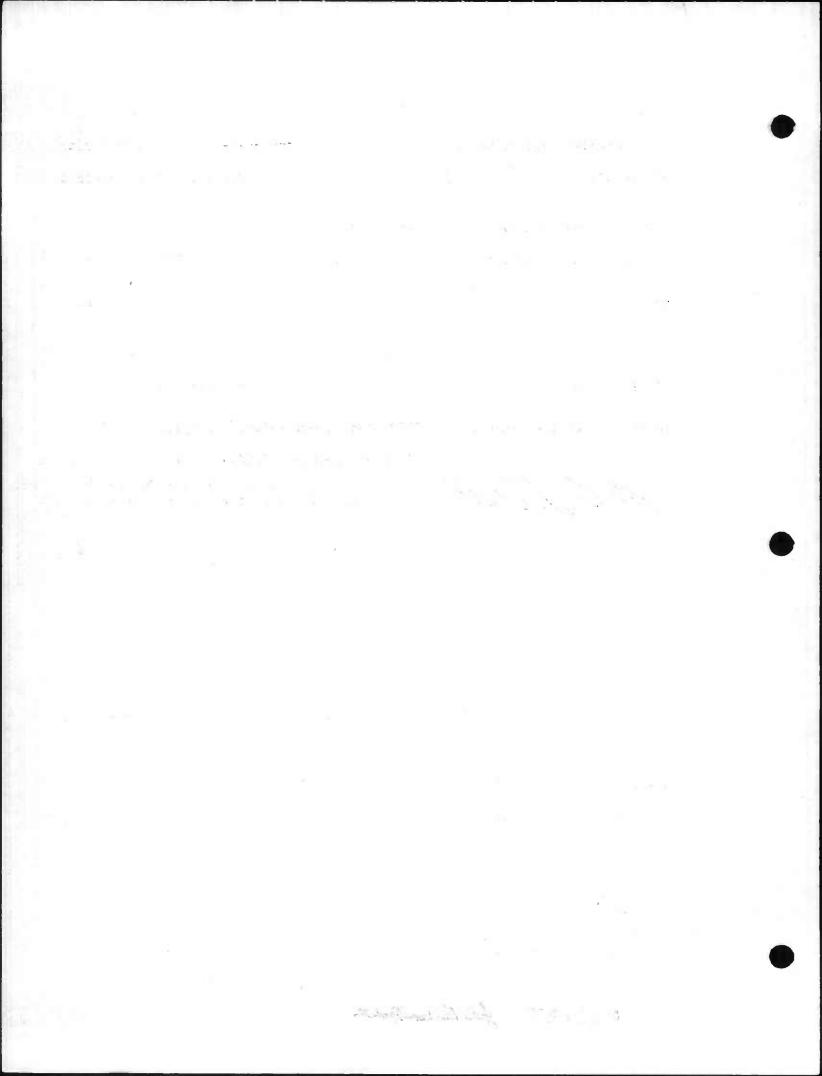
30. Nama and addrass of person who completed causa of death (Item 23a) (Type, Print)

rula Davidson Randalle

and the state of the state of

				State	of Marylar		iriment of F tificate of	Health and N	Mental Hy	giene	96	27112
			Decedent's Neme (First, Middle, L	anti		Cer	lilicate of	Dealli	2. Dete of De	Reg. No.		3. Time of Death
	Physici	an	/	.ast/	_	5			Month	Dey	Yeer	
	/Medic	al	Florence		Ε.	10%		41. Oh. T	8	25 6	14	1510
Ž.	Examin	er	4a. Fecility Neme (If not Institution, g					4b. City, Town, or Le	ocation of Deet	h 4c. County	of Deeth	
			Anne Arundel M		-		If I lader 1 Veer	Annapo				rundel
	Funeral			Sex 1□M 2X0 F	7. Age (In yrs.	. lest birthday) . Yrs.	if Under 1 Yeer Months Deys	if Under 24 Hrs. Hours Min.	8. Dete of Bli (Month, De	th ey, Year)	9. Birthpl	ece (Stete or Foreign try)
	Director		577-07-0077 Usuel Residence of Decedent	41	78	113.			March	23 1918	Mary	yland
	and **		10e. Stete 10b. County		10c. Ci	ity, Town or Lo	cation				10	Od. inside City Limits
	f sho	ō	14									1 ☐ Yes 2 💆 No
	28a	Director	MD Anne A	runde1		Anna	polis 10f. Zip Code			10g. Citizen of V	Affinat Count	**
	with with						- N	_		Tog. Catzen of v	Whet Count	луг
	m 23	Funeral	130 Hearne Road		80 / cedent Ever in L	10 12 1	2140		anife. Van an Na	United	Stat	
	tar d	'n	1 ☐ Never Merried 2 ☐ Married	Armed F	orces?	7,5. 15. V	Yes, specify Cub	lispanic Origin? (Sp an, Mexican, Puerto	Rican, etc.)	Bled	ck, White,	
20	hours after death with the Maryland tural', or flame 23a or 28a-f show at Examinet must be notified at	by I	30XWidowed 4 □ Divorced	If Yes, G	ive	1	☐ Yes 2 🛣 No	Specify:		Specify	Whi	te
ŏ	tura tura		15. Decedent's		50,00.	16a Deced	ent's Usuei Occup	nation		16b. Kind of Bu		
21215-0020	in 72	ojet	(Specify only highest g	rede completed		(Give	kind of work done OO NOT use retired	during most of work d)	ing	TOD. KING OF DO	30110321110	datiy
212	filed within 72 Hygiena. rther then "nat ent, the Medic	Completed	Elementery/Secondery (0-12)	College	(1-4or 5+)		usewife			Ноп	ne	
	be filed within 72 hours after death with the Manylan ital thygiena. Id other than "natural", or itema 23a or 28a-f show event, the Medical Examiner mast be notified at	Be C	17. Fether's Neme (First, Middle, Las	st)		-		18. Mother's Nem	e (First, Middle			
Maryland	Mental Mental arked o	To B	William Lucas					no	ot avai	lable		
37	# DEF	-	19e. Informant's Neme/Rejetionship	(Type, Print)		19b. Meilin	g Address (Street	and Number or Rur	al Route Numb	er, City or Town,	State, Zip	Code)
	od 2 27 le		Dorothy J. Luchet	ta-Daug	hter	1112	Stone Co	ourt Waldo	orf Mo	ruland 2	0602	
ē,	thealth tem 27 other tr		20a. Method of Disposition	cc Dadg	20b.	Plece of Dispos	sition (Neme of		Dete	20c. Location -		wn, Stete
9	Pages nent of mt: if its iry or o		1 ☐ Burial 2 【ACremetion 3 4 ☐ Donetion 5 ☐ Other (Spec		DIGIE	-	1n Crems	atory 8/26	5/96	Brentwo	od N	Maryland
Baltimore,	ortan Injur		21. Signeture of Funeral Servine Lin	-	1							
Ö	permit. Pages 1 and Department of Health Important: if Item 27 any Injury or other to once.		Malura	11)	1.1	1/	7 Dules o	Johr	M. Ta	ylor Fun	eral	Home, Inc.
		$\dashv$	23a. Pert1. Enter the diseese, or conshock, or heert feilure. List only	mplications that	caused the dee			of Glouces			olis,	Approximate
	Physician		shock, or heert feilure. List onl	y one cause on	eech line.		,				į	Interval Between Onset end Deeth
7	/Medical		Immediate Cause (Finel disease or condition		anton!	tout	0 h	0	1.0		i	48 Hrs.
	Examiner		resulting In deeth)	e. U	Due to (	or as a conseq	uence of):	Ruonh	ye			10 1113.
-	D #	ner		D	noder	20 11	200-		7			
	death certificata be axecuted e attending physician and ed for usa as the bunal-transit	Examiner	Sequentially list conditions,	Ь		or es a consequ	1				1	
o,	e axe lan a urial-i		Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury								į.	
8760	ha by	dicai	that initiated events resulting in deeth) Lest	C	Due to (d	or es e consequ	ience of):				1	
9		0	rosuling in occurry 2001								1	
Box	eath certific attending p	an		d							1	
	dea deaf	sici	Pert ti. Other significant conditions	contributing to	death but not res	suiting in the un	derlying cause giv	ven in Pert t.	23b. Did	tobacco use co	ntribute to	the cause of death?
J.	requires that tha de seen signed by the a hould be datached f	Physician/M	Characte about	m. c 410	1 100	a di	11.10		10	Yes 2□ No	3 Prob	eably 4 Unknown
Ś	th se d	P	CHIVAIC DOST	rucció.	- ran	g aus	2000					
Hecords,	v require been si should	ted	Trebonic +	Soure!	dias	Pase			24e. Wes	en eutopsy ormed?	ava	re autopsy findinge illeble prior to
Ö	> 00	ple	ZIJ-TICITUC S	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	00.10			4			of o	npletion of cause leath?
	iclen: The lay certificate has rector, paga 2	Completed	Chronic obst Ischemic b Disseminate	d int	ravasce	lar c	oagus	atten	10	Yes 20 No	1□	Yes 2 No
VITA	ystclen: is certific director,	Be	25. Wes case referred to medical examiner?				4	26. Piece of Deet	h (Check only	one)		
5	Physician: r this certific ral director,	2	1 ☐ Yes 2 No	Hospitel:	tnpatient 2□	ER/Outpetient		4 LI Nursing Ho	me 5 Resi	idence 6 Oth	ar (Specify	)
	ding P. h. Aftar ti funera	<u>=</u>	27. Menner of Deeth  1 Neture 5 □ Pending	28a. Dete (Mo	of Injury oth, Dey Year)	28b. Time of Injury	28c. tnjur Wor		26d. Describe	how injury occur	red	
20	Attending ir death. ector: Aftai by the fune	cati	2 Accident investigeti				M 1 🗆	Yes 2 No				
UNISION	after d Direct d in by	ertification:	3 ☐ Sulcide 6 ☐ Could not determine	28e. Pleo build	e of Injury - At h ling, etc. (Speci	ome, ferm, stre	et, fectory, office			Street and Numb wn, Stete)	er or Rural	Route Number,
_	urs a urs a lifed	O										
	To the Hospital of within 24 hours a To the Funerel D completely filled in	edical	29e. Certifler Certifying P (Check inny one)	miner: On the I	e best of my kno casis of exemine nner steted.	owledge, deeth etion end/or Inv	occurred at the tire estigation, in my o	me, dete end piece, pinion, deeth occur	and due to the red et the time,	dete and piece,	and due to	ated. the causa(s)
	of the of	Me	29b. Signeture and title of certifier	1			29c. Licens	e number		29d. Date signe	d (Month, L	Day, Year)
	->-0		/ / land and	NO	00.					8/26	196	
)			30. Name and address of person who	completed car	se of deeth (Iter	m 23a\ /Time !	Print\			0/20	1 ,0	
			Frank Ou	and Car	172 ad	~ l S		Annapol	is hu	5 21	401	
	Sta	te	31. Dete filed (Month, Dey, Year)	32.1	Registrer's Sign	eture	/	7	1			= 1 - 1
		ar	AUG 2 7 1	200	Milia Man	1 70.	1.00					

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene	96
	_

						Certifica	te of	Death		Reg. No.		test I	110
			1. Decedent's Neme (First, Middle, La	r					2. Date of I	Death	Gest.	3. Time	of Death
	Physici /Medi		WILLIA	IM FI	RENC	H			Month	ST 24	1996	11:	OO AM
	Examir		4a. Facility Neme (If not institution, given	re street end number)					or Location of De	ath 4c. County			
			NORTH ARU	NOEL M	05017	AC	}	GUEN	BURNL	E ANN	EA	RUNI	230
	Funeral		Sociel Security Number     6. 8	THE OFF	(In yrs. last birt	Months	er 1 Year Days		in. (Month, I	Birth Dey, Year)	9. Birthp	lece (Stete	or Foreign
	Director		212-09-5/01	IUM ZEAF	79	Yrs.			May	11,1917	Pan	ama	
	and **		Usual Residence of Decedent  10a. Stete 10b. County		IOc. City, Town	or Location					1	0d. inside	City Limits
	4 sho	ŏ	MD Anne An	rundel	Savan	na Pai	o le						s 25tNo
	the 1284	Director	10e. Street and Number	didei	DEVEL		ip Code			10g. Citizen of V	What Cour	itry?	
	3a or	Ö	614 Cypress La	ane			2114	6			U.S		
	72 hours after death with the Meryland natural, or items 23a or 28a-f show dost Examiner must be notified at	Funeral	11. Marital Status	12. Wes Decedent Ev	er in U,S.	13. Wes Dec	edent of F	ispanic Origin?	(Specify Yes or I	No- 14. Rac	e - Americ	an Indian,	
0	or he		1 Never Married 2 Married	Armed Forces? 1 ☑ Yes 2 ☐ No If Yes, Give					erto Rican, etc.)		ck, White,	etc.	
00	raf., o	by	3 ☐ Widowed 4 ☐ Divorced	Year or Detes:		1 LI Yes	2 🛛 No	Specify:		Specify	" Wh	nite	
5-0	72 h	Completed	15. Decedent's E (Specify only highest gri	ducation ade completed)	16a.	Decedent's Us	ual Occup	pation during most of v	vorkina	16b. Kind of Bu			
121	iene. Than	du	Elementery/Secondery (0-12)	College (1-4or 5+)		life. DO NOT	use retire	during most of v d)		Crown			
7	Hygie Hygie Wher t	ပိ	12 17. Father's Neme (First, Middle, Last	4		Manag	er	40 14-15-4-1	In the Afficiant Afficiant	Seal C		ny	
ano	be of	Be		n French					ucille	lle, Melden Sumem	10)		
7	2 should be and Mental Is marked or raumatic sva	2	19a. Informent's Neme/Reletionship (		105	Maille e Adden	/Ct4			has Ohasa Tarra	064 72	Onda)	
Maryland 21215-0020	d2s than 7 is r		H. Rosalie B.			•	•			nber, City or Town,			1.6
ē,	ges 1 and 2 should be filed within 72 hours after death with the Menylan it of Health and Mental Hygiene. If item 27 is marked other than "natural", or items 23s or 28s-f show or other traumatic svant, the Medical Experient must be notified at		20e. Method of Disposition	case/care	20b. Plece of	Disposition (N	eme of	rgreen	Date	rna Par	City or To	DZII	46
Baltimore,	Peges nent of I unt: If its irry or of		1 ☐ Burial 2 ☐ Cremetion 3 ☐ 4 ☐ Donation 5 ☐ Other (Specif		M-et vi	y, crematory or Crem			7-96	Caton	- 11		0
	교육관등 .		21. Signature of Funeral Service Licer		ricci			ess of Facility	-1/ (4	د د د د د د د د د د د د د د د د د د د	p = 00((		
B	Depa Impo any Is		De Must		lo			100 110	s Fune	ral Hom	е		
			23e. Part1. Enter the disease, or com shock, or heert feilure. List only	plicetions thet caused the	adeath. Do n	495	Ritc	hie Hw	y, Sev	erna Pa	rk,	MD 2 Approxim	1146
	Physician	0	shock, or heert feilure. List only	one ceuse on each line					,			interval B Onset and	etween d Deeth
a	/Medical	Н	Immediate Cause (Final	5 E	PCIC						i	60.	140
П	Examiner		diseese or condition resulting in deeth)			consequence of	`):					601	175
	D #	iner		PN	EUM	20211	4				ì	1001	945
	certificate be executed rding physician and use as the burial-transit	Examiner	Sequentially list conditions,	D.	ue to (or es e d	onsequence of	):						
60,	clan clan burial		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events	C							1		
68760,	phys the	edicai	thet Initieted events resulting in death) Last	Du	e to (or es a c	onsequence of	):						
×	ding ding se as	ΣI	L	d							į		
Box		Physician/											
P.0.	the death y the atter	hysi	Pert II. Other significant conditions of				cause giv	en in Pert I.		d tobacco use co			
σ,	that hed b	by Pi	CHRONIC 1	RENAL	FAIL	uns			_   1	Yes 2□ No	3 Proi	bably 4	Unknown
Division of Vital Records,	The law requires that ate has been signed b page 2 should be dete	D D								es en eutopsy		ara autops	
00	w rec	olet							_ ре	rformed?	00	silable prior mpletion of death?	
R	The law ate has page 2	Completed							10	Yes 2 No			DINO
ta		Bec	25. Wes case referred to medical					26. Place of D	Deeth (Check only				
<b>\</b>	5 00	ToE	examiner?	Hospitel: 1 Inpatient	2□ ER/Out	tpetient 3 C	OA Oth	100		sidence 6 Oth	er (Specif	y)	
0	neral		27. Menner of Deeth 1 ☑ Netural 5 ☐ Pending	28a. Date of Injury (Month, Day )		ime of	28c. Injur		The second second	e how injury occur			
Sio	endir eath. or: Af	atic	2 Accident Investigation	1		,,		Yes 2□No					
Ξ	rect irect n by i	Certification:	3 ☐ Sulcide 6 ☐ Could not b 4 ☐ Homicide determined	28e. Plece of Injury building, etc.	- At home, fer (Specify)	rm, street, facto	ry, office		28f. Location City or 7	(Street and Numb own, Stete)	er or Rura	Il Route Nu	mber,
Ω	ital of rail D												
	To the Hospital or Attending Ph within 24 hours elice to death. To the Funeroil Director: After th completely filled in by the funeral	edical	29e. Certifier 1 ☐ Certifying Ph (Check only one) 2 ☐ Medicat Exam	ysician: To the best of r niner: On the basis of ex	camination and	deeth occurred for Investigetion	d et the tir	me, dete and pie pinion, death oc	ece, and due to the	e cause(s) and me e, dete and plece,	enner es s	teted. the cause	(s)
	the the	Mec	29b. Signeture and title of certifier	and manner state	d.	20	ac Licens	se number		29d. Date signe	d (Month	Day Veer	
	8 4 \$ 4		Yal 1	lin	MD				7				
			20 Name and address of	oomalata d assess	th /ltem co. i c	Time Date:	Ð	7676	.^	770003	6 4	21	071
			30. Neme end eddress of person who M. 5HIRAZ	completed cause of dee	HOUCS	Iype, Print)  AHV	SIC	(01N)	NONTH 1	AUGUS	Has	PITHI	MI
	Sta	te	31. Dete filed (Month, Dey, Year)	32. Registrer's		,,	5,0		/		7,7-0		1.10
	Registr		AUG 2 7 199	6 geliet	wide -	Pandelle							
DHI	UH 16 Rev 6/9	5	HUU MILION	0		4.4.							

DHMH 16 Rev 6/95

was 1924 . E.

State of Maryland / Department of Health and Mental Hygiene

						(	Certificate o	f Death		Reg. No.		- / 1 1 4
	Steer les		1. Decedant's Nama (First, Middla, L.	ist)					2. Data of D		Year	3. Tima of Death
	Physic /Medi		John George Gallo	oway						t 15, 19		5:30 p.m
j.	Exami		4a. Facility Nama (If not institution, gi	va street and number)				4b. City, Town, or				
			7781 Wilkens Lane	(At Home	)				ertown		ent	
	Funeral Director		270-26-4386	Sax 7. Ag	67	ast birtho Yr	Months Day	ar If Undar 24 Hrs s Hours Min	8. Data of Bi (Month, D Octobe:	rth ay, Year) r 11, 19	9. Birthplac Country 28 Buf	ce (Stata or Foraign y) falo, New Yo
	and		Usual Rasidance of Dacedant  10a. Stata 10b. County		10c. City	. Town o	or Location	100-100			100	f. Insida City Limits
	denyl f sho	0	Marriland Vant								1.00	1 Yas 2 No
	198 J	Director	Maryland Kent				Chestert			10g. Citizan of N	What Country	v?
	With With	0	7781 Wilkens Lane	9				620		U.S.A		
	death	Funeral	11. Marital Status	12. Was Decedant	Evar in U,S	S	13. Was Decedant of If Yas, specify Cu		Specify Yas or N		e - Amaricer	
21215-0020	n 72 hours after death with the Meryland "natural", or fiems 23a or 28a-f show edical Examiner must be notified at	b	1 Nevar Married 2 Married 3 Widowed 4 Divorced	Amed Forcas? 1 ∑ Yas 2 ☐ If Yas, Giva Yaar or Datas:	No 1950		If Yas, specify Cu		to Rican, atc.)	Specify	ck, Whita, ato v: Whit	
2-0	72 ho	Completed	15. Decedant's E (Specify only highast gr			16a. D	ecedent's Usual Occ	upation	rkha	16b. Kind of B	usinass/Indu	stry
2		nple.	Elamantary/Secondary (0-12)	Collaga (1-4or:	5+)	'ii	Giva kind of work don fa. DO NOT use reti	red)	TANIY			
7	filed within Hygiene. ither than ent, the Me	S	12	4		Owne	r/Operator S		-		ng Goods	5
and and	g in S	To Be	17. Fathar's Nama (First, Middla, Las	"				1982 and Carlotte	Oly and and	a, <i>Maid</i> an Suman	na)	
2	should be nd Mentai marked o	2	Joseph Galloway					Bess De				- 77
Maryland	12 st th enc r is n traun		19a. Informant's Name/Reletionship Gary Galloway/Sor				Mailing Addrass (Stree Pine Vall					
	1 and Health em 27 ither tr		20a. Mathod of Disposition		20b. Pl	ace of D	isposition (Nama of		Date	20c. Location		
Baltimore,	Department of Health end Men Department of Health end Men Important: If frem 27 is marke any injury or other traumatic o		1 ☐ Burial 2 ☑ Cramation 3 ☐ 4 ☐ Donation 5 ☐ Other (Speci	fy)	CE	matary,	crematory or other p ke Cremation	Center, L			Staviones	ri11a
Baj	pemit. Departnimporta any inju		21. Signature of Funaral Sarvice Lice	nsaa	1	>	Fellows, 130 Speer	Helfenbei				
			23a. Partf. Entar tha diseasa, or con shock, or haart failure. List only	plications that cause	the death	Do not	antar tha moda of d	ylng, such as cardia	c or raspiratory	arrest,	A	oproximata
	Physician /Medical Examiner		tmmediata Causa (Final disaasa or condition rasulting in daath)	. Card	iepu	ılıı	way	Anner				Onset and Death
	pa #	ine	_	Heu	te	U	lyvano	list I	referc	from	i	
	and I-tran	Examiner	Sequentially list conditions, if any, leading to immediate	-	Dua to (or	as a co	nsequence of):				~	
9	rificate be executed ng physician and set the burial-transit	a E	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury	· An	Luco	> ce	lyven consequence of):	Car des	ma	Com A	esen	~
68760,	phys phys s the	edical	that initiated events resulting In death) Last		Dua to (or	as a cor	sequance of):				i	
×o	certif ding use e	2		d								
ă	that the death ce ed by the attendia detached for use	Physician/	Post II. Other classificant conditions	and the stance of the state to		Maria Inc. Alexandria	2	LUI Call	Ont Did	A.A		
0	by the	hys	Part tt. Other significant conditions					/		Yes 2 No		he cause of death?
S, D	res that signed to be det	by P	Jenese D	VD (B)K	ne	C	lurier	Alcolly		1105 201140	3 FIODS	DIY 4 DONKHOW
Vital Records	v requi	Completed b	Aroue, 14	Juntur	un	- )	HOCA	136 x 3(19)	24a. Was	s an autopsy ormed?	avali	autopsy findings able prior to pletion of causa ath?
ž	The lay	E	Alaxien 1	41.00	0	6.	. 00		10	Yas 2 No	10	Yas 2□ No
ā	certificate rector, pag	Bec	25. Was cesa rafarred to medical	Zpina	C,CC	7-0	Time.	26. Placa of Da	ath (Check only	ona)		
>	ysici is ce direc	ToE	axaminar? 1 Yas 2 No	Hospital:	int 2 E	R/Outp	atient 3 DOA	Whon	/	Idance 6 Oth	er (Specify)	
o L	ding Ph h. After th funeral		27. Mannar of Death 1 Natural 5 Panding	28a. Data of Inju	ry v Year)	28b. Tim				how Injury occur		
Ö	Attending Physician: r death. ector: After this certific by the funeral director,	cation:	2 Accidant Invastigation	n Non		,.		☐ Yas 2☐ No				
Division	or Attendation of the Control of the	ertific	3 Sulcida 6 Could not be detarmined		ury - At hor c. (Specify)	na, farm	, street, factory, offic	6		(Street and Numb own, Stata)	per or Rural F	Routa Number,
-	To the Hospital or Attending Physician: The lav within 24 hours after death.  To the Funeral Director: After this certificate has completely filled in by the funeral director, page 2	edical Co	29a. Certifier (Check only one) 1 Certifying Pr	nysician: To tha best niner: On tha basis of and mannar st	axaminati	rledge, d on and/d	aeth occurred at the or investigetion, in my	time, dete end plece opinion, death occ	e, and due to the urred at tha tima	cause(s) and ma data and plece,	anner as stat and due to th	.ed. he ceusa(s)
	To the To the	Me	29b. Signatura and title of certifier	0 -	A		29c. Lica	nsa number		29d. Data signe	d (Month, De	ty, Year)
			Qual	SM	7		02	3889		8	16/	56
,		ID &	30. Nama and address of person who	completed ceusa of d	aath (Itam	23a) (Ty	rpe, Print)				W. C.	/
		1	Tolin ( - 13)	CRASISIA	- 4	n)	110,941	3889 F Washi	ytu 1	Ive Cle	es Level	an Wil
•	Sta	ite	31. Data filed (Month, Day, Year)	32. Ragistr	s Signat	ura ,	5		9			21620

State Registrar



**Physician** 

**Funeral** Director

permit. Pages 1 and 2 should be filed within 72 hours efter death with the Maryland Department of Health and Mental Hygiene. Important: if item 27 is marked other than "natural", or items 23s or 28s-1 show any injury or other traumatic event, its Medical Exercises.

Baltimore, Maryland 21215-0020

/Medica Examine

						Certificate of	Death	1	g. No.	20	6/1	1
Decedent's Nan	ne (First, Midd	ie, Las	1)					2. Date of Death Month	Day	Year	3. Time of De	ath
KIMBER	RLY		Ι	DANIE	ELLE	GII	LIAM	AUGUST	24,	1996	00:45	AM
4e. Fecility Name	(If not institutio	n, give	street end nu	ım <i>ber)</i>			4b. City, Town, o	r Location of Deeth	4c. Count	ty of Death		
HWY 30	)1 and	SI	HORTCU	JT RO	DAD		Brandywi	ne	PRIN	CE GI	EORGES	
5. Social Security I	Number	6. Se	X	7. Age (In	yrs. last birt	hdev) If Under 1 Yes				-	place (Stete or F	oreian
212-17-23	348	1[	□M 2 <b>X</b> □F			Yrs. Months Day	Hours M	8. Date of Birth (Month, Day, June 12,	Year) 1980	Cour	yland	si eigri
Usual Residence	of Decedent							gune 12,	1,00	Har	yzana	
10a. Stete	10b. County	,		100	c. City, Towr	or Location				1	Od. Inside City L	imits
Maryland	Princ	e G	eorge'	S	Fort	Washington					Yes 2	□No
10e. Street end Nu	ımber					10f. Zip Code		10	g. Citizen of	What Cour	ntry?	
8112 Alco	oa Driv	е					0744	To the last	Inited	Stat	es	
									of Ame			
11. Maritai Status			12. Was Dec Armed Fo	adent Ever orcas?	in U,S.	13. Was Decedent of If Yes, specify Cu	Hispanic Origin? ban, Mexican, Pu	(Specify Yes or No- orto Rican, etc.)		ce - Americ ack, Whita,		
1 XNever Man			1 ☐ Yes If Yes, Gi	20 No		1□ Yes 2 No						
3 Widowed	4 Divorcad	1	Year or C	Dates:			-p-2017.		Speci	Bla	ck	
/500	15. Dacader	it's Edu	cation		16a.	Decedant's Usual Occu	pation	orkina 1	6b. Kind of E	Businass/Ind	dustry	
Elementary/Sac		st grad	College (			(Give kind of work done life. DO NOT use retir	ed)	Orking				
10	, (0 12)		conogo (			Student		I	High S	chool	Educat	ion
17. Fether's Name	(First, Middle,	Last)					18. Mothar's N	ame (First, Middle, M	laideri Suma	me)		
Carter	Gillia	m					Caro1	yn Gillian	n			
19a. informant's N	lame/Relations	hin /Tı	una Print		10b	Mailing Address (Stree				- 04-4- 7/-	0-4-1	
Carolyn												
20a. Method of Dis		ш /	nother			3112 Alcoa						
4 Donetion			Removal from	State L	cemeter ittle	Disposition (Name of y, crematory or other pl Ark Baptis	t Church	28, 1996 K		· City or To		ia
4 Donetion 21. Signatore of Fi	5 Other (Suneral Service	Licens Compi	ee #M	00690	ittle	Ark Baptis  22. Name and Add C.W. Edwa	t Church ress of Facility rds Fune 395, Bow	28, 1996 Ki ral Home ling Green	ing Ge	orge,	Virgin: 22427 Approximate Interval Between	en
4 Donetion 21. Signatore of Fi	5 Other (Suneral Service the disease, or art failure. List	Licens Compi	ee #M	00690	ittle	Ark Baptis  22. Name and Addi C.W. Edwa P.O. Box of enter the mode of dy	t Church ress of Facility rds Fune 395, Bow ring, such as cardi	ral Home ling Green	ing Ge	orge,	Virgin:	en
4 Donetion  21. Signatore of Fig. 23a. Part1. Enter shock, or has	5 Other (Suneral Service the disease, or art failure. List	Licens Compi	ee #M	00690  caused the each line.	ittle  daeth. Do n	Ark Baptis  22. Name and Addi C.W. Edwa P.O. Box	t Church ress of Facility rds Fune 395, Bow	ral Home ling Green	ing Ge	orge,	Virgin: 22427 Approximate Interval Between	en
4 Donetion  21. Signatore of Fig. 23a. Part1. Enter the shock, or had limmediate Cause disease or conditions.	5 Other (Suneral Service the disease, or art failure. List	Licens Compi	ee #M	00690  caused the each line.	ittle  daeth. Do n	Ark Baptis  22. Name and Addi C.W. Edwa P.O. Box ot enter the mode of dy	t Church ress of Facility rds Fune 395, Bow ring, such as cardi	ral Home ling Green	ing Ge	orge,	Virgin: 22427 Approximate Interval Between	en
21. Signature of Fi	5 □ Other (Suneral Service  the disease, or art failure. List  (Final	Licens Compi	ee #M	00690  caused the each line.	daeth. Do n	Ark Baptis  22. Name and Addi C.W. Edwa P.O. Box of enter the mode of dy  (1) (2) onsequence of:	t Church ress of Facility rds Fune 395, Bow ring, such as cardi	ral Home ling Green	ing Ge	orge,	Virgin: 22427 Approximate Interval Between	en
21. Signatore of Fi	5 □ Other (Suneral Service  the disease, or art failure. List  (Final	Licens Compi	ee #M	00690  caused the each line.	daeth. Do n	Ark Baptis  22. Name and Addi C.W. Edwa P.O. Box ot enter the mode of dy	t Church ress of Facility rds Fune 395, Bow ring, such as cardi	ral Home ling Green	ing Ge	orge,	Virgin: 22427 Approximate Interval Between	en
4 Donetion  21. Signatore of Fig. 23a. Part1. Enter shock, or has disease or condition resulting in death)  Sequentially list coff any, leading to incause. Enter Unde Ceuse (Disease or Ceuse)	5 Other (Suneral Service the disease, or art failure. List (Final proditions, nadiate erlying	Licens Compi	ee #M	Laused the pach line.	daeth. Do n  to (or as a c	Ark Baptis  22. Name and Addi C.W. Edwa P.O. Box of enter the mode of dy  Altiple onsequence of:	t Church ress of Facility rds Fune 395, Bow ring, such as cardi	ral Home ling Green	ing Ge	orge,	Virgin: 22427 Approximate Interval Between	en
4 Donetion  21. Signatore of Fig. 23a. Part1. Enter a shock, or has limmediate Cause disease or condition resulting in death)  Sequentially list confirmly, leading to incause. Enter Under	5 □ Other (Sureral Service the disease, or art failure. List (Final or onditions, meadlate errlying linjury s	Licens Compi	ee #M	Laused the pach line.	daeth. Do n  to (or as a c	Ark Baptis  22. Name and Addi C.W. Edwa P.O. Box of enter the mode of dy  (1) (2) onsequence of:	t Church ress of Facility rds Fune 395, Bow ring, such as cardi	ral Home ling Green	ing Ge	orge,	Virgin: 22427 Approximate Interval Between	en
23a. Part1. Enter the shock, or has disease or condition resulting in death)  Sequentially list confidence if any, leading to incause. Enter Under Ceuse (Disease or that initiated avantal	5 □ Other (Sureral Service the disease, or art failure. List (Final or onditions, meadlate errlying linjury s	Licens Compi	ee #M	Laused the pach line.	daeth. Do n  to (or as a c	Ark Baptis  22. Name and Addi C.W. Edwa P.O. Box of enter the mode of dy  Altiple onsequence of:	t Church ress of Facility rds Fune 395, Bow ring, such as cardi	ral Home ling Green	ing Ge	orge,	Virgin: 22427 Approximate Interval Between	en
4 Donetion  21. Signatore of Fig. 1. Signatore of Fig. 23a. Part1. Enter the shock, or has disease or condition resulting in death)  Sequentially list of any, leading to incause. Enter Under Cause (Disease or that initiated avants.	5 □ Other (Sureral Service the disease, or art failure. List (Final or onditions, meadlate errlying linjury s	Licens Compi	ee #M	Laused the pach line.	daeth. Do n  to (or as a c	Ark Baptis  22. Name and Addi C.W. Edwa P.O. Box of enter the mode of dy  Altiple onsequence of:	t Church ress of Facility rds Fune 395, Bow ring, such as cardi	ral Home ling Green	ing Ge	orge,	Virgin: 22427 Approximate Interval Between	en
4 Donetion  21. Signatore of Fig. 1. Signatore of Fig. 2. Donetion  23a. Part1. Enter shock, or has disease or condition resulting in death)  Sequentially list configure. Enter Unde Ceuse (Disease or that initiated avant resulting in deeth)	5 Other (Suneral Service the disease, or an failure. List (Final conditions, mediate erlying injury sunday)	Licens Licens Compiler Compile	ications that can be cause on a	Dua	daeth. Do n to (or as a c	Ark Baptis  22. Name and Addi C.W. Edwa P.O. Box of enter the mode of dy  Altiple onsequence of:	t Church ess of Facility rds Fune 395, Bow lng, such as cardi	28, 1996 Kiral Home ling Green ac or respiratory arre	ing Ge	ginia	Virgin: 22427 Approximate Interval Between	∋n hth
4 Donetion  21. Signatore of Fig. 23a. Part1. Enter shock, or has disease or condition resulting in death)  Sequentially list configure. Enter Unde Ceuse (Disease or that initiated avantages are under the configure of the confi	5 Other (Suneral Service the disease, or an failure. List (Final conditions, mediate erlying injury sunday)	Licens Licens Compiler Compile	ications that can be cause on a	Dua	daeth. Do n to (or as a c	Ark Baptis  22. Name and Addi C.W. Edwa P.O. Box of enter the mode of dy  (All 1) (2 onsequence of):  onsequence of):	t Church ess of Facility rds Fune 395, Bow lng, such as cardi	28, 1996 Kiral Home ling Green ac or respiratory arre	ing Ge	ginia	Virgin: 22427 Approximate Interval Betwee Onset and Dea	enth?
4 Donetion  21. Signature of Fig. 1. Signature of Fig. 2. Done in the shock, or has disease or condition resulting in death)  Sequentially list configure. Enter Under Ceuse (Disease or that initiated avantures ulting in deeth)	5 Other (Suneral Service the disease, or an failure. List (Final conditions, mediate erlying injury sunday)	Licens Licens Compiler Compile	ications that can be cause on a	Dua	daeth. Do n to (or as a c	Ark Baptis  22. Name and Addi C.W. Edwa P.O. Box of enter the mode of dy  (All 1) (2 onsequence of):  onsequence of):	t Church ess of Facility rds Fune 395, Bow lng, such as cardi	28, 1996 King all Home ling Green ac or respiratory arre	ing Ge  n, Vir st,	orge, ginia ontribute to 3 Prot	Virgin:  22427  Approximate Interval Betwee Onset and Dea	eath?
4 Donetion  21. Signature of Fig. 1. Signature of Fig. 2. Done in the shock, or has disease or condition resulting in death)  Sequentially list confirmed in the shock of the shock of has disease. Enter Under Ceuse (Disease or that initiated avanture sulting in deeth)	5 Other (Suneral Service the disease, or an failure. List (Final conditions, mediate erlying injury sunday)	Licens Licens Compiler Compile	ications that can be cause on a	Dua	daeth. Do n to (or as a c	Ark Baptis  22. Name and Addi C.W. Edwa P.O. Box of enter the mode of dy  (All 1) (2 onsequence of):  onsequence of):	t Church ess of Facility rds Fune 395, Bow lng, such as cardi	28, 1996 Kiral Home ling Green ac or respiratory arre	oaccouse co	orge, ginia  ontribute to 3 Prot	Virgin:  22427  Approximate Interval Betwee Onset and Deal Onset a	leath? known
4 Donetion  21. Signature of Fig. 1. Signature of Fig. 2. Done in the shock, or has disease or condition resulting in death)  Sequentially list configure. Enter Under Ceuse (Disease or that initiated avantures ulting in deeth)	5 Other (Suneral Service  the disease, or art failure. List  (Final conditions, mediate errlying Injury stast	Licens Compiler compiler only of	ications that can be cause on a	Dua	daeth. Do n to (or as a c	Ark Baptis  22. Name and Addi C.W. Edwa P.O. Box of enter the mode of dy  (All 1) (2 onsequence of):  onsequence of):	t Church ess of Facility rds Fune 395, Bow ling, such as cardi	28, 1996 Kiral Home ling Green ac or respiratory arre	ing Ge  n, Vir st,  pacco use cc s 2 No autopsy ed?	orge, ginia  ontribute to 3 Prot	Virgin:  22427  Approximate Interval Betwee Onset and Deal othe cause of dealy 4 United Interval Deal of the cause of dealer autopsy findialiable prior to australia.	eath? known
4 Donetion  21. Signatore of Fig. 23a. Part1. Enter shock, or has disease or condition resulting in death)  Sequentially list configure. Enter Unde Ceuse (Disease or that initiated avantaresulting in deeth)  Part II. Other significant of the	5 Other (Suneral Service the disease, or an failure. List (Final onditions, nadiate erlying injury stast	Licens Compi	dee #Mications that can be as a cause on a c	Dua  Dua  Due to the seath but not	daeth. Do n to (or as a co	Ark Baptis  22. Name and Addi C.W. Edwa P.O. Box of enter the mode of dy  onsequence of):  onsequence of):  the underlying cause g	t Church ess of Facility rds Fune 395, Bow ling, such as cardi	23b. Did tob  1 Ye  24a. Was an perform	ing Ge  n, Vir st,  Dacco use cc  No autopsy ed?	orge, ginia ontribute to 3 Prot	Virgin:  22427  Approximate Interval Betwee Onset and Deal Onset a	leath? known
4 Donetion  21. Signatore of Fig. 1. Signatore of Fig. 2. Donetion  23a. Part1. Enter shock, or has disease or condition resulting in death)  Sequentially list configure. Enter Unde Ceuse (Disease or that initiated avant resulting in deeth)  Part II. Other significant of the significant resulting in deeth)  25. Was case rafar avaminer?  12 Yes 2	5 Other (Suneral Service  the disease, or an failure. List  (Final Service)  conditions, nadiate enlying injury stast  flicant conditions  tred to medical No	Licens Compi	dospital:	Dua  Dua  Dua  Dua  Dua  Dua  Dua	daeth. Do not o (or as a colo (or a)	Ark Baptis  22. Name and Addi C.W. Edwa P.O. Box of enter the mode of dy  onsequence of):  onsequence of):  the underlying cause g	t Church ess of Facility rds Fune 395, Bow lng, such as card  The such as card  iven in Part I.	23b. Did tob  23b. Did tob  1 ye  24a. Was an perform  Homa 5 Resider	ing Ge  n, Vir st,  pacco use co  autopsy ed?	orge, ginia ontribute to 3 Prote	Virgin:  22427  Approximate Interval Betwee Onset and Deal Onset a	leath? known
4 Donetion  21. Signatore of Final Part I. Enter shock, or has disease or condition resulting in death)  Sequentially list configures. Enter Unde Ceuse (Disease or that initiated avantares under the configure of the configure o	5 Other (Suneral Service the disease, or art failure. List (Final onditions, nmediate errying Injury s Last  filcant conditions No	Licens Compiler only of	ications that to ne cause on e	Dua  Dua  Dua  Dua  Dua  Dua  Dua  Dua	daeth. Do n to (or as a co	Ark Baptis  22. Name and Addi C.W. Edwa P.O. Box of enter the mode of dy  All Consequence of):  onsequence of):  the underlying cause g  patient 3 DOA Office of the consequence of the underlying cause g	t Church ess of Facility rds Fune 395, Bow lng, such as cardi  The Ut  26. Place of D ther: 4 \( \text{Nursing} \) iny at	28, 1996 Kind ral Home  ling Green ac or respiratory arre  23b. Did tot 1 ye  24a. Was an perform  24a. Was an perform  28d. Describe how 30	Dacco use co	orge, ginia  ontribute to 3 Prote  24b. Wa ave cor of co	Virgin:  22427  Approximate Interval Betwee Onset and Dea  the cause of doebly 4 Unit of the Cause of doebly 4 Unit of the Cause of doebly 4 Unit of the Cause of doebly 4 Unit of the Cause of doebly 4 Unit of the Cause of the	leath? known
4 Donetion  21. Signatore of Final Part II. Enter is shock, or has disease or condition resulting in death)  Sequentially list of frame, leading to incause. Enter Unde Ceuse (Disease or that initiated avantaresulting in deeth)  Part II. Other signification of the condition of t	5 Other (Suneral Service  the disease, or art failure. List  (Final on ditions, nimediate errying linjury s. Last  flicant conditions of the disease of the	Licens  compiler only of	ications that cone cause on e	Dua  Dua  Dua  Dua  Dua  Dua  Dua  Dua	daeth. Do n to (or as a co	Ark Baptis  22. Name and Addi C.W. Edwa P.O. Box of enter the mode of dy  Ark Baptis  22. Name and Addi C.W. Edwa P.O. Box of enter the mode of dy  Onsequence of):  Onsequence of):  The underlying cause go  patient 3 DOA One me of light www.  The control of the	t Church ress of Facility rds Fune 395, Bow ring, such as cardi  The control of t	28, 1996 Kind ral Home ling Green ac or respiratory arre  23b. Did tob 1 ye  24a. Was an perform  A yer  28d. Describe how 301  Molor Ve	autopsy ed?	orge, ginia  pontribute to 3 Protein  24b. Was ave cor of co	Virgin:  22427  Approximate Interval Betwee Onset and Deal obely 4 Unit of the cause of dotably 4 Unit of the cause of dotably 4 Unit of the cause of dotably 4 Unit of the cause of dotable prior to mpletion of cause death?  Yes 2 No	weath? known ings
4 Donetion  21. Signatore of Final Part I. Enter shock, or has disease or condition resulting in death)  Sequentially list configures. Enter Unde Ceuse (Disease or that initiated avantares under the configure of the configure o	5 Other (Suneral Service the disease, or art failure. List (Final onditions, nmediate errying Injury s Last  filcant conditions No	Licens  Compiler compiler only of the compiler only only only only only only only only	dospital: 1 1 28a. Date (Monitor) 23a. Place	Dua  Dua  Dua  Dua  Dua  Dua  Dua  Dua	daeth. Do not to (or as a conto (or a))))).	Ark Baptis  22. Name and Addi C.W. Edwa P.O. Box of enter the mode of dy  All Consequence of):  onsequence of):  the underlying cause g  patient 3 DOA Office of the consequence of the underlying cause g	t Church ress of Facility rds Fune 395, Bow ring, such as cardi  The control of t	28, 1996 Kind ral Home  ling Green ac or respiratory arre  23b. Did tot 1 ye  24a. Was an perform  24a. Was an perform  28d. Describe how 30	n, Vir	orge, ginia ontribute to 3 Prob	Virgin:  22427  Approximate Interval Betwee Onset and Deal obely 4 Unit of the cause of dotably 4 Unit of the cause of dotably 4 Unit of the cause of dotably 4 Unit of the cause of dotable prior to mpletion of cause death?  Yes 2 No	eath? known ings

Medical Certification: To Be Completed by Physician/Medical Examiner To the Hospital or Attending Physician: The law requires that the death certificate be executed within 42 hours after death.

) To the Funeral Director: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 2 should be deteched for use as the bursal-transit Division of Vital Records, P.O. Box 68760,

**Physician** /Medical Examiner

29a. Certifier (Check only one)

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the causa(s) and manner as stated.

Wedical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date and placa, end due to the cause(s) and menner stated. 29b. Signeture and title of cartified

29c. License number O.C.M.E.

29d. Date signed (Month, Dey, Year) AUGUST 24, 1996

30. Name and address of person who completed causa of death (Item 23a) (Type, Print)

ntemo Dennis Penn Street, Baltimore, Maryland 21201 32. Registrar's Signatura

31. Data filed (Month, Day, Year) State Registrar

nead housing

وي من من من الله الله

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

96	271	16
20	Great I	10

3. Time of Deeth

2. Date of Deeth

Physician
/Medical
Examiner

1. Decedent's Nema (First, Middle, Last)

Day Month WALTER GRANT AUGUST 20, 1996 1250PM 4e. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth HOLY CROSS HOSPITAL SILVER if Under 24 Hrs. Hours Min. SPRING MONTGOMERY If Undar 1 Year 5. Sociel Sacurity Number 7. Aga (In yrs. lest birthday) 8. Date of Birth (Month, Dey, Year) Birthpleca (Stata or Foreign Country) **Funeral** Deys 1□M 2□F Months Vre Director 85 November 21,10 SOUTH CAROLINA 577-12-0532 Usuel Residence of Decedent the Maryland 10a. Stete 10b. County 10c. City, Town or Location 28a-1 show 10d. Inside City Limits other traumatic event, the Medical Examiner must be notified at Director 1 XYes 2 No WASHINGTON, D.C. 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 6 Items 23a 1159 1st STREET, N.W. 20001 U.S.A. Funeral 12. Was Decedent Ever in U,S. Armed Forces? 13. Was Decadent of Hispanic Origin? (Specify Yas or No-lf Yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. 72 hours after 1 Nevar Married 2 Merried 1 XYes 2 ☐ No If Yes, Give Baltimore, Maryland 21215-0020 6 1 ☐ Yes 2 TNo Specify: by Specify: 3 Widowed 4 Divorced Yaer or Detes: BLACK "natural", Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Hygiene. Elamantery/Secondary (0-12) Collega (1-4or 5+) 6th FEDERAL GOVERNMENT ARCHIEVES LABORER permit. Pages 1 and 2 should be filed Department of Health and Mental Hygid Important: If item 27 Is marked other I any injury or other traumatic event. It 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Be GEORGE GRANT 2 HARRIET COLLAGE 19e. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) JANET GRANT-BENNETT 1826 41st PLACE, S.E. WASHINGTON, D.C. 20020 20a. Method of Disposition 20b. Pleca of Disposition (Neme of 20c. Location - City or Town, Stete cemetery, crematory or other plece) 1 ☐ Buriai 2 ☐ Cremation 3 ☐ Removei from Stata 4 ☐ Donetlon 5 ☐ Other (Specify) HARMONY MEMORIAL PARK 8/27/96 LANDOVER, MD. 21. Signature of Funeral Service Licensee 22. Name end Address of Fecility JOHNSON & JENKINS INC. 716 KENNEDY ST., N.W. WASH. D.C. 20011 23e. Pert1. Enter the diseasa, of complications that caused the daeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximete Intervel Between Onsat and Deeth **Physician** Immediete Ceusa (Finel diseese or condition resulting In death) /Medical Due to (or as a consequence of): Examiner Physician/Medical Examiner Sequantielly list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that Initieted events resulting In deeth) Lest Due to (or es e consequença of): and burial-tra Box 68760, physician s the buria The law requires that the death certificate be Due to (or es e consequença of) attending p P.O. Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown signed t Records, þ 24b. Were autopsy findings aveileble prior to completion of cause of death? Completed 24a. Wes en eutopsy performed? page 2 s 1 Yes 2 No 1 Yes 2□ No Division of Vital Physician: Be 25. Wes casa referred to medical 26. Plece of Deeth (Check only one) examiner? Hospitel: 1 ☐ Inpatient 2 DEP/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 12 Yes 2□ No this 27. Menner of Deeth 28e. Dete of Injury (Month, Day Year) 28d. Dascribe how injury occurred Certification: 28b. Time of 28c. injury et Work? Affer or Attending 5 Pending investigation driver struck another vehicle 1 Neturet Injury subject s after death. 1209 PM 1 Yes 2 No 212 Accident 8/20/96 6 Could not be determined 3 Suicide Plece of tnjury - At home, farm, street, fectory, offica building, atc. (Specify) 281. Location (Street and Number or Rural Route Number, City or Town, State) New Hamp Shin Avenu 6 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end pleca, end due to the cause(s) end menner as stated.

2 Medical Examiner: On the best of exeminetion and/or investigetion, in my opinion, deeth occurred at the time, date end pleca, end dua to the cause(s) end menner steted. within 24 hours a To the Funeral Completely filled Hospital Medical pletely (Check only 2 29b. Signetura end title of certifier 29c. License number 29d. Data signed (Month, Day, Year) 0 O.C.M.E. plaglare AUGUST 22, 1996 30. Name end eddress of person who completed cause of death (Item 23e) (Type, Print) 111 Penn Street, Baltimore, Maryland 21201 THEODORE MIKING

32 Registrar's Signeture

divolution

DHMH 16 Bev 6/95

State

Registrar

31. Dete filed (Month, Day, Year)

AUG 26

at 25 pm Thank described

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** Month CHRISTINA VIOLA GREEN /Medicai AUGUST 22,1996 7:22pm 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner SUBURBAN HOSPITAL BETHESDA
If Under 1 Year If Under 24 Hrs.
Months Deys Hours Min. MONTGOMERY 5. Sociel Security Number 7. Age (fn yrs. lest birthday) **Funeral**  Birthplece (State or Foreign Country) Months 1 M 2□ F Vre Director 224-10-1889 90 JULY 29,1906 SOUTH CAROLINA Usuel Residence of Decedent the Maryland 10e. Stete 10b. County 10c. City, Town or Location 7 is marked other than "natural", or itema 23a or 28a-f show traumatic event, the Medical Examiner must be notitied at 10d. Inside City Limits Director 1 Ves 2 □ No BETHESDA 10f. Zlp Code MARYLAND MONTGOMERY 10g. Citizen of What Country? Funeral 5721 GROSVENOR LANE U.S.A. 20814 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bieck, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 ☐ No If Yes, Give X Yeer or Detes: Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: by 3K Widowed 4 □ Divorcad BLACK Completed 15. Decedent's Education (Specify only highest grede completed) 16e. Decadent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry d 2 should be filed within the end Mentel Hygiene.
T is marked other then "r Elementery/Secondary (0-12) Coilege (1-4or 5+) HOUSEKEEPER GOVERNMENT 8th 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surname) permit. Pages 1 and 2 should be Depertment of Health end Mentel Important: If Item 27 is marked c any injury or other traumatic ev. Once. RUBEN COLEMAN LULA MAE MCDOWELL 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rurel Route Number, City or Town, State, Zip Code) CANIES C. SWINTON 119 WEBSTER ST., N.W. WASHINGTON, D.C. 20011 20e. Method of Disposition 20b. Place of Disposition (Name of cametery, cremetory or other place) 20c. Location - City or Town, State 1 Burlel 2 Cremation 3 Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) WASHINGTON NATIONAL CEM 8/27/96 SUITLAND MD. 22. Name end Address of Fecility JOHNSON & JENKINS INC. 21. Slaneture of Funerel Servica Licensee 716 KENNEDY ST., N.W. WASH. D.C. 20011 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such es cardiac or respiretory errest, shock, or heert fellure. List only one deuse on each line. Approximete Interval Between Onset and Deeth Physician /Medical Immediate Cause (Final disease or condition resulting in death) Examiner Examiner be executed Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury that Initiated events resulting In deeth) Lest Box 68760. Physician/Medical Due to ( as a consequence of): The law requires that the death certificete P.O. Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 3 Probably Junknown 1 Yes 2 No signed be del Records, þ cate has been signated by page 2 should by Completed 24b. Were autopsy findings evallable prior to completion of cause of death? 24e. Wes en eutopsy performed? 1 Yes 2 No certificate 1 Yes Vital or Attending Physician: after death.
Director: After this certifica Be 25. Wes case referred to medical 26. Place of Deeth (Check only one) exeminer? Certification: To Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 1 Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA o 27. Menne of Deeth 28e. Dete of Injury (Month, Dey Year) 28d. Describe how Injury occurred 28b. Time of 28c. injury et Work? Division 1 Naturel 5 Pending 2 No investigation 1 TYM 2 Accident in by the 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Tong State) 28e. Pieca of Injury - At home, ferm, street, fection of building, etc. (Specify) 4 - Homicide To the Hospital within 24 hours a To the Funeral D pelli ertifying Physician: To the best of my knowledge, deeth occurred at the time, date and placa, and due to the cause(s) and manner as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) Medical 29e. Certifier 29b. Signeture and title of certif 29d. Dete signed (Month, Day, Year) State Registrar

DHMH 16 Ray 6/95

्राची विकास करता विकास विकास विकास विकास विकास विकास विकास विकास विकास विकास विकास विकास विकास विकास विकास विकास

32 32 - 12 873

of many of the second of the second of

State of Maryland / Department of Health and Mental Hygiene

0	7	1	0
6	1		Ü

						Cert	ificat	e of l	Death			Reg. No.		
-8	Dhusisi		1. Decedant's Nama (First, Middle, Last	)							2. Data of De Month	ath	Yaar	3. Time of Deeth
	Physici /Medi		WILLIAM	G.	GETTI	E					Augus	t 28,1	996	11:26AM
	Examir		4a. Facility Nama (If not institution, giva	straat and number)				4	b. City, To	wn, or Lo	ocation of Deet	h 4c. Count	of Death	
			Saint Jose	eph MEdi	cal Ce	ente	r	T	owso	n, Ma	arylan	d Bal	timo	re
	Funeral		5. Social Sacurity Number 6. Sec.	x 7. Age	e (In yrs. last birt	11001	If Under Months		If Undar Hours	24 Hrs. Min.	8. Data of Bir	th, Year) 3, 1928	9. Birthp	placa (Stata or Foraign
н	Director		217-24-3403	MW 2DF	·	Yrs.			27.77.		Feb. 18	3,1928	Ma	rýland
	pur *		Usual Rasidance of Decedanf  10a. State 10b. County		10c City Town	n or Loca	tion						· .	Od. Inside City Limits
	faryti	5											1 ☐ Yes 2 X No	
	n the Marylan r 28a-f show	Director	10e. Street and Number 10f. Zlp Coda 10g. Citizen of Whef C								Mant Cour	-12		
	with with	ā	725 Miller Rd. 21120 U.S.A.									ntry r		
	eath w	Funeral		12. Wes Decedant I	Ever in U.S.	13 W			isnanic Or	igin? (Sn	ecify Ves or No		ce - Americ	can Indian
	fler des	Fu	1 Nevar Married 2 Merried	Armed Forcas? 1 X Yas 2 □ N	The state of the s	lf Y	as, spec	ify Cuba	n, Mexicar	n, Puarto	ecify Yes or No Ricen, atc.)	Ble	ck, White,	
21215-0020	72 hours after death with the Maryland natural, or Hema 23a or 28a-f show doal Examiner must be notified at	by	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Yaar or Datas:	WW II	10	]Yas 2	2X No	Specify:			Specif	y: Wh	nite
0	72 hours "natural",	Completed	15. Decedent's Education 16a. Decedent's Usual Occupation 16b. Kind of Business											
215	C 1 M	ple	(Specify only highast grade Elamantary/Secondary (0-12)	e completed) Collega (1-4or 5	+)	lifa. DC	NOT us	rk done d sa retired	during mos	it of work	ing	0	77.7	
2	2 should be filed within end Mental Hygiene. is marked other than aumatic event, the Manager than the Manage	Con	9		I	Line	eman	1				Gas 8	Ele	ectric
nd	a la H	Be (	17. Father's Name (First, Middla, Last)									, Maidan Sumar	na)	
yla	should be ind Mental I	ဥ	Edward William	Gettle					EIS	ie i	May Tr	abert		
Maryland	s 1 and 2 should be filed with! f Heelih and Mental Hygiene. tem 27 is marked other than other traumatic event, un M		19a. Informant's Name/Ralationship (Ty									er, City or Town		Code)
	s 1 and 3 Health Item 27 other tr		Nancy I. Gettl	e					Rd.,	Pa		MD 21		
0			20a. Mathod of Disposition 1 X Burlel 2 ☐ Cramation 3 ☐ F	amovel from Stata	20b. Place of cemetar Dula:	y, crema	tory or a	ther place	e)	Aire	g. 31,	20c. Location		
Baltimore,	artment o ortant: If injury or		4 ☐ Donation 5 ☐ Othar (Specify)		Memo:	ria	L V Ga	irdé	ns	1	996	Timoni	um,	MD 21093
Sal	Desmit Depart Import any in		21. Signature of Fureral Service Ucurane  22. Nama and Address of Facility  J.J. Hartenstein Mortuary, Inc.											
-	Ø 0 ≥ e 0		1 XXar	lensta	ei							dom, P		349
			23a. Part / Enter the disaasa, or compli shook, or hear failure. List only or	cations thet caused a cause on each lin	tha daath. Do n	not anter	the mod	a of dyln	g, such as	cerdiac	or respiratory a	rrest,		Approximata Intervel Between
3	Physician		/ /											Onset and Death
7	/Medical Examiner		Immediata Causa (Final diseesa or condition resulting In daath)	Subdu	ıral He	emat	oma							4 Days
			resulting in daalin)		Due to (or as a o	consaqua	ance of):							
	pet Insit	ulu		),			,							
_ 01	certificete be executed uding physician and use es the burial-transit	Examiner	Sequentially list conditions, if any, laading to Immediate cause. Enter Underlying Cause. (Disaasa or Injury c.											
200	siciar bunia	al	That initiated avants											
68760,	ficete p phy s the	√Medical	rasuiting in death) Lest		Dua to (or as a c	onsaqua	nce of):						!	
X	centi nding use			1										
Ď	res that the death signed by the etter i be detached for u	Physician	Part II. Other eignificant conditions con	tributing to death by	et not requiting in	the und	orlylna o	auco che	on in Dort		93h Did	tohecco use so	mtribute t	the cause of death?
P.0	that the ed by the detache	hys	Tarrir Sansi Significant Soligiations Con	in bothing to ductif be	it not jasuting in	I tild offer	onying o	ause giv	on mr on			Yes 2 No		bably 4 Unknow
	s that	by P									, ,	2010	00710	Jabry 4 dinatow
Records,		8										an autopsy	24b. W	ara autopsy findings ellabla prior to
00		plet									pend	ormed?	CO	mpletion of cause death?
æ	The law rate has page 2:	Completed									10	Yas 2 No	10	Yas 2 No
ta	ician: The certificate rector, pag	Bec	25. Was cese referred to medical						26. Place	of Deat	h (Check only	/ \		
<b>1</b>	5 00	To	axaminar?	lospital:	nt 2 ER/Ou	tpatlant	3 DO	A Oth	ar: 4 Nu	ursing Ho	ma 5 Rasi	dance 6 Ott	nar (Specil	(y)
0	ding Ph h. After th funeral		27. Mannar of Death 1 Natural 5 ☐ Pending	28a. Date of Injur (Month, Day	y 28b. T	Ima of	2	8c. Injun	at k?		28d. Describe	how injury occur	rred	
0.0	Attending r death.	atic	2 Accidant Invastigation			,,	М		Yas 2	No				
Division of Vital	r Atte	Certification:	3 Suicide 6 Could not ba 4 Homlcida datarminad	28a. Place of Injubuilding, atc		rm, straa	t, factory	, office			28f. Location ( City or To	Streat and Numi	ber or Run	al Routa Number,
	ital or ins effer ral Dir led in													
	To the Hospital or Attending Ph within 24 hours effer death. To the Funeral Director: After th completely filled in by the funeral	edical	(Check only 2 Medical Examin	ician: To the best oner: On the basis of	axamination and	daath o	ccurred a	at the tim	na, data an olnion, daa	d place, th occurr	and dua to tha red at tha time.	ceusa(s) and m date and place.	anner as s	tated. tha ceuse(s)
	the the Inplet	Med	one)	end mannar sta	ted.				2011.0011					
	5 1 × 5 8		29b. Signeture end titla of certifier	_ /	7/		290	- 77	3026	2		29d. Data signe		
			Branch	na	The same	,		D	3020			08-	08-	16
			30. Nama and addrass of person who co											
			Francis Khoo, 31. Data filed (Month, Day, Year)		20 Yor	k Ro	oad,	Tow	son,	, Md	2	L204		
	Sta Registr		SEP1:1 1996		irs Signature	1 44								
	3.5		AND THE PARTY OF T	Jane Will	ween world									

DHMH 16 Rev 6/95

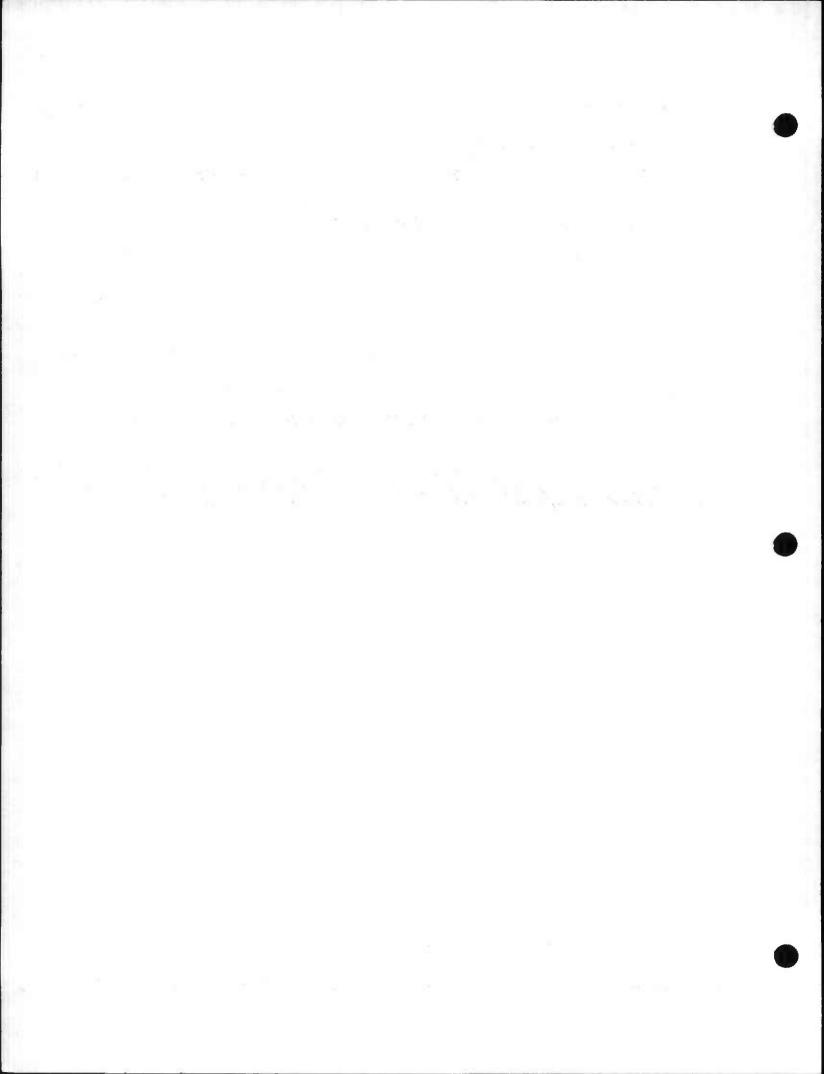
State of Maryland / Department of Health and Mental Hygiene

Certificate of Death (GOLDSBOROUGH, JR.) 2. Dete of Death Month 1. Decedent's Neme (First, Middla, Last) 3 Time of Death **Physician** OTWELL E. GOLDS BORGUEH, AUGUST 0 445 26,1996 /Medical 4e. Facility Neme (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** WICOMICO SALISBURY PENINSULA REGIONAL MEDICAL CENTER If Undar 1 Yaar | Months | Days If Under 24 Hrs. Hours Min. 8. Date of Birth (Month, Dey, Year)
Sept. 21, 1927 5. Social Security Number 7. Aga (In yrs. last birthdey) 9. Birthpleca (Steta or Foreign Country) Maryland **Funeral** 10XM 2□ F 68 218-20-5620 Director Usuel Rasidance of Decedant the Meryland 10a State 10b. County 10c. City. Town or Location 10d. Inside City Limits 7 is marked other than "natural", or frams 23a or 28a-f show traumatic event, the Medical Examiner must be notified at Crisfield 1 Yas 2 No Director Somerset Maryland 10e. Street end Number 10f. Zlp Code 10g. Citizen of What Country? with 144 N. Somerset Ave. 21817 USA Funerai death 12. Was Decedent Ever In U,S. Armed Forcas? 12 Yas 2 □ No 11. Meritel Status Wes Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puerto Rican, etc.) 14. Race - American Indien. Bleck, Whita, atc. 72 hours after 1 ☐ Never Merried 2 Merried 1 Yas 2 No Specify: Baltimore, Maryland 21215-0020 If Yes, Give WW II Specify: White ò 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grada completed) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed within: Department of Health and Mental hygiene. Important: If Item 27 is marked other than "any injury or other traumatic event, the Heal Elementery/Secondery (0-12) Collega (1-4or 5+) Paint Brush Mfg. Machinist Grade 10 17. Father's Neme (First, Middle, Last) 16. Mother's Neme (First, Middle, Meiden Surneme) Be Otwell Goldsborough Agnes Somers 2 19e. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) 144 N. Somerset Ave. - Crisfield, MD Rosa A. Goldsborough (wife) 20b. Place of Disposition (Neme of cametery, cremetory or other piece) 20e. Method of Disposition 20c. Location - City or Town, Stata 1 Burlel 2 □ Cramation 3 □ Ramovel from Stete Sunnyridge Memorial Park 8/28/96 Crisfield, MD 4 ☐ Donation 5 ☐ Other (Specify) 21. Signeture OFunarai Sarvica Licensea 22. Neme end Address of Facility Buch been Robert H. Bradshaw Bradshaw & Sons Funeral Home 306 W. Main St. - Crisfield, 21817 23a. Pert1. Entar the disease, or complications that caused the deeth. Do not enter tha moda of dying, such as cardiac or respiretory errest, shock, or heart feilure. List only ona cause on each line. Approximete Interval Between Onset and Deeth **Physician** /Medical Immediate Cause (Finel Somaton disease or condition resulting in deeth) Examiner Examiner burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that intieted events resulting in deeth) Last Due to (or es e consequence of) and Box 68760. physician certificate be Physician/Medical the Due to (or as e consequance of): use as t attending for ed by the a deteched i Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? Records, P.O. signed by 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown by 8 24b. Were autopsy findings available prior to completion of cause of death? 24a. Wes an autopsy performed? Completed Deen The law page 2 s has certificate 1 Yes 2 No 1 ☐ Yes 2 ☐ No Division of Vital 25. Was case refarred to medical examiner? Be 26. Piece of Deeth (Check only one) Hospila Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Yes 2 ☐ No 2 ER/Outpatient 3 DOA 2 this ne Hospital or Attending Ph n 24 hours after death. The Funeral Director: After the pletely filled in by the funeral 27 Manner of Deeth Date of Injury (Month, Day Year) 28b. Time of Injury 28d. Describe how injury occurred Certification: 28c. Injury at Work? 5 Pending investigetion 1 Yes 2 No 2 Accident 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 6 Could not be determined 3 Suicide 28e. Plece of Injury - At home, ferm, streat, factory, office building, etc. (Specify) 4 Homicide 29e. Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete and plece, and due to the ceuse(s) and manner as stated. Medicai (Check only one) 2 Medical Examiner: On the bests of axaminetion end/or investigetion, in my opinion, deeth occurred at the time, date and piece, and due to the cause(s) and manner stated. within 2 29b. Signature and title of certifier 29c. Licansa number 29d. Date signed (Month, Dey, Year) W ss of person who completed cause of deeth (Item 23a) (Type, Print) 30. Name and add ECARROLL ST. SAUSBURY BARTROVICH 145 JOHN 31. Dete filed (Menth, Dey, Year) 32. Registrer's Signeture State 8 Registrar

**DHMH 16 Rev 6/95** 

### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

				State of I		Certificate o	nealth and i of Death	vientai riy	Reg. No.		_ / / _ 0
	Dhucie	an	1. Decedent's Name (First, Middle, L	*				2. Dete of De Month	Dev	Year	3. Time of Death
	Physici /Medic		Estel Stella Had	laway				August		96	3:00 p.m.
	Examir		4e. Facility Neme (If not institution, ga				4b. City, Town, or i				
			128 North Queen	Street (a	at home)		Chester			Kent	
	Funeral Director		220-12-0369	Sex 7 1□M 2점F	Age (In yrs. last birth	Montha De		8. Dete of Bir (Month, De Februar	rth ay, Year) 'y 10, 1	9. Birthple Count 924 I	oce (Stete or Foreign Maryland
ahow dat		_	Usuel Residence of Decedent  10e. State  10b. County		10c. City, Town					10	d. Inside City Limits
	Sa-f	Director	Maryland Kent	estertown					1√ Yes 2□No		
	th with the 23s or 2		10a. Street and Number 128 North Queen	Street		10f. Zip Cod 2162			10g. Citizen of V		ry?
020	within 72 hours after death with the Maryland ene. than "natural", or itema 23a or 28a-1 ahow ha Madical Examinat must be notitled at	by Funeral	11. Marital Status  1 Never Married 2 Married  3 Widowed 4 Divorced	12. Wes Decede Armed Force 1 Yes 25 If Yes, Give Yeer or Date	s? ☑ No	13. Was Decedent of If Yes, specify C	of Hispanic Origin? (Suben, Mexican, Puert No Specify:	pecify Yes or No o Rican, etc.)	Specify	e - America ck, White, e	
Maryland 21215-0020	d within 72 hours plene. r than "natural", the Medical Exc	Completed	15. Decedent's Education (Specify only highest grade completed)  Elemantary/Secondary (0-12)  College (1		or 5+)			tired)			Home
d 2	filed within Hyglene. Ather than sent, the Men		17. Fether's Neme (First, Middle, Las		1	Iomemaker	18. Mother's Nan	ne (First Middle		-	Home
an	a la b	Be C	Silas Weller	~/			Elsie Br			10)	
2	d 2 should b h and Menta 7 is marked traumatic e	To	19a. informant'a Name/Raietionship	(Tyne Print)	19h	Malling Address /Str	eet and Number or Ru			Stata Zin i	Code)
	s 1 and 2 sho if Haalth and them 27 is me other traum		Howard B. Hadawa		on 123	Thames Por	t, Rochester	Hills, M	fichigan 4	8307	
Baltimore,	00-		20a. Method of Disposition  *E Burlei 2 Cremation 3 [ 4 Donetion 5 Other (Spec		te <i>ce</i> me <i>tery</i>	Disposition (Neme of cremetory or other)	August 14	1996	20c. Location -		
Balt	permit. Page Department of Important: If any Injury or once.		21. Signeture of Funerel Service Lice	Pollen	Pein	Fellows,	ress of Fecility Helfenbein Road, Che	n & Newr	nam Fune	ral H	ome, P.A.
			23a. Part1. Enter the diseese, or cor shock, or heart failure. List only	npilcetons thet caus	sed the deeth. Do no	_					Approximete Interval Between
	Physician /Medical Examiner	J.	Immediate Cause (Final disease or condition resulting in death)			ic Carolinsequence of):	id vos inle	a Se	searl		Onset and Death
Box 68760,		in/Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Olsease or injury that initiated events reaulting in deeth) Lest	c	Due to (or es a co	onsequence of):	,				
	death cert e attendin ed for use	icla	Pert II. Other significant conditions	contributing to death	but not resulting in	the underlying cause	given in Pert I	23h Did	tobacco use co	ntribute to	the cause of death?
P.0	ras that the designed by the	/ Physician/M	Depussia	Hy	shotty	rollin	- Come		Yes 2 No		ably 4 Unknown
of Vital Records,	v requi	Completed by	Extremity	Edem	n, THE	i Bude	1 HATSITE	24a. Wes	s an autopsy ormed?	com	ra autopsy findings ilable prior to apletion of cause eath?
æ	ilclan: Tha lav cartificata has rector, page 2	mo;			/			10	Yes 2 No	10	Yes 2□ No
ita	yalclan: s cartific director,	Be (	25. Was casa referred to medical examiner?				28. Place of Dea	ith (Check only	one)		
5	S 10 0	2	1 Yes 2 No		atient 2 ER/Out	Detient 3L DOA		ome 5 Res	Idence 8 Oth	er (Specify)	
ion	Attending P	atlon:	27. Manner of Death  1 ☑ Naturel 5 ☐ Pending  2 ☐ Accident Invastigetic	28a. Dete of Ir (Month, I			njuryet Vork? □ Yes 2 □ No	28d. Describe	how Injury occur	red	
Division	or Attendate after deat Director:	Certification:	3 Sulcide 4 Homicide  6 Could not be determined  28e. Plece of Injury - At home, ferm, street, factory, offica building, etc. (Specify)  28f. Location (Street, factory)								Route Number,
	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After th complataly filled in by the funeral	edical C	29a. Certifier (Check only one) 1 Certifying P 2 Medical Exa	hysician; To the bes miner: On the basis and mannar	of examinetion end	deeth occurred et the or Investigation, in m	time, date end pleca y opinion, deeth occu	, and due to the rred et the time,	cause(s) and ma dete end plece,	anner as sta and due to	ited. the ceuse(s)
	ro th ro th	×	29b. Signeture and title of certifier			29c. Lice	ense number		29d. Dete algne	d (Month, D	Pey, Yeer)
			· (Our	ent -	MAX	1	23889	,			
			30. Name and address of person who	completed cause of	f deeth (Item 23e) (T	ype, Print)				-	
	Sta	0	31. Data filed (Month, Day, Year)	BAL ON	M-D strar's Signeture	948 WAS (	lington A	re ch	es her for	wn)	Ud 21420
	Registr		AUG 13'96	Jula	Davidson-Par	delle					



## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

						Certificate of	Death	Reg	ı. No.		
	Dhyaia		1. Decedent's Neme (First, Middle, L.	ast)	)		2	. Dete of Death Month	Dey	Year	3. Time ot Death
	Physic /Medi		Charles	L.	Howard	,	Aı	ıa. 31	. 199		7. AM
	Exami		4a. Fecility Neme (If not Institution, gi	ve street end number)			4b. City, Town, or Loca		4c. County		74-4311
			326 Maloney R	oad			Elkto			cil	
	Funeral		A CONTRACTOR OF THE PROPERTY OF THE PARTY OF		e (In yrs. lest bir	Months Days		Dete of Birth	(ear)	9. Birthpled	ca (Stete or Foreig
	Director		Aug. 3, 1931 De								ware
	pue *		Usuel Residence of Decedent  10e. Stete 10b. County		10c. City, Tow	n or Location				104	I. Inside City Limits
	d 2 should be filed within 72 hours effer death with the Maryland d 2 should be filed within 72 hours effer death with the Maryland 7 is marked other than "natural", or items 23e or 28e-f show traumente event, the Marical Examiner must be nothed at	5		eci1	,	E1kton				100	1)(1) Yes 2 □ No
		Director	10e. Street and Number			10f. Zip Code		100	Citizen of V	What Country	0
	Will Will		326 Maloney Ro	ad			1921	10g. Citizen of What Country? U.S.A.			
	leath	Funeral	11. Maritel Stetus	12. Wes Decedent	Ever in U.S.			fv Yes or No-	14. Rec	e - American	Indian.
	urs efter al', or ite	Fur	1 ☐ Never Merried 2 ☐ Merried	Armed Forces? 1 □Yes 2 □ I If Yes, Give	No		Hispanic Origin? (Speci pan, Mexican, Puerto Ric	can, etc.)	Blec	k, White, etc	
Š		by	3 XWidowed 4 ☐ Divorced	If Yes, Give Yeer or Detes:	Korean	1 ☐ Yes 2 🕱 No	Specify:		Specify	: Wh	White
<b>&gt;</b>	2 Po	Completed	15. Decedent's E	ducation		Decedent's Usuel Occu	petion	16	ib. Kind of Bu	siness/Indu	stry
7	Par Par	ple	(Specify only highest gr Elementery/Secondery (0-12)	College (1-4or 5	i+)	life. DO NOT use retire	during most of working ad)				
7	filed within Hygiene. ther than out, the Me	5	12			Steel Pai	nter				
	d off	Be	17. Fether's Neme (First, Middle, Las				18. Mother's Neme (/			Θ)	
7	should be ind Mental marked o	P	Charles Edisc	n Howard			L	le Lyn			
Ma	C - N -		19a. Informant's Name/Raletionship Michael L. How			Mailing Address (Stree 26 Malone					
baltimore,	permit. Pages 1 an Department of Heeli Important: If item 2 eny injury or other once.		20e. Method of Disposition  1 St Buriel 2 Cremation 3 [ 4 Donetion 5 Other (Speci	Removel trom Stete	Gilpi	Disposition (Nema of ry, cremetory or other pla n Manor M	em. Pk. 9	Date 20	E1kt	City or Towr	_
	permit. Departir Importa eny inju		21. Signeture of Furtifial Service Lice	nsee /		22. Neme end Addr	ess of Fecility	259 E.	Mair	Str	eet,
- ()			MAY	XΦΨ		Gee Fune	ral Home	E1kton	, Md.	219	21
u	an		23a. Pert1. Enter the dise se or con shock, or heart feilure. List only	pplications that caused	the deeth. Do					. A	pproximate
	Physician /Medical Examiner	į	Immediata Cause (Finel disease or condition resulting in deeth)	. Emphy.	Sena Due to (or es e	consequence of):			16	0	Onset and Deeth
	pe jis	all e		b. Snoki	Na						
Ď,	death certificate be executed e attending physicien and ed for use es the burial-transit	I Examiner	if any, leading to immediate cause. Enter Underlying								
00/00	intificate I ing physic	Medical	that initiated events resulting in deeth) Lest  Due to (or es e consequence of):								
ממ	eath ce attendir I for use	lan/l		d				-		1	
	the at the at	SICI	Pert II. Other significant conditions	contributing to death be	ut not resulting Ir	the undertying cause g	ven in Pert I.	23b. Dfd tob	ecco use cor	tributs to th	he cause of death
	20 0	Physician/	1.000 0000		1			1 🗆 Yee	2 □ No	3 Probal	bly 4 Unkno
ń	8 50	þ	Lung Mass,	prosume	d 2018	woma					
	v requires been sign should be	Completed						24a. Was an performe		avalie	e eutopsy findings eble prior to
נ	2 S S S	ple								of de	oletion of cause ath?
= 2	at a	S						1 ☐ Yes	2 No	101	Yes 2□ No
oi vitai Records,	Physician: In this certificate rai director, par	Be	25. Wes case referred to medical axaminar?				26. Placa of Death (	Check only one)			
	G to	2	1 ☐ Yes 2 No	Hospital: 1 Inpatie		itpatient 3L DOA	her: 4 Nursing Home	5 Residen	ce 6 □Othe	er (Specify)	
	Miter Ing	ation:	27. Menner of Death  1 Neturel 5 Pending  2 Accident Investigation	28a. Date of Injui (Month, Day	ry Year) 26b. T	Fime of 28c. Injury Wo	ryat vk? ]Yes 2 □ No	d. Describe how	Injury occurr	ed	
5	efter death birector: / d in by the	Certification:	3 ☐ Sulcide 6 ☐ Could not be datarmined		ary - At homa, ta :. (Specify)				ocation (Street and Number or Rural Routa Number, ity or Town, Stete)		
	to the hospital of At within 24 hours effer of To the Funeral Direct completely filled in by	edical C	29a. Certifier (Check only one)  1 Certifying Pl	nysician: To the best of miner: On the basis of end menner ste	examination en	, daath occurred et the t d/or invastigation, in my	me, data and place, and opinion, deeth occurred	d due to the cau at tha time, date	se(s) and ma a and place, a	nnar as state	ed. ne cause(s)
1	within 2 To the comple	¥.	29b. Signeture end title of certifier	1		29c. Licen	se number	290	I. Dete signed	d (Month, De	ıy, Year)
,	, - 0		KAP/I	X 180)		N .	A		8-31-	9/	
1	2.1/2		30. Name end eddrass of person who	completed cause of d	eath (Item 23a)		10055		201	/6	
4	FIVA		1	ckart, M.		ll W. High	St., E1	kton, 1	Md. 2	1921	
	Sta		31. Dete filed (Month, Day, Year)	32. Registre							
	Registr	ar	SEP 01 1996	June englace	1-1-1-1						

DHMH 16 Rev 6/95

Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene

					Cer	tificate	of	Death			Reg. No.		
		1. Decedent's Name (First, Middla,	Last)							2. Date of Do Month	eath Day	Year	3. Time of Death
Physi /Med		ANNA	J		HORA	K				AUGUS		996	9.50 DM
Exam		4a. Facility Name (If not institution,	give street and num	nber)	HOMA	1	-	b. City, To	wn, or Loc	ation of Dee			8:50 PM
LAGIII	IIICI	ST. MARY'S H	OSDITAI					EONA	DDM	OTATA	Cm	3/3	DVIC
Formal				7. Age (In yrs. la	st birthday)	if Under 1		LEON A			ST		RY'S place (State or Foreign
Funera Directo		217-42-8794	1□M 2 <b>%</b> F	66	Yrs.	Months	Deys	Hours	Min.	8. Dete of Bi (Month, D	t 5,1930	Coun	itry)
Directo	4	Usuai Residence of Decedent		00					14	nugus	t 5,1950	WASHIIN	GIUN D.C.
P		10a. State 10b. County		10c. City,	Town or Loc	cation						1	0d. Inside City Limita
f show ad at	6	MARYLAND ST. MAI	OVIC	HO	LLYWOO	מס							1. Yes 2 No
of the	Director	10e. Street end Number	(1 0	110	DDIMOC		anda.			I	10g. Citizen of N	Affron Court	Λ
with the Maryland a or 28a-f show the notified at	ក់					10f. Zip 0	2006				USA	Wilat Coun	лгу г
after death with the Marya or items 23s or 28s-1 shor miner must be notified at	Funeral	45040 SMITH'S N						0636					
or de mer	S	11. Marital Status	Armed For		. 13. V	Yes, specif	y Cube	ispanic Ong en, Mexican	, Puerto P	cify Yes or Ne lican, etc.)	0- 14. Had Bied	ck, White,	
	by F	1 Never Married 2⊠ Married	ff Yes, Give	B	1	☐ Yes 2	□ ¾	Specify:			Specifi	v:	
'natural', disal Exa		3 Widowed 4 Divorced	Year or Da	ites:								Whi	
72 Tath	Completed	15. Decedent's (Specify only highest	Education grade completed)		16a. Deced (Give	ant's Uauaf	done of	ation during most	of workin	g	16b. Kind of B	usiness/inc	dustry
ione. Ibe Me	du	Elementary/Secondary (0-12)	Coilage (1-	4or 5+)	life. E	kind of work OO NOT use	retired	1)					
P S S S S	ြဲဂွဲ	12th			T	PIST					GOVE	RNMEN	T
tal de tal	Be	17. Father's Name (First, Middle, La	st)					18. Mother'a Nama (First, Mic			, Maiden Suman	ne)	
thould by the Menta marked and marked	To	ABNER P. BURGI	ESS					C	ATHE	RINE	HAVEN	VER	
	-	19a, Informant's Name/Relationship (Type, Print)  19b. Mailing Address (Street and Number						r or Rural	ural Route Number, City or Town, State, Zip Coda)				
and 2 outh a n 27 is her trau		JOSEPH A. HORAK	/ HUSBAN	D	45040	SMTTH	'S	NURSE	RY R	р нот	LYWOOD,	MD	20636
二工基型		20a. Method of Disposition		20b. Pla	ce of Dispos	sition (Name	of of		1	Date	20c. Location	-	
ages intol		1 Burial 2 Cremation 3		tate	netery, crem				0.4	20 100	C CITYMI		
anit. Pa vartmen ortant: Injury		4 Donation 5 Other (Spe		WASI	HINGTO								MARYLAND
Dapa mpo my l		21. Signature of Funerel Service Licensee  22. Name end Address of Facility MARSHALL'S FUNERAL HOME  4308 SUITLAND RD SUITLAND, MD 20746									ME		
		Equinoeury Ci	Justa	· IUICA	- 43	508 SU	ITT	AND R	D S	ULTLAN	D, MD	20746	
		23a. Part1. Enter the disease, or co shock, or heart failure. List or	mplications that ca	used the death.	Do not ente	er the mode	of dyln	g, such es	cardiec or	respiretory	errest,	_	Approximate interval Between
Physician													Onset end Deeth
/Medical	_	Immediate Cause (Finel disease or condition resulting in death)  Probyte Rythred Abd. A. A								A Area	110		
Examine		resulting in death)  Dua to (or as a consequence of):									1 2		
	ē			A	es a conseq	1/ /						1	
perificate be executed ding physician and se as the burial-transit	Examiner	0	b	Dia to (or	3 0	, , , , , , , , , , , , , , , , , , ,	۵					1	
a and	Exa	Sequantially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury		Dua to (or as a consequence of):									
Bicia		Cause (Disease or Injury								i i			
physician and s the burial-transit	edical	that initiated events resulting in deeth) Last Due to (or as a consequence of):										1	
ding e	Me		d									1	
death of attended for us													
0 0 0	Physician	Pert fl. Other significant conditions	contributing to dea	ath but not result	ing in tha un	darlying ca	usa giv	en in Part I.		23b. Did	tobacco uss co	ntributs to	the cause of death?
a do	F.									1□	Yss 2 No	3 ☐ Prot	bably 街 Unknow
	þ												
been si should										24e. Wa	s en autopsy ormed?	24b. Wa	ara eutopsy findings allable prior to
as been sign 2 should be	Completed		_							pon	01111001	COI	mpletion of cause death?
0 - 8	E										Yes 2 No	1.5	TVec of No
delificate rector, pag		OF Management and the modern											☐Yes 2☐No
Physician: this certific ral director,	Be	25. Wes case referred to medical examiner?	Hospitai				Oth	or		(Check only			
S 00 TO	To	1 Yes 2 No	Hospitai:		R/Outpetien			4 L 14U			Idence 6 Oth		y)
	on:	27. Mapher of Death  1. □ Netural 5 □ Pending	28e. Date o (Month	n Day Year)	8b. Time of Injury	28	c. Injur	y at k?	2	8d. Describe	how Injury occur	red	
Arrending ir death. ector: Aflei by the fune	att	2 Accident Investige	100			М	10	Yes 2□I	No				
or Attendation of Att	ţ	3 Suicide 6 Could no 4 Homicida determin	be 28e. Place of	of Injury - At hom g, etc. (Specify)	ne, farm, stre	eat, factory,	office		2		(Street and Numl	ber or Rura	Il Route Number,
s after	Certification:		- Danisir	g, organiany)							, 512.0,		
y fill		29a. Certifier 1 Certifying	Physician: To that	est of my knowl	edge, death	occurred el	the tin	ne, date en	d place, a	nd due to the	causa(s) and ma	anner as si	tated.
Ihin 24 hours a b the Funeral D empletely filled	edical	(Check only one) 26 Medical Ex	aminer: On the bas and mann	sls of examinetic	on end/or inv	astigation, I	n my o	pinion, deat	th occurre	d at the time	, date and place,	and due to	the cause(s)
Ilhin 24 hours To the Funeral completely filled	Me	29b. Signeture and title of certifier	Λ			29c.	Licens	e numb <b>e</b> r		T	29d. Date signe	d (Month,	Day, Year)
	1	1 /m	5 1			λ.	,	.000			6.	21-	-960
15	1	, , , , ,	OMY	mn			) (	45E	55		8-	dr ?	ICE,
J	/	30. Name and address of person with	o completed cause				~=						
1		WILLIAM D,	BOYD II		JEFFE	RSON	ST.	LEO	NARDI	OWN,	MD 2065	U	
	ate	31. Date filed (Month, Day, Year)	32. Re	gistrar's Signatu	P								
Regis	ırar	AUG 2 9 19	50 July	NIMERAL	- MARKANIA								
	In												

DHMH 16 Rsv 6/95

g i cell -

The state of the same of the

nate	VI	Maryland /	Department	OI	Health and	I
			Cartificata		6 Dooth	

Physicia /Medica Examine

Funeral Director

permit. Peges 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: if Item 27 is marked other than "natural", or items 23s or 28s-f show any Injury or other traumatic event, the Medical Examines must be not find at other process.

Baltimore, Maryland 21215-0020

Physician /Medical Examiner

To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours effer death.

To the Funeral Director: After this certificate has been signed by the ettending physician and completely filled in by the funeral director, page 2 should be detached for use as the burial-transit Division of Vital Records, P.O. Box 68760,

1. Decoder's harm (First, Moder), Large   1. March		,	Certificate	of Death		Reg. No.			
## ATTIE B. HILL  ## Ferelly Never for standbindings we sheet and carbors  ## ASHINGTON ADVENTIST HORFITAL  ## ACOMPT TEA KOMB Park  ## ACOMPT TEA KOMB PARK  ## ACOMPT TEA		st)							
4. ASHINATION ADVENTIST HOSPITAL  5. Social Search, Number  5.78—22—40.70  10M. SIX. 7. Agr (n.ym. and phinding)  10M. SIX. 7. Agr (n.ym. and phinding)  10M. Six. 7. Agr (n.y	MATTIF R HIT	L							
WASHINGTON ADVENTIST HOSPITAL  5.0001 Serviny humber  5.0001 Serviny humber  5.0001 Serviny humber  5.0001 Serviny humber  5.0001 Serviny humber  5.0001 Serviny humber  5.0001 Serviny humber  5.0001 Serviny humber  5.0001 Serviny humber  5.0001 Serviny humber  5.0001 Serviny humber  5.0001 Serviny humber  5.0001 Serviny humber  5.0001 Serviny humber  5.0001 Serviny humber  5.0001 Serviny humber  5.0001 Serviny humber  5.0001 Serviny humber  5.0001 Serviny humber  5.0005 Cyptress Creek Drive, Apt.102  5.0005 Cyptress Cree	4a Engility Name // not institution shu	street and number)		4b. City, Town, or		T			
S. Sould Security Number   S. Sax   S			Τ.	Takoma	Park				
STR-22-A102   Incompany   In							- 3		
Too Grant   Too County   Too County   Too County   Too County   Too County   Too See   Too County   Too See   Too County   Too See   Too County   Too See	578-22-4707	□ M 2□xF	Months De		(Month, Day				
Maryland Prince George's Hyattsville   102 / 20 / 20 / 20   103 / 20 / 20 / 20   105 / 20 / 20 / 20 / 20 / 20 / 20 / 20 /		10c. Ci	itv. Town or Location				10d Incide City Limite		
Specify:   Specify:	Maryland Prince C	00770	Unio h h no si 11 -						
Specify:   Specify:	10e Street and Number	eorge s		•		IOn Chinan of 14th			
Specify:   Specify:	5605 Crammon Control	In Donda			1				
Specify:   Specify:	5005 Cypress Cree								
James Allen Irby  19b. Maling Address (Street and Number or Plural Route Number, City or Town, State, Zip Code)  James Allen Hill - Son  748 Princeton Place, N. W., Washington, D. C. 20010  20b. Method of Dispetition  pp Blurial : 2. Dispetition of Stoner (Special State)  pp Blurial : 2. Dispetition of Stoner (Special State)  pp Blurial : 2. Dispetition of Stoner (Special State)  20c. Location - City or Town, State, Zip Code)  748 Princeton Place, N. W., Washington, D. C. 20010  21. Stopptime of Sumeral Service Licenses  22. Washington, D. C.  22. Washington, D. C.  22. Washington, D. C.  23. Washington, D. C.  24. On Benni Plural Home, Licenses  25. Value of Sumeral Service Licenses  25. Value of Sumeral Service Licenses  26. Lung Cancer  Due to (or ex e consequence of):  Due to (or ex e consequence of):  Due to (or ex e consequence of):  25. Washington of Sumeral Service Licenses of Sum Sumeral Service State of Sum Sumeral Service State of Sum Sumeral Service State of Sum Sum Sum Sum Sum Sum Sum Sum Sum Sum	11. Marital Stetus  1 Never Marriad 2 Married	Armad Forcas? 1 ☐ Yas 2 ☑ No If Yes, Give	If Yes, specify (		Specify Yes or No- to Rican, etc.)				
James Allen Irby  19b. Malling Address (Street and Number or Plural Route Number, City or Town, State, Zip Code)  James Allen Hill - Son  74B Princeton Place, N. W., Washington, D. C. 20010  20b. Method of Disposition  10b. Malling Address (Street and Number or Plural Route Number, City or Town, State, Zip Code)  74B Princeton Place, N. W., Washington, D. C. 20010  20b. Method of Disposition  10b. Malling Address of Feeling  20c. Location - City or Town, State, Zip Code)  74B Princeton Place, N. W., Washington, D. C. 20010  21c. Sepature of European Service Licenses  22c. Washington, D. C.  22c. Value of European Service Licenses  22c. Value of Code of Place  22d. Washington, D. C.  23c. Value of European Service Licenses  24c. Washington, D. C.  25c. Value of European Service Licenses  24c. Washington, D. C.  25c. Value of European Service Licenses  24c. Washington, D. C.  25c. Value of European Service Licenses  24c. Washington, D. C.  25c. Value of European Service Licenses  24c. Washington, D. C.  25c. Value of European Service Licenses  24c. Washington, D. C.  25c. Value of European Service Licenses  24c. Washington, D. C.  25c. Value of European Service Licenses  24c. Washington, D. C.  25c. Value of European Service Licenses  24c. Washington, D. C.  25c. Value of European Service Licenses  24c. Washington, D. C.  25c. Washington, D. C.  25c. Value of European Service Licenses  25c. Description of Service  25c. European Service Licenses  25c. European Service Licenses  25c. European Service Licenses  25c. European Service Licenses  25c. European Service Licenses  25c. European Service Licenses  25c. European Service Licenses  25c. European Service Licenses  25c. European Service Licenses  25c. European Service Licenses  25c. European Service Licenses  25c. European Service Licenses  25c. European Service Licenses  25c. European Service Licenses  25c. European Service Licenses  25c. European Service Licenses  25c. European Service Licenses  25c. European Service Licenses  25c. European Service Licenses  25	15 December 15		10. 0. 1. 1. 1. 10.						
James Allen Irby  19b. Maling Address (Street and Number or Paul Route Number, City or Town, State, Zip Code)  748 Princeton Place, N. W., Washington, D. C. 20010  20b. Method of Disposition  748 Princeton Place, N. W., Washington, D. C. 20010  20b. Method of Disposition  748 Princeton Place, N. W., Washington, D. C. 20010  20b. Method of Disposition  748 Princeton Place, N. W., Washington, D. C. 20010  20b. Method of Disposition  748 Princeton Place, N. W., Washington, D. C. 20010  20b. Method of Disposition  748 Princeton Place, N. W., Washington, D. C. 20010  20c. Date of Commelty, Certamatory or other place)  75 Probable of Commelter, Certamatory or other place)  76 Princeton Place, N. W., Washington, D. C. 20010  21c. Sepature of European Service Licenses  22c. Washington, D. C. 20010  22c. Washington, D. C. 20010  22c. Washington, D. C. 20010  22c. Washington, D. C. 20010  22c. Washington, D. C. 20010  22c. Washington, D. C. 20010  22c. Washington, D. C. 20010  22c. Washington, D. C. 20010  22c. Washington, D. C. 20010  22c. Washington, D. C. 20010  22c. Washington of Commelting in death)  22c. Washington, D. C. 20010  22c	(Specify only highest great	de completed)	(Give kind of work do	ne during most of wor	rking	16b. Kind of Busin	ness/Industry		
James Allen Irby  19b. Maling Address (Street and Number or Paul Route Number, City or Town, State, Zip Code)  748 Princeton Place, N. W., Washington, D. C. 20010  20b. Method of Disposition  748 Princeton Place, N. W., Washington, D. C. 20010  20b. Method of Disposition  748 Princeton Place, N. W., Washington, D. C. 20010  20b. Method of Disposition  748 Princeton Place, N. W., Washington, D. C. 20010  20b. Method of Disposition  748 Princeton Place, N. W., Washington, D. C. 20010  20b. Method of Disposition  748 Princeton Place, N. W., Washington, D. C. 20010  20c. Date of Commelty, Certamatory or other place)  75 Probable of Commelter, Certamatory or other place)  76 Princeton Place, N. W., Washington, D. C. 20010  21c. Sepature of European Service Licenses  22c. Washington, D. C. 20010  22c. Washington, D. C. 20010  22c. Washington, D. C. 20010  22c. Washington, D. C. 20010  22c. Washington, D. C. 20010  22c. Washington, D. C. 20010  22c. Washington, D. C. 20010  22c. Washington, D. C. 20010  22c. Washington, D. C. 20010  22c. Washington, D. C. 20010  22c. Washington of Commelting in death)  22c. Washington, D. C. 20010  22c	Elementary/Secondery (0-12)	College (1-4or 5+)							
James Allen Irby  James Allen Hill - Son  748 Princeton Place, N.W., Washington, D. C. 20010  250. Method of Disposition DE Duries 2 Clownerion as Clement Spendy)  The Disposition (Memery and School of Disposition) DE Duries 2 Clownerion as Clement Spendy)  The Disposition (Memery and School of Disposition) DE Duries 2 Clownerion as Clement Spendy)  The Disposition (Memery and School of Disposition) DE Duries 2 Clownerion as Clement Spendy)  The Disposition (Memery and School of Disposition) De Duries 2 Clownerion as Clement Spendy)  The Disposition (Memery and School of Disposition) De Duries 2 Clownerion as Clement Spendy)  The Disposition (Memery and School of Disposition) De Duries (Disposition) De Duries (Disposition) De Duries (Disposition) De Duries (Disposition) Duries (Disposition) Duries (Disposition) Duries (Or eas e consequence of):	17 Fether's Name /First Middle   act)		Retired Pa				rnment		
198. Melling Address (Street and Number of Rural Rance Number, City or Town, Steen, 2p Code)	Ď					waiden Sumame)			
James Allen Hill - Son  748 Princeton Place, N.W., Washington, D. C. 20010  20s. Method of Disposition pol Burel 2 clorements of Burel 2 clorements of the place of Disposition (Allene of the Place) pol Burel 2 clorements of Disposition of Disposition (Allene of the Place) pol Burel 2 clorements of Disposition (Allene of the Place) pol Burel 2 clorements of Disposition (Allene of the Place) pol Burel 2 clorements (Allene) pol Burel 3 clorements (Allene) pol Burel 3 clorements (Allene) pol Burel 4 clorements (Allene) pol Burel 4 clorements (Allene) pol Burel 4 clorements (Allene) pol Burel 4 clorements (Allene) pol Burel 4 clorements (Allene) pol Burel 4 clorements (Allene) pol Burel 4 clorements (Allene) pol Burel 4 clorements (Allene) pol Burel 4 clorements (Allene) pol Burel 4 clorements (Allene) pol Burel 5 clorements (Allene) pol Burel 6 clorements (Allene) pol Burel 6 clorements (Allene) pol Burel 6 clorements (Allene) pol Burel 6 clorements (Allene) pol Burel 6 clorements (Allene) pol Burel 6 clorements (Allene) pol Burel 6 clorements (Allene) pol Burel 6 clorements (Allene) pol Burel 6 clorements (Allene) pol Burel 7 clorement					-				
206. Method of Disposition  206. Places of Disposition (Name of order place)  206. Places of Disposition (Planes of Disposition (Name of order place)  217. Significant Conditions and Planes (Service Licenses)  228. Significant Conditions (Service Licenses)  229. Significant Conditions (Service Licenses)  229. Significant Conditions (Service Licenses)  229. Significant Conditions (Service Licenses)  220. Sequence of Service Licenses									
Pert II. Other significant conditions contributing to death but not resulting in death)   Lang Cancer	James Allen Hill	- Son	748 Princeto	n Place, N	N.W.,Wash	ington,	D. C. 20010		
### All Control of Sucher (Specially)  21. Singularie of Exercis Service Licenses  22. Service in Exercises Service Licenses  23. Service in Exercises Service Licenses  24. Service in the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or raspiratory arrest.  25. Sequentially list conditions, and the control of the cause on each line.  25. Sequentially list conditions, and the control of the cause of the ca			Plece of Disposition (Name o	place)	Data	20c. Location - Cit	ly or Town, Stete		
21. Signature of Juneral Service Licensee  22. Name and Address of Facility STEWART FUNDRAL HOME, Inc. 4001 Benning Road, N.E., Washington, D. C. 4001 Benning Road, Washington, D. C. 4001 Benning Road, Washington, D. C. 4001 Benning Road, W		Helilovei Itolii State			2 / 20 / 96	Washingt	on D C		
STEWART FUNERAL HOME, Inc.  4001 Benning Road, N.E., Washington, D. C.  22 April Enter the disease, or complications that beaused the death. Do not enter the mode of dying, such as cerdiec or respiretory arrest.  Approximate Consett end Death Con					3/29/90	washilige	JOH, D.G.		
Immediate Cause (Finel disease or condition resulting in death)   Due to (or es e consequence of):	23 Part I. Enter the disease, or comp	Lowar Z illications that caused the deat one cause on each line.	4001 Ben	ning Road,	N.E., Wa	shington	Approximeta		
Sequentielly list conditions   Sequentielly list conditions	0								
Due to (or es e consequence of):    Due to (or es e consequence of):		Lung Cancer					3 Vears		
Due to (or es e consequence of):	resulting in death)						J Tears		
Course (Disease or influty that hilled events resulting in deeth) Last  Course (Disease or influty that hilled events resulting in deeth) Last  Course (Disease or influty that hilled events resulting in deeth) Last  Course (Disease or influty that hilled events resulting in deeth) Last  Course (Disease or influty that hilled events resulting in the underlying cause given in Pert I.  Course (Disease or influty that hilled events resulting in the underlying cause given in Pert I.  Course (Disease or influty that hilled events resulting in the underlying cause given in Pert I.  Course (Disease or influty that hill hill hill hill hill hill hill hil		200 10 (0	or our our out of the						
Course (Disease or infinity that inhiled events resulting in death) Last  Due to (or es e consequence of):    Course   C	Sequentially list conditions	b. — Due to /c	or as a consequence of).						
Due to (or es e consequence of):    Due to (or es e consequence of):   Due to (or es e consequence of):	if eny, leeding to immediate	500 10 (0	or es e consequence or,						
Pert II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert I.  Chronic Obstructive Lung Disease    23b. Did tobacco use contribute to the cause of death?	Ceuse (Diseese or injury that Initieted events	C	at, presupercolor						
Pert II. Other algnificant conditions contributing to deeth but not resulting in the underlying cause given in Pert I.  Chronic Obstructive Lung Disease  24e. Wes en autopsy performed?  24e. Wes en autopsy performed?  24e. Wes en autopsy performed?  25e. Plece of Deeth (Check only one)  27. Menner of Deeth  1 Neturel  28e. Date of injury  28e. Date of injury  28e. Date of injury  28e. Date of injury  28e. Date of injury  28e. Date of injury  28e. Date of injury  28e. Date of injury  28e. Date of injury - At home, ferm, street, fectory, office  29e. Certifler  (Check only  29e. Certifler  (Check only  20e. Certifler  (Check only  20e. Describe how injury occurred  28e. Date of injury - At home, ferm, street, fectory, office  29e. Certifler  (Check only  20e. Describe how injury occurred  28e. Date of injury - At home, ferm, street, fectory, office  29e. Certifler  (Check only  20e. Certifler  (Check only  20e. Detecting the date of the ceuse(s) end menner as steted.  (Check only  20e. Detecting the date of the time, deta and plece, end due to the ceuse(s) end menner as steted.  29e. Cliensa number  29e. Detecting the date of certifler  29e. Cliensa number  29e. Detecting the date of certifler  29e. Cliensa number  29e. Detecting the discass of person who completed cause of deeth (Item 23e) (Type, Print)  Patrick Cross, 110 Irving Street, N.W., Suite 3A-3, Washington, D. C. 20010  31. Detecting the differ of the time, deta and plece, end due to the ceuse(s)  29e. Detecting the time, deta and plece, end due to the ceuse(s)  29e. Detecting the time, deta and plece, end due to the ceuse(s)  29e. Detecting the time, deta and plece, end due to the ceuse(s)  29e. Detecting the time, deta and plece, end due to the ceuse(s)  29e. Detecting the time, deta end plece, end due to the ceuse(s)  29e. Detecting the time, deta end plece, end due to the ceuse(s)  29e. Detecting the time,	resulting in deeth) Last	Due to (o	r es e consequence of):						
26. Plece of Deeth (Check only one)  27. Menner of Deeth 1 Sheturel   1 Sheturel   2 Sheture   2 Shetu		d							
25. Wes case referred to medicel exeminer?									
25. Wes case referred to medicel exeminer?	Pert II. Other significant conditions con	ntributing to deeth but not res	ulting in the underlying cause	given in Pert i.	23b. Did to	bacco use contri	bute to the cause of death?		
25. Wes case referred to medicel exeminer?					1 🗆 Y	es 2 No 3	Probably 4 Unknown		
26. Was case referred to medicel exeminer?	Chronic Obstructi	ve Lung Disea	se						
26. Was case referred to medicel exeminer?					24e. Wes e	n autopsy 2	4b. Were eutopsy findings		
26. Was case referred to medicel exeminer?					periori	ned?	completion of cause		
26. Plece of Deeth (Check only one)  27. Menner of Deeth 1 Sheturel   1 Sheturel   2 Sheture   2 Shetu						of The			
1   Yes   2   No	25 Was sone referred to a district					4 2 11	1 ∐ Yes 2 No		
27. Menner of Deeth 1 Neturel 5 Pending investigation 3 Suicide 4 Homicide 28e. Dete of Injury - At home, ferm, street, fectory, office 28f. Location (Street and Number or Rural Route Number, Ethy of Injury one) 28e. Place of Injury - At home, ferm, street, fectory, office 28f. Location (Street and Number or Rural Route Number, Ethy of Injury one) 28e. Place of Injury - At home, ferm, street, fectory, office 28f. Location (Street and Number or Rural Route Number, Ethy of Town, State)  29e. Certifier (Check only one) 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, deta and place, end due to the cause(s) end manner stated.  29b. Signeture and title of certifier 29c. Licensa number 29d. Dete signed (Month, Day, Year)  29c. Licensa number 29d. Dete signed (Month, Day, Year)  29d. Dete signed (Month, Day, Year)  29d. Dete signed (Month, Day, Year)  29d. Dete signed (Month, Day, Year)  31. Dete filed (Month, Day, Year) 32, Registrer's Signeture	exeminer?	Hospitel:	1	Whar					
1 Neturel 2 Accident 3 Suicide 4 Homicide 4 Homicide 4 Homicide 4 Homicide 5 Pending investigation 6 Could not be determined 5 Pending investigation 6 Could not be determined 5 Pending investigation 6 Could not be determined 5 Pending investigation 6 Could not be determined 5 Pending investigation 6 Pending investigation 6 Pending investigation 6 Pending investigation 6 Pending investigation 6 Pending investigation 6 Pending investigation 6 Pending investigation 6 Pending P	10 163 282110	14 Inpatient 2	Envolupement 3D DOX	4 Li Nursing n			Specify)		
D41728 August 28, 1996  30. Neme and address of person who completed cause of deeth (Item 23e) (Type, Print)  Patrick Cross, 110 Irving Street, N.W., Suite 3A-3, Washington, D. C. 20010  31. Dete filed (Month, Day, Year)  32, Registrer's Signeture	27. Menner of Deeth  1 ☑ Neturel 5 ☐ Pending 2 ☐ Accident investigation	28e. Dete of Injury (Month, Day Year)							
D41728 August 28, 1996  30. Neme and address of person who completed cause of deeth (Item 23e) (Type, Print)  Patrick Cross, 110 Irving Street, N.W., Suite 3A-3, Washington, D. C. 20010  31. Dete filed (Month, Dey, Year)  32, Registrer's Signeture	3 ☐ Suicide 6 ☐ Could not be determined	28e. Piece of injury - At he building, etc. (Specification)	ome, ferm, street, fectory, office)	e			or Rural Route Number,		
D41728 August 28, 1996  30. Neme and address of person who completed cause of deeth (Item 23e) (Type, Print)  Patrick Cross, 110 Irving Street, N.W., Suite 3A-3, Washington, D. C. 20010  31. Dete filed (Month, Day, Year)  32, Registrer's Signeture									
D41728 August 28, 1996  30. Neme and address of person who completed cause of deeth (Item 23e) (Type, Print)  Patrick Cross, 110 Irving Street, N.W., Suite 3A-3, Washington, D. C. 20010  31. Dete filed (Month, Day, Year)  32, Registrer's Signeture	29e. Certifier (Check only one)  Certifying Physical Examination (Check only one)	ner: On the basis of exeminet	wledge, deeth occurred et the tion end/or Investigetion, in m	time, dete end plece, y opinion, deeth occur	, end due to the ce rred et the time, de	euse(s) end menne eta and piece, end	or as steted. due to the ceuse(s)		
30. Neme and address of person who completed cause of deeth (Item 23e) (Type, Print)  Patrick Cross, 110 Irving Street, N.W., Suite 3A-3, Washington, D. C. 20010  31. Dete filed (Month, Day, Year)  32, Registrer's Signeture	29b. Signeture and title of certifier		29c. Lice	nsa number	25	9d. Dete signed (A	fonth, Day, Year)		
30. Neme and address of person who completed cause of deeth (Item 23e) (Type, Print)  Patrick Cross, 110 Irving Street, N.W., Suite 3A-3, Washington, D. C. 20010  31. Dete filed (Month, Day, Year)  32, Registrer's Signeture	Yanick.	from 1	<b>γ</b> ) D41	728		ligiet 29	1996		
Patrick Cross, 110 Irving Street, N.W., Suite 3A-3, Washington, D. C. 20010  31. Dete filed (Month. Day, Year)  32, Registrer's Signeture	30. Neme and address of person who co	empleted cause of deeth (item		0	P	suguat 20	1 2 2 0		
	Patrick Cross,	110 Irving St	reet, N.W., S	uite 3A-3,	, Washing	gton, D.	C. 20010		
		September Signer	M-Raviall						

State

Registrar

Light Solly

and the second of the second o

grid nit was in a

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middla, Last) 2. Dete of Death 3. Time of Death **Physician** Flora Month 10:57 Pm AUGUST /Medical 4b. City, Town, or Location of Deeth 4e. Fecility Neme (If not institution, giva straat and number) **Examiner** PRINGE GEORGE'S COUNTY MEDICAL CENTER CHEVERLY If Undar 1 Year If Under 24 Hrs. 5. Social Security Number 8. Date of Birth (Month, Day, Yaar) 7. Age (In yrs. last birthday) Birthplece (Stata or Foraign Country) **Funeral** Days 1 □ M 2 🖾 F Yrs. Director 579-60-5766 ABERDÉEN, MISS. 6/24/15 Usuel Residence of Decedent the Marylend 10a. Stete MD 10b. County City, Town or Location HYATTSVILLE 28a-f show 10d. Inside City Limits Examiner must be nothled at PG Director 1 Yes 2 No 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? items 23a 5821 QUEEN CHAPEL ROAD USA Funeral 12. Wes Decadent Evar In U,S Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indien, permit. Pages 1 and 2 should be filed within 72 hours after to Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or item any injury or other traumatic avent, the Medical Exercises 2006. Black, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 No If Yes, Give Year or Dates: Baltimore, Maryland 21215-0020 1 ☐ Yes 21 No Spacify: 3√ZtWidowed 4 □ Divorced Specify: BLACK Completed 16a. Decadent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 15. Decadent's Education (Spacify only highast grada completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 12 YEARS 5 YEARS SCHOOL TEACHER EDUCATION 17. Father's Name (First, Middla, Last) 18. Mother's Neme (First, Middle, Meiden Sumama) Be UNKNOWN 2 SAVANNAH MARTIN 19a. Informant's Name/Relationship (Typa, Print) 19b. Mailing Address (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) SANDRA HAILE 1901 LINCOLN RAOD Ne#201, DC 20002 20b. Place of Disposition (Name of camatary, cramatory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 Burial 2 □ Cremation 3 □ Ramoval from State 11 4 ☐ Donation 5 ☐ Other (Specify) 8/24/96 OLIVET CEMETERY WASHINGTON, DC 21. Signature of Funeral Service Licensee\_ 22. Name and Address of Facility
JOHN T. RHINES CO., INC. 3030 12TH ST NE, DC 20017 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dylng, such as cardiec or respiretory errest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** Immediate Cause (Final disease or condition resulting in death) /Medical Breast CANGER WITH METASTASES Years **Examiner** Examiner The law requires that the death certificete be executed ettending physician end for use es the buriel-tran Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in death) Last Due to (or as a consequence of): Records, P.O. Box 68760, Completed by Physician/Medical Due to (or es a consequence of): Part II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown devile Dementa 24b. Were autopsy findings evallable prior to completion of cause of death? 24a. Wes en autopsy performed? 1□ Yes 2□No 1 ☐ Yes 2 ☐ No Division of Vital or Attending Physician: Be 25. Wes case referred to medical examiner? 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 2 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA this 27. Manner of Death Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? Certification: 28d. Describe how Injury occurred After 1 Natural 5 Pending investigation e Hospital or Attending n 24 hours after death. (A 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide Place of Injury - At home, farm, street, factory, office building, etc. (Spacify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) filled in by 4 - Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and placa, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29e. Certifier Medical To the Hosp within 24 ho To the Fune completely fi (Check anly one) 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) AVGUST 20, 1996 30. Name and eddress of person who completed cause of death (Item 23a) (Type, Print) DELORE MD 4203 QUEENSBURY Rd HYATTSVILLE MD 20281 31. Dete filed (Month, Day, Year) AUG 2 6 32 Registrar's Signature

DHMH 16 Rev 6/95

State Registrar A Part of the second Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

		1. Decedent's Name (First, Middle, Last	")				2. Date of Dea			3. Time of Death		
Physicia /Medic		MARIE	C. HAY	ES			Month Aug. 2	0.1996	Year 7	:26PM		
Examin		4e. Fecility Name (If not institution, give				4b. City, Town, or L	ocation of Death	4c. County		- 17		
		Manor Care Nur  5. Social Security Number 6. Se		hirthday)	if Under 1 Year	Silver If Under 24 Hrs.	-		0	. y e (State or Foreign		
Funeral Director			M 2∏F 88	Yrs.	Months Days		Sept. 1	7°°1907	Country	e (State or Foreign		
and w		Usuei Residence of Decedent  10a. State 10b. County	10c. City, To	own or Loca	ation				10d	inside City Limits		
Maryli H sho	to	MD Montgome			pring				1 Yes 2 No			
or 28a	<b>Funeral Director</b>	10e. Street and Number			10f. Zip Code		T	10g. Citizen of V USA	/hat Country	?		
positioner, maryland 41413-0040  permit. Pages 1 and 2 should be filed within 72 hours after death with the Manyland Department of Heath and Mental Hygiene. Department of Heath and Mental Hygiene. Important: If then 27 is marked other than "neturel; or items 28s or 28s-f show any injury or other treumatic event, the Magical Examinations and any once.	ral	9923 Lorain Av	•		20901							
ter de	Fune	11. Meritei Stetus  1 ☐ Never Merried 2 ☑ Married	12. Was Decedent Ever in U,S. Armed Forces?  1  Yes 2 No		as Decedent of l Yes, specify Cub	Hispanic Origin? (Spen, Mexican, Puert	pecify Yes or No- p Rican, etc.)	14. Race Blec	- American k, White, etc			
ours at	þ	3 Widowed 4 Divorced	If Yes, Give Year or Dates:	1[	□Yes <b>%</b> □No	Specify:		Specity	Black	K.		
Mai yiaiiu Z.i.Z.i.S-UU.Z.U d 2 should be filed within 72 hours aft his and Maintal Hygienal and an amarked other than "natural", or treumatic event, the Madical Exerc	Completed	15. Decedent's Edu (Specify only highest grad	cation 1 e completed)	(Give ki	ent's Usual Occu and of work done	during most of work	king	16b. Kind of Bu	siness/indus	try		
within than		Eiementary/Secondary (0-12)	College (1-4or 5+)	Cle	O NOT usa retire : r k	od)		Dept.	Store	e		
e filed al Hyg other	Be C	17. Falher's Name (First, Middle, Last)						tle, Maiden Sumame)				
Menta Menta mrked	ToE	Will Crosby				Carri	e Goro	Gordon				
d 2 sh th and 7 is m treum		19a. Informant's Name/Raiationship (7) Henry Hayes, hus		9b. Mailing	Addrass (Stree	tand Number or Ru n Ave.	rai Route Numbe Silver	r, City or Town, Spring	State, Zip Co	20901		
of Healt Ham 2 Other		20a. Melhod of Disposition	20b. Place	of Disposi	ition (Name of		/ Dete / 24/96	20c. Location -				
Page nent of int: If I		1√2√8 uriei 2 ☐ Cremation 3 ☐ F 4 ☐ Donation 5 ☐ Other (Specify)	tamoval from State		Mom D			ar MD				
permit. Pages 1 an Department of Heal Important: If Item 2 any injury or other ODGS. X		21. Signeture of Funeral Servica Licensee 22. Name and Address of Fecility Greene Funeral Home, Inc.										
80198		Men 28	reene			klin St	. Alexa	andria	VA 2	2314		
Discordary and		23a. Pert1. Enter the disease, or compl shock, or heart failure. List only or	ications that caused the death. C na cause on each line.	o not enter	the mode ot dy	ng, such as cardlac	or respiratory ar	rest,	ini	oproximate terval Between nset end Deeth		
Physician /Medical		Immediate Cause (Final disease or condition	. ACUTE L	FIL	KEMIA	1				SWK5		
Examiner		resulting In deeth)	Due to (or as			1				70-110		
pa iii	Examiner		D									
ificate be execu physician and as the burial-tra	Exar	Sequentially list conditions, if any, laading to immediate cause. Entar Underlying Cause (Disease or Injury that initiated events	Due to (or as	a consequ	ence of):				į			
ificate be executed g physician and as the burial-transit	edicai	Cause (Disease or Injury that Initiated events resulting in death) Lest	Due to (or as	e conseque	enca of):							
3 0 4		Tosuling in Goalin, Cost	1									
attending	clan								İ			
Physician: The law requires that the death cert this cartificate has been signed by the attending rial director, page 2 should be detached for use	Physician/M	Part II. Other significant conditions con	stributing to death but not resulting	g in tha und	darlying cause gi	ven in Part I.	23b. Did t	/-	tribute to th	e cause of death? Ny 4⊡Unknowi		
es tha igned be de	by F	PIC ZHOIMUN	- Discinse									
v requir been s should	Completed by	ATHGROSLICA	OTIC CARDI	OVAS	CULAR	DISTAS	24a. Wes	an autopsy med?	availa	autopsy findings ble prior to letion of cause		
e law has to	mp							. V	of dea	ith?		
		25. Was case referred to medical				00 Place of Dec	1 U Y		1 🗆 Y	es 20 No		
ysicia is cart direct	To Be	examiner?	lospitel: 1   Inpatient 2   ER/	Outpatient	3□ DOA Ot	28. Place of Dea	ome 5 Resid		or (Specify)			
Attending Physician: or death. ector: After this certifical by the funeral director,		27. Manner of Death Natural 5 ☐ Pending	28a. Date of Injury (Month, Day Year) 28t	b. Time of Injury	28c. Inju Wo	ry at		ow injury occurr				
i or Attendil after death. Director: A d in by the fu	licati	2 Accident invastigation 3 Suicide 6 Could not be	28e. Place of Injury - At home,	farm else-		]Yes 2□No	28f Location /5	Street and Numb	er or Russi D	nuta Number		
5 분 등 드	Certification:	4 ☐ Homicida determined	building, etc. (Specify)	, .a, 311 <del>01</del>	st, rectory, unice		City or Tow		o. or Hurar F	Ou. a 11011/1001		
Hospital 24 hours Funeral itely filled	Medical C	29a. Certifiar (Check only Medical Exami	sician: To the best of my knowled ner: On the basis of axamination	ige, daath o	occurred at the ti	me, date and place	, and due to tha	causa(s) and ma	nnar as state	od.		
2270	T	one)	and menner stated.	2010FOL 11148	organori, in my	opinion, datam occur	100 at tila tillio, (	ana ana piace, i	and dua to th	a cause(s)		
thin 24 thin 24 the Fu	Z e	29b Signature and total of condition	4	7	29c Licen	se number		29d Date slopes	(Month De	Veer)		
To the Hospital or within 24 hours aft To the Funeral Dir completely filled in	Me	29b. Signature and till of certifier	Eucles on one	$\mathcal{I}$	29c. Licen	se number 25 24	4	29d. Date signed	Month, Day	v, Year)		

State Registrar 31. Date filed (Month, Day, Year) AUG 26 1996

126° 25

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3 Time of Death Month Day **Physician** ROTTAL Carol Hudak 4b. City. Town, or Location of Deet /Medical 28 1996 12:30 AM 4a. Facility Name (If not Institution, give street end number) 4c. County of Death Examiner Doctors Community Hospital Lanham Prince Georges 5. Sociel Security Number 7. Age (In yrs. last birthdey) If Under 1 Year | If Under 24 Hrs. 8. Dete of Birth (Month, Dev. Year) Birthplece (State or Foreign Country) **Funeral** Months Hours Days 1 M 25 F Director 040 32 2359 June 3,1938 58 unknown Usual Residence of Decedent with the Maryland 10a. Stete 10b. County 10c. City, Town or Location tem 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Mexical Examiner must be notified at 10d. Inside City Limits Lothian 1 ☐ Yes 2 OtNo Director Maryland Anne Arundel 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 482 Keith Rd. 20711 United States death Funeral 12. Wes Decedent Ever In U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Merital Stetus 14. Rece - American Indien, Bleck, White, etc. 2 should be filed within 72 hours after and Mental Hygiene. 1 ☐ Never Merried 2 ☐ Merried 1 ☐ Yes 2 ☐ No If Yes, Give Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ₩ No If Yes, Give Yeer or Detes: Specify: þ 3 Widowed 4 □ Divorced White Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Chief Radiologist Health Care 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Sumeme) Be 2 Mario Galanio Borras Lanor Davis 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) permit. Pages 1 and 2 sh Department of Health and Important: If Item 27 Is m any Injury or other traum 482 Keith Rd. Lothian Maryland 20711 John A. Hudak son 20b. Plece of Disposition (Neme of cemetery, crematory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Metropolitan Crematory 8/29/96 Alexandria Virginia 22. Name end Address of Fecility
Robert E. Evans Funeral Home, P.A. 16000 Annapolis Rd. Bowie Md. 20715 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line. Approximete Interval Between Onset and Deeth **Physician** /Medical Immediete Cause (Finel disease or condition resulting in death) Brain Death immediate Examiner Due to (or es e consequence of): Examiner Cerebral Hemmorrhage days attending physician and for use es the bunal-transit Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events Due to (or es e consequence of): Respiratory Failure days Box 68760. certificate be Physician/Medical Due to (or es a consequenca of): resulting In death) Lest Records. P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? the detached signed by 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown by 8 24a. Wes an autopsy performed? 24b. Were eutopsy findings Completed peeu completion of cause of death? page 2 has 2 0 No 1 ☐ Yes 2 ☐ No certificate Division of Vital • Hospital or Attending Physician: 24 hours after death. • Funeral Director: After this certifica 25. Was case referred to medicel exeminer? Be 26. Piece of Death (Check only one) Hospitel: 1 Inpatient Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Yes 2 No <sup>o</sup>L 2 ER/Outpetient 3 DOA funeral Medical Certification: 27. Menner of Death 28b. Time of 28d. Describe how Injury occurred 28e. Dete of Injury (Month, Dey Year) 28c. Injury et Work? 1 Neturel 5 Pending 2 Accident investigation 1 ☐ Yes 2 ☐ No 6 Could not be 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, State) 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated. 29a. Certifie (Check only one) To the 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) D12962

8909 Old Branch Avenue, Clinton, MD 20735

State Registrar

30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print)

MD

Zorayda Leellacer.

31. Dete filed (Month, Dey, Year)

AUG **3 0 1996** 

			State of Maryland / Department of Certificate			giene 9	6 2	27127
	=		1. Decedent's Neme (First, Middle, Last)		2. Dete of Dec	eth	V	3. Time of Death
	Physic /Medi		Mildred Witherspoon Hornung		August	28 <sup>Day</sup> 199	96 ear	9:30 PM
	Exami		4a. Facility Name (If not institution, giva street end number)	4b. City, Town, or I	ocation of Death	4c. County	of Death	
			St. Mary's Nursing Center	Leonardto		St. M	ary's	3
	Funeral		5. Sociel Security Number 8. Sax 7. Age (In yrs. lest birthday) If Under 1 Yrs. Months D	ear If Under 24 Hrs. ays Hours Min.	(Month, Day	v. Year)	9. Birth Cou	plece (Stete or Foreign ntry)
	Director		362-14-9351 1 2 Yrs. 92 Yrs. Usuel Residence of Decedent		July 15,	1904		hio
	and w		10a. Stata 10b. County 10c. City, Town or Location					10d. Inside City Limita
	Mary	0	Maryland St. Mary's Leonardtown					1 ☐ Yes 2X No
	the Marylan r 28a-f show nothing at	20	10e. Street and Number 10f. Zlp Co	de		10g. Citizen of	What Cou	ntry?
	3a or	ā	Route 1, Box 67 2065			United		
	72 hours after death with the Maryland natural', or itema 23e or 28e-f show dicel Examiner must be notived at	Funeral Director		of Hispanic Origin? (S Cuban, Mexican, Puert				can Indien,
0	or its		1 ☐ Never Merried 2 ☐ Married		o Rican, atc.)	Bla	ck, White,	, etc.
02	alf, o	þ	3 ☑ Widowed 4 □ Divorced If Yes, Give Yaar or Detes:	No Specify:		Specif		hite
5-0	72 ho	Completed	15. Decedent's Education 16a. Decedent's Usuel O (Specify only highest grade completed) (Give kind of work d	ccupation	king	18b. Kind of B	usiness/ir	ndustry
21	c 6	npie	Elementary/Secondary (0-12) College (1-4or 5+)	one during most of wor etired)	nary .			
2		ပိ	12 Homemake			N/A		
and	S a b >	Be	17. Father's Name (First, Middla, Last)	18. Mother's Nen	HINGE TEXTOCS		ne)	
2	should be filed nd Mental Hygi marked other imatic event,	2	Walter M. Witherspoon		. Friesr			
Maryland 21215-0020	C 68 89 M		19e. Informent's Neme/Reletionship (Type, Print)  19b. Meiling Address (Si					
	C = N +		Elisabeth Riegel Sister Route 1, Bo 20a. Method of Disposition (Neme a 20b. Place of Disposition (Neme a 20b			-		
Baltimore,			1 ☑ Burial 2 ☐ Cremetlon 3 ☑ Removel from Stete cemetery, cremetory or other	r place)	Dete	20c. Location	· City or 1	own, Stala
tim	ther tant:		4□Donetton 5□Other (Specify) Funtain Cemete		2-96	Fostori	a, 0	hio
Bal	permit. Pagas Department of Important: If it any injury or once.			ddrass of Facility .eld Funera	l Home.	Р.А.		
	20260	Ш	Edward N. Brinsfield, Jr. M00052 P.O. Bo	x 279, Leor	nardtown	, Maryl	and :	20650
			23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of shock, or heart fellure. List only one cause on each line.	dying, such es cardiac	or respiratory er	rest,		Approximete Interval Between
	Physician	- 1		1			i	Onset and Death
	/Medical Examiner		Immediate Cause (Final disease or condition resulting in death)  e. Veru Sucular	milal	in			at fine beal
		<b>a</b>	Due to (or as e consequence of):					
	nsit	Examiner	o. premune					24 h
-	be axecuted sician and burial-transit	Xal	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury	//	1 -		i	2
8760,	death cartificata be axecuted e attending physician and of for use as the buriel-transi	lcai	cause. Enter Underlying Ceuse (Diseese or Injury thet initialed events	ent Jule	mc /00	21		: Age -
68	flicate phy as the	8	thet initiated events resulting in death) Last  Due to (or as e confequence of):	1			!	
Box	leath certific attending p	N	d					
m	s atte	icla	Part II. Other significant conditions contributing to death but not resulting in the underlying cause	i stante Book	ook Did	ahaaa	manthroto A	to the cause of death?
P.0		Physician/M		e given in Part i.	1 0	L.		bebly 4 Unknown
	signed to det	by P	mal un futcon		10	200 110	3   110	debty 4 dikilowii
Records,	requires that the een signed by th hould be detach	<b>8</b>			24e. Was	an autopsy	24b. W	ere autopsy findings
ပ္ပ	_ 0 0	Completed		****	репо	rmed?	C	vallable prior to ompletion of causa death?
	The law sta has page 2	mo			101	rea alta No		□Yes 2□No
ta	ician: The certificata rector, pag	Be C	25. Wes case referred to medical	26. Placa of Dee				□ 165 2□ NO
>	Physician: The I this certificate he ral director, page	To B	exeminer?  1 Yes 2 No Hospitel: 1 Inpatient 2 ER/Outpatient 3 DOA	0.1	ome 5 Rasio		er (Speci	(fv)
Division of Vital			27. Manner of Deeth 28a. Dete of Injury 28b. Time of 28c.	Injury et Work?	28d. Dascribe I			
Ö	ath.	atio	1 ☑Neturel 5 □ Pending (Month, Dey Year) Injury 2 □ Accidant investigation M	1 Yes 2 No				
Vis	ar da	Certification:	3 ☐ Sulcide 4 ☐ Homicide  4 ☐ Homicide  4 ☐ Homicide  4 ☐ Homicide  4 ☐ Homicide  4 ☐ Homicide  4 ☐ Homicide  4 ☐ Homicide  4 ☐ Homicide  5 ☐ Could not be determined building, etc. (Specify)	fica	28f. Location (S City or Tow	Street and Numi	ber or Rur	ral Route Number,
Ö	S after of the bea	Cer	Sulfainty, etc. (Specify)		Ony or Ton	ni, ototoj		
	ospil hour uner un til		29e. Certifier  (Check only  2   Madical Examiner: On the basis of examination and/or investigation in	ne time, date end place	, and dua to the	cause(s) and m	anner as	stated.
	he H in 24 he F	edicai	(Check only one)  2 Medical Examiner: On the basis of examinetion end/or invastigation, in end menner steted.	my opinion, deeth occu	rred at tha time, t	dete end piece,	and dua i	o tha cause(s)
	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After th completely tilled in by the funera	Σ	29b. Signature and title of certifier 29c. Lie	cansa number		29d. Dala signe	d (Month,	Day, Year)
			John Joseph To	001381	)	8/29	196	
		İ	30. Neme end address of person who completed cause of death (Item 23e) (Type, Print)					
				wn, Marylar	d 20650			
	Sta	te	31. Dete filed (Month, Day, Year) AUG 3 0 1998 32. Resistrar & Signature Rardall					
1	Registr	ar	AUU 3 U 1330					

SALISBUTY, MO 21801

			Certific	cate of	Death	F	leg. No.		
8	1. Decedant's Nama (First, Middla,	Last)			1/	2. Data of Dea		Man	3. Tima of Death
nysician Medical	CARLOTTA	JUANITA			HANN	Augus	- 27 1	996	0949
aminer	4a. Facility Neme (If not Institution,	giva street and number)			4b. City, Town, or L		4c. County	-	
	PENINSULA REGI	ONAL MEDICAL O	ENTER		SALIS	RIIDV	WIC	OMICO	
al			rrs. lest birthday) If U	Indar 1 Year	r If Under 24 Hrs.	6. Date of Birth	1		ace (State or Foreig
r.	219-10-6218 Usual Residence of Decedent	1□M 2 <b>2</b> F 79	Yrs. Mor	nths Days	s Hours Min.	07/10/	1917	Mary	71and
	10a. State 10b. County	10c.	City, Town or Location	)				10	d. Insida City Limits
Director	MARYLAND SOMER	RSET	PRINCESS AN	INE					1 ☐ Yas 2 ☐ No
ě	10e. Street and Number		10	f. Zip Code			log. Citizan of V	Vhat Counti	ry?
2	30440 LINDEN AVE	NUE		2185	3		U.S.		
Funeral	11. Maritei Stetus	12. Wes Decedant Evar i	n U,S. 13. Wes E	Decedent of	Hispanic Origin? (Saben, Mexican, Puarto	pecity Yes or No-	14. Rec	e - America	n Indien,
Funeral Director	1 Nevar Married 2 Marrie	Armed Forces? d 1 ☐ Yas 2 ☑ No	If Yas,	specify Cut	ben, Mexican, Puarto	Rican, atc.)	Blac	k, Whita, a	tc.
þ	3 ☑ Widowed 4 □ Divorced	If Yes, Give Year or Datas:	1 🗆 Y	as 2 No	Specify:		Specify	WHIT	rE .
	15. Dacedant's		16a. Decedant's	Heuni Occu	ination				
let	(Specify only highest	grada complatad)	(Giva kind o	of work done	a during most of wor ed)	king	16b. Kind of Bu	on ress/iridl	rotty
Completed	Eiemantery/Secondary (0-12)	College (1-4or 5+)	OFFICE N		-		THE	10 411-	-
	11	not)	OLLICE I	IANAGE		A AFRICA AFRICA		JRANC	E
B	17. Father's Nama (First, Middla, L				18. Mother's Nem	77 41-177.		18)	
2	MAURICE BARKLEY					T BRITT			
	19a. informent's Neme/Ralationsh	p (Type, Print)	19b. Meiling Add	drass (Stree	et and Number or Ru	ral Route Numbe	r, City or Town,	Stata, Zip C	Code)
	PATRICIA CHAMBER	LIN/DAUGHTER	30440 L	INDEN	AVE., PR	INCESS 4	NNE ME	210	153
	20a. Mathod of Disposition	20	b. Piace of Disposition cematary, cramatory	(Nama or		Data	20c. Location -	City or Tow	vn, Stata
	1 Buriel 2 □ Cramation :		ST. ANDREWS			8/31/96	DDTNCE	CC AN	INIT MD
	4 Donation 5 Other (Special Service U		-			0/ 01/ 30	LUTINCE	JO AN	INE, MD.
ğ	21. Signatural of Funeral Service C	1/1			ress of Fecility JNERAL HOM	IF			
a d	Through )	M00295			MERSET AVE		TESS AND	JE ME	21853
	2011 Pert1. Entar the disease, or o	omplications that caused the d	March M. J.	moda of dy	Ing, such as cardiac	or respiretory an	rest,	1 - 1 - 1 - 1	Approximete Intarvai Between
an	shock, or haart failura. List o	ny ona cause on aech line.							tritarval Between Onset and Death
al	Immediate Ceusa (Finai	Con	man	000 7	Lano.	2000		1	21
	diseese or condition resulting in deeth)	1	7		7 6				Hyr.
7	Victoria China	Duet	o (or as a consequence	a of):	A	deser	1.		
Jie P		- b - C	gele	e.	veer	r to	une		3 mo.
Examiner	Sequentially list conditions,	Duey	o (o 🛵 a consequence	pf):					3 mo.
	Sequentially list conditions, if any, laading to immedieta causa. Entar Undarlying Cause (Diseasa or injury	14	2 me	oto	in we	net of	ceen		Zno.
Medical Examir	that initiated events	C. Due to	o (or as Consequence	of):	-			/	
8	rasulting in death) Last		V						
	,	d							
Physician	Dati Ohardani		and the second second						
ys	Pert il. Other eignificant condition	contributing to death but not	rasulting in the underly	ing causa g	ivan in Part i.	23b. Did t	obacco use col	ntribute to	the cause of death
						101	'ee 2□ No	3 Probe	ably 4 Tunknow
b									
Completed						24a. Wes a		24b. War	re autopsy findings ilabia prior to
pleted						perior		com	plation of cause eath?
Comp									
						1 U Y	as 2 No	טי	Yas 20 No
Be	25. Was casa rafarred to medicat axaminar?	Hospital		10	26. Placa of Dea	th (Check only or	7a)		
To Be	1 Yes 2 Sto	Hospital:	ER/Outpatient 3[	DOA	ther: 4 Nursing H	oma 5□ Rasid	enca 6 DOth	er (Specify)	-
	27. Manner of Death 1 Selaturai 5 ☐ Panding	28a. Data of injury (Month, Day Year	28b. Tima of injury	28c. inju	ury at ork?	28d. Dascribe h	ow injury occur	ed	
catio	2 Accidant invastiga	tion	M		Yas 2□No				
Certification:	3 ☐ Suicida 6 ☐ Could no	ed   20a. Placa of Injury - A	it homa, farm, streat, fe	ctory, office		26f. Location (S		er or Rural	Routa Number,
ert	4 Homicida Gatarmin	building, atc. (Spe	ecify)			City or Tow			
	29e. Cartifier 1 Certifying	Physioten: To the best of any	knowledge de-the-	mad at the c	Name aleks see ! !	and dive to the			4 d
edical	(Check only 2 Medical E	Physician: To the best of my learning: On the basis of axam	ination and/or invastig	rred at tha t ation, in my	opinion, daath occur	red at the time, o	ause(s) and me lata and piaca.	nner as sta and due to t	tha cause(s)
8	one)	and mannar stated.							
mpletely filled in Medical Cert	29b. Signature and title of certifier	4 \	. / 1	29c. Lican	se number	2	9d Date signer	1 (Month D	lav Veerl

State Registrar

106 MILFOLD 31. Data filed (Month, Day, Year)

30. Name and addrays of person who completed cause of death (Itam 23a) (Type, Print)

NOHN Mc Lean, M.D. 106 MILFO

TABLES STEADS IN THE STATE OF T

lental Hygiene	96	6
----------------	----	---

**Physician** /Medical Examiner

**Funeral** 

permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23s or 28s-4 show any injury or other traumatic event, in Medical Experiment and the notified at

Baltimore, Maryland 21215-0020

**Physician** /Medical **Examiner** 

The law requires that the death cartificate be executed burial-transi physician is the burial Records, P.O. Box 68760. sate has been signed page 2 should be det certificate has Division of Vital or Attending Physician: director, this filled in by the funeral After within 24 hours after death To the Funeral Director: A Hospitai completely

Certificate of Death Reg. No. 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month Dey 23, HENRY WILSON HARRISON AUG. 1996 4:00 AM 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth GENESIS HERITAGE NURSING HOME DUNDALK BALTIMORE If Under 24 Hrs. 8. Dete of Birth
Hours Min. (Month, Day, Year) If Under 1 Year 6. Sex XXM 2□ F 5. Social Security Number 7. Age (In yrs. last birthday) 9. Birthplece (State or Foreign Deys Months 189-09-2885 SEPT. 8, 1910 Director MARYLAND Usuel Residence of Decedent 10e. Stete 10b. County 10c. City. Town or Location 10d. Inside City Limits MD TALBOT TILGHMAN 1 Yes XXNo Director 10e. Street and Number 10g. Citizen of What Country? 10f. Zip Code 4871 FAIRBANK ROAD 21671 USA Funeral Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 12. Wes Decedent Ever in U,S. Armed Forces? Raca - American Indien, Bieck, White, etc. 1 Never Merried 2 Married 1 ☐ Yes 2 X No if Yes, Give Yeer or Detes: 1 ☐ Yes 2 No Specify: WHITE Specify: Be Completed by 3 Widowed 4 Divorced 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 11 WATERMAN COMMERCIAL SEAFOOD 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) CAMPER HARRISON CORA HEATH 9 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 19e. Informent's Name/Reletionship (Type, Print) EDITH K. HARRISON/ 4871 FAIRBANK ROAD, TILGHMAN, MD 21671 WIFE 20b. Place of Disposition (Name of 20e. Method of Disposition Dete 20c. Location - City or Town, Stete cemetery, cremetory or other place) 1 Buriel 2 ☐ Cremetion 3 ☐ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) TILGHMAN METHODIST CEM. 8-26 TILGHMAN, MD 21. Signeture of Funeral Servica Licansee 22. Neme end Address of Fecility FELLOWS, HELFENBEIN & NEWNAM FUNERAL HOME FSP 200 S. HARRISON ST. EASTON, MD at enter the mode of dying, such as cardiac or respiratory errest, 21601 Approximete Intervel Between Onset and Deeth Pert1. Enter the disease, or complications that caused the deeth. Do not en shock, or heert feilure. List only one ceuse on each line. Immediate Cause (Final disease or condition resulting In death) Physician/Medical Examiner Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initieted events resulting in deeth) Lest Due to (or es e consequença of) Pert fl. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert f. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown 1 ☐ Yes 2 ☐ No by 24b. Were autopsy findings evailable prior to completion of cause of deeth? Completed 24e. Wes an autopsy performed' 2 No 1 Yes 2 No 1 ☐ Yes Be 25. Wes case referred to medical exeminer? 26. Plece of Deeth (Check only one) Hospitel: 1 ☐ Inpatient Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Yes 2 No Certification: To 2 ER/Outpatient 3 DOA 27. Manner of Deeth Dete of Injury (Month, Dey Year) 28c. Injury et Work? 28b. Time of 28d. Describe how injury occurred 1 Neturel 2 Accident 5 Pending investigation 1 Yes 2 No 6 Could not be determined 3 Suicide 28e. Placa of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 Thomicide 29e. Certifier Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the cause(s) and menner as stated.

2 Medical Examiner: On the best of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end piece, end due to the cause(s) end menner stated. Medical (Check only one) 29b. Signature and title of certifier 29d. Dete signed (Month, Day, Year) 29c. License number 30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print) WILLARDA EDWARDS, M.D. 1005 N.PT. BLVD, SUITE 724, BALTIMORE, MD 21224 32. Registry's Signature 31. Dete filed (Month, Dey, Year) State

- Randall

DHMH 16 Rev 6/95

Registrar

AUG 261996

å,

and the second second Mr. of the first many inflation of form of the surface of the 

		Daniel Marie	1 - 0		Ce	rtificate of	Death	Tv =	Reg. No.		
hysician	_	Decedent's Name (First, Middle	e, Last)					2. Date of D Month	Day	Yaer	. Time of Death
/Medicai	1	VernonT. Ho  B. Facility Name (If not institution	ughton,	Jr.			4h City Town	Augus or Location of Dec			3:00 p.
xaminer		Anne Arunde									del
nerai	5.	Social Sacurity Number	6. Sex		yrs. lest birthdey)	If Under 1 Year	If Under 24 H	apolis  rs. 8. Date of B	Cash.	e Arun	
ctor	0	73-22-3787	1⊠M 2□F	86	Yrs.	Months Days	Hours M	in. (Month, L	Dey, Year) 1909	P A	a (Stete or Foreign
		sual Residence of Decedent  Da. State 10b. County		100	Oh. T.						
by Funeral Director			Arunde		City, Town or Lo					_	Inside City Limits  1 ☐ Yes 2 ☒ No
Director		De. Street and Number							40- 00		
ā		403 Fawn Ha	ven Cou	rt		10f. Zip Code 2 1 1 0	0		10g. Citizan of		
Funerai	1	1. Marital Status		cedant Evar i	n U.S. 13.	Was Decedent of		(Specify Yes or N		U.S.A.	
2		1 Never Married 2 Marr 3 Widowed 4 Divorced	Armed F led 1 ☐ Yas	orces? 2X No live		f Yas, specify Cut 1 ☐ Yes 2 🕱 No	oan, Mexican, Pu	arto Rican, etc.)		ck, White, etc.	hite
Pe		15. Deceden	t's Education		16a. Dece	dent's Usual Occu	pation		16b. Kind of B	usiness/Indust	try
Completed	-	(Specify only higha: Elementary/Secondary (0-12)	-	(1-4or 5+)		kind of work done DO NOT use retire					
S S		Elementary/Secondary (0-12)	5	+	Fede	ral Gov	rernmen	t	River	Fore	caster
e e	1	7. Father's Name (First, Middle,		0					le, Meiden Suman	ne)	
2		Vernon T.		n, Sr				Readi			
	1	9a. Informent's Name/Ralations Verna Glass	hip (Type, Print)			ng Address (Stree					
	20	Da. Method of Disposition		20	b. Place of Dispo	Fawn Ha	iven co	Data	7	- City or Town,	
	-	1 Burial 2 Cremetion		State	cemetery, cres	rs Ceme		Data			
	9	4 Donation 5 Other (S)  1. Signature of Euneral Service							FILLS	burgh	, PA
DUC		17.00	2	1		. Nama and Addr		s Funer	ral Hom	0	
1	-	/ Visco -		1	4	95 Ritc	hie Hi	ghway	Severn	a Parl	k, MD
	12	3a. Part1. Enter the diseesa, or shock, or heart tailure. List	only one ceuse on	cautied the d	leath. Do not ent	er the mode of dy	ing, such as cerd	lac or respiratory	errest,	Int	proximete erval Between iset and Death
n ii	Ir	nmediete Cause (Finel	0		1	1					set and Death
r	d	isease or condition esulting in death)	a. Ke	1pma		4RREST				1	4 has
ē				0	o (or as a consec	juence of):					.0.1
Examiner	1,	equentially list conditions	b. —	Pue t	o (or as a consec	uence of):	Cul	102110			week.
		equentially list conditions, any, leading to immediate ause. Enter Underlying	1	Inel:	Ahla	ried o	suh	an Roll	2010	7.	reole.
dical	th	ause (Disease or Injury lat Initiated events esulting In deeth) Last	c	Due to	o (or as a conseq		I NEWES Y	100	Other		and and a
		southing in Goothly East						,			
any			d								
Physician/M	Pa	art II. Other eignificant condition	ns contributing to	death but not	resulting In the u	nderlying ceuse gi	ven in Pert I.	23b. Die	d tobacco use co	ntributa to the	cause of death?
		Hr. Nes Jes	13 (02)					10	Yes 2□ No	3 Probabl	y 4 Unknows
by Physician/N		1111								T 0.45 141	
Completed		( '						24a. Wa	s en autopsy formed?	evailat	autopsy tindings ble prior to etion of ceuse
J du						1				of deal	th?
								10	Yes 2 No	1 □ Ye	es 2 No
Be		. Was cese referred to medical examiner?	Hospital:	0		Ott	har:	eath (Check only			
To.	27	1 ☐ Yes 2 ZNo	1 1 1 1 1 1 1 1 1 1 1 1		2 ER/Outpetlen	T 3LI DOA	4 LI Nursing		sidence 6 Oth how injury occur		
후		Naturel 5 Pending		of Injury oth, Dey Year	) Injury	28c. Inju Wo	rk? ]Yes 2∐No	203. 2000.00	z now injury occur	100	
Certification:		3 Sulcida 6 Could r	ot be	e of Injury - A	it home, farm, str	eet, factory, office		28f. Location	(Street and Numi	ber or Rural Ro	oute Number.
T e		4 ☐ Homicide	build	ling, etc. (Sp	ecify)				own, Stete)		
	25	ea. Certifiar	Physician: To the	e best of my l	knowledge, death	occurred at the ti	me, date and pla	ce, and dua to the	e cause(s) and me	enner es stated	d.
edical		(Check only 2   Medical I	examinar: On the b	pasis of examiner stated.	Ination and/or inv	restigation, In my	opinion, death oc	curred at the time	, date and plece,	and due to the	causa(s)
M	29	b. Signature end this of certifier	1			29c. Licans			29d. Date signe	d (Month, Dey	Year)
		) Stall	(21			0 =	35494		9/2	2/96	
	30	. Name end address of person	who completed cau	se of death (I	tem 23a) (Type.	Print)	Λ.	-			
State		Name end address of person, Steven 1 Date filed (Menth Day, Year)	Resnie	se of death (I		D =	UNAPU	us. M	0 2	rel	

July Devidon Bandall

State Registrar

DHMH 16 Ray 6/95

State of Maryland / Department of Health and Mental Hygiene

-	0	200		0	- 1
7	/	1		3	-1
	fore	-	1	V	1

Certificate of Death 1. Decedent's Nama (First, Middla, Last) 3. Time f = th 2. Date of Death Day Physician Month Becky Johnson (Rebecca) 1996 8 August /Medical 4a. Facility Name (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner The Kent & Queen Anne's Hospital Chestertown if Undar 24 Hrs. Hours Min. 6. Date of Birth (Month, Day, Year)
June 20, 1922 7. Age (In yrs. last birthday) If Under 1 Year 5. Social Security Number 6 Sax **Funeral**  Birthplace (State or Foreign Country) 1□M 25 F Days 214-32-0716 74 Yrs. Director Maryland Usual Rasidence of Deceden with the Maryland 10a. State 10b County nem  $z_T$  is marked other than "netural", or items 23a or 28a-f show other traumatic event, the Medical Examination than the notified at 10c. City, Town or Location 10d. inside City Limits 1 Yas 2 No Director Maryland Kent Massev 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 21650 12451 Massey Road U.S.A. death Funeral 11. Marital Status 12. Was Decedent Ever in U,S. Armad Forces? 1 ☐ Yes 2 ☒ No Was Decadant of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Maxican, Puerto Rican, atc.) 14. Raca - Amarican Indian, Black, White, atc. 72 hours after 1 Never Married 2 ☐ Married altimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specify: Black Aq 3 Widowed 4 Divorced Year or Dates: Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade complated) 16b. Kind of Businass/Industry pemit. Pages 1 and 2 should be filed withir Department of Health and Mental Hygiene Important: If Item 27 is marked other than any Injury or other traumatic avant Elementary/Secondary (0-12) College (1-4or 5+) 0 Housekeeper Someone Else's Home 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumama) Be Unknown Tillie Johnson 2 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Code) James A. Bourne/Guardian 12451 Massey Road, Massey, Maryland 21650 20a Method of Disposition 20b. Place of Disposition (Name of cemetery, cramatory or other place) 20c. Location - City or Town, State 1XDBuriai 2 ☐ Cremation 3 ☐ Removal from State St. Dennis Cemetery/August 12, 1996 Galena, Maryland 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signature of Funeral Servica Licanses Fellows, Helfenbein & Newnam Funeral Home, P.A. 130 Speer Road, Chestertown, Maryland 21620 23a. Part1. Enter the disaasa, or compile then shall caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, shock, or heart failure. List only one cause on each line. Approximate intarval Between Onsat and Death **Physician** immediate Cause (Final disaasa or condition resulting in death) Heart Disease /Medical Examiner Examiner ettending physician and for use as the burial-transit The law requires that the death certificate be executed Sequentially list conditions, if any, laading to immediata cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequance of): Records, P.O. Box 68760, Completed by Physician/Medical Due to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause givan in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Wara autopsy findings available prior to 24a. Was an autopsy complation of cause of death? certificate has oronau 2 1 No 1 Yes 1 ☐ Yes 2 ☐ No Division of Vital or Attending Physician: To Be 25. Was casa rafarred to medical/ examinar? 26 Piaca of Death (Check only one) Hospital: 1 Inpatient Othar: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 2 ER/Outpatient 3 DOA this 27. Manner of Death Date of Injury (Month, Day Year) 28c. Injury at Work? Certification: 28b. Time of 28d. Describe how Injury occurred After 5 Panding investigation To the Hospital or Attending within 24 hours after death.

To the Funeral Director: Afte completely filled in by the fun 1 Yes 2 Accident 6 Could not be datarminad 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 4 T Homicida 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medicai (Check only one) 29b. Signature and titla of certifier 29c. License number 29d. Data signed (Month, Day, Year) (Mun, Ms). 30. Name and address of person who completed causa of death (Item 23a) (Type, Print) St., Clustertown, Mr) 31. Data filed (Month, Day, Year) 32. Registrar's Signature State AUG 09

whia Davidson

**DHMH 16 Rev 6/95** 

Registrar

12

X

0

Unknown

James A. Bourne'

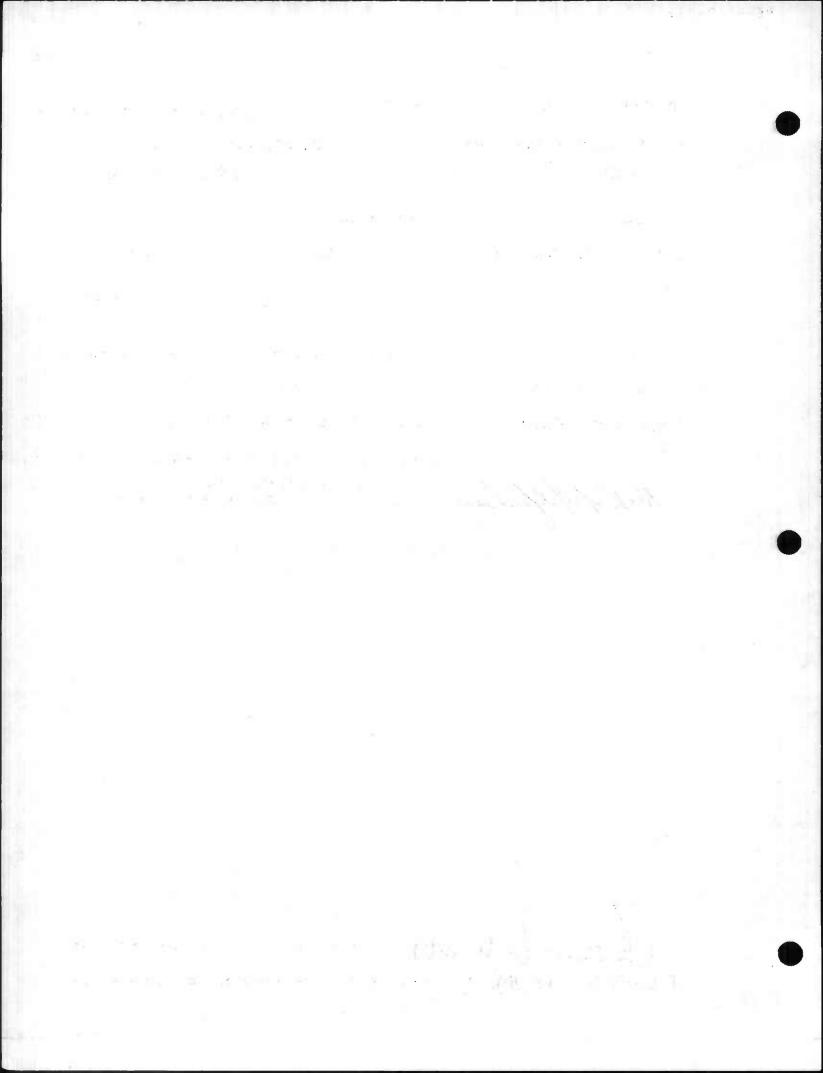
XX

\_

# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

-	0	and the same of th	0	-7	1	0	6
	9 1	5	6	7		J	ć

				State of IVI	aryianu /	Certificate of			gene	0	21132
П	Dhuaia	lan	1. Decedent's Name (First, Middle	e, Last)				2. Dete of Dea	th	Voes	3. Time of Death
u	Physic /Medi		DANIEL	EARL	J	ONES		Month AUGUST	Day 15 19	Year 9.6	9:38 AM
7	Exami		4a. Fecility Name (If not institution	, give street end number)			4b. City, Town, or Lo		4c. County		J.Ju An
	Funeral Director		11610 BLACKS 5. Sociel Security Number 217-78-2579		e (In yrs. last bi	irthday) If Under 1 Year Yrs. Months Days	KENNEDY If Under 24 Hrs. Hours Min.	VILLE 8. Date of Birth (Month, Day March 2]	KENT		ace (State or Foreign land
			Usual Residence of Decedent		36			march 21	1, 1900	mar y	Lauu
	yland		10a. Stete 10b. County		10c. City, Tov	vn or Location				10	Od. Inside City Limits
	e Ma	ctor	Maryland Ken	t	F	Kennedyville					1 ☐ Yes 2 XNo
	or 28	Oire	10e. Street and Number			10f. Zip Code		1	0g. Citizen of		try?
	ath w	ra	11610 Black Sta	tion Road		21	645		U.S	.A.	
21215-0020	should be filed within 72 hours after death with the Maryland nd Mental Hygiene. marked other than "natural", or items 23a or 28a-f ahow imatic event, it e Medical Examiner mark be notified at	by Funeral Director	11. Marital Status  1. Never Married 2 Married 3 Widowed 4 Divorced	12. Was Decedent Armed Forces? 1 ☐ Yes 2 ☑ N If Yes, Give Year or Detes:		13. Was Decedent of Fif Yes, specify Cub		ecify Yes or No- Ricen, etc.)	14. Rad Bled Specifi	e - America ck, White, e v: Wh	an Indian, etc. ite
5-0	72 hc	Completed	15. Decedent' (Specify only highes.	's Education	16e	Decedent's Usual Occup (Give kind of work done	petion during most of work	ina	16b. Kind of B	usiness/Ind	ustry
121	han han	mpl	Elementary/Secondery (0-12)	College (1-4or 5		iife. DO NOT use retire	od)				
7	iled v hygie her t	ပိ	12 17. Fether's Neme (First, Middle, L	locati	Wa	arehouse Sup	ervisor  18. Mother's Name		Paper M		cturer
Maryland	od of od of	Be	George Clifton	_ *				Remente		10)	
2	d 2 should th end Men 7 is marke traumatic	2	19a. Informant's Neme/Reletionsh		198	o. Mailing Address (Street				State 7in	Codel
	end 2 s selth er n 27 is er trau		George C. Jones			610 Black St					
re,	tem tem		20a. Method of Disposition		-	of Disposition (Neme of ary, cremetory or other ple			20c. Location -		
Baltimore,	permit. Pages 1 and 2: Department of Heelth ei Important: If item 27 is any injury or other trau		1 Burlai 2 □ Cremation 4 □ Donetion 5 □ Other (Sp			ny, cremetory or other pie n Hill Cemet		+ 19 10	996 Chu	rch H	ill Marylar
alti	permit. Departm Importar any inju		21. Signature of Funeral Service L	**	Cridici						
m	Depa Impo any ir		17:00/0	1111		Fellows, H					
	Physician   Department   Physician   Physi	ai Examiner	Immediate Cause (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	b		d Cord (consequence of):	g myop	ofty			Onset and Death
BOX 68/6U,	th certificate tending physi r use es the	Physician/Medical	that initiated events resulting in deeth) Last	d	Due to (or as e	consequence of):					
	the ett	sici	Pert II. Other significant condition	ns contributing to death bu	ut not resulting I	n the underlying ceuse giv	ven in Part I.	23b. Did to	bacco use co	ntribute to	the cause of death?
5	d by							1 🗆 Y	■ 2□ No	3 Prob	ably Whitnown
Hecords,	e lew requires that the deeth certif hes been signed by the ettending ge 2 should be detached for use ea	Completed by	31-3					24e. Wes a perform	n eutopsy ned?	ave	re autopsy findings Ilabie prior to apletion of ceuse eath?
-	The page	Com						TOLY	s 2 No	∩×	Yes 2 No
VItal	ician: The certificate rector, pag	Be (	25. Was cese referred to medical examiner?				26. Piece of Death	(Check only on	e)		
0	hysic his ce	9	XIXYes 2□ No	Hospitel: 1 Inpatie		utpetient 3□ DOA Oth	ner: 4 Nursing Ho	me XXReside	ence 8 🗆 Oth	er (Specify,	)
DIVISION	To the Hospital or Attending Physician: which 24 hours after deeth.  To the Funeral Director: After this certification of the funeral director and the funeral director.	Certification:	27. Manner of Deeth  1 Nature 5 Pending investigate  3 Sulcide 6 Could not determine	ation of be		Time of injury Months and Months	Yes 2□No	28d. Describe ho			Route Number.
5	s afte	Sert	4 ☐ Homicide	building, etc	. (Specity)			City or Town	, Stete)		
	he Hospita in 24 hours he Funera pletely fille	edical	29a. Certifier Certifying (Check on one) Certifying Medical E	Physician: To the best of xaminar: On the basis of and menner sta	examination an	e, deeth occurred at the tir d/or investigation, in my o	me, date and piece, a opinion, deeth occurr	and due to the ce ed et the time, de	euse(s) and ma ete and place, a	nner as ste and due to	eted. the ceuse(s)
	To t To t	Σ	29b. Signature and title of certifier	1 1	Λ	29c. Licens	e number	2	9d. Date signe	d (Month, D	Pey, Year)
			1 la	more	m'	) o.c.	M.E.	AU	JGUST	16,1	996
		2	30. Name end address of person w	the completed cause of de	111 Pe	nn Street	, Baltim	ore, Ma	arylan	d 21	201
	Sta Registr		31. Dete filed (Month, Day Year)	96 32. Registre	Ficha Davi	dson-Randell					



20737

1 ☐ Yes 2 No Specify:

Was Decedant of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Maxican, Puerto Rican, atc.)

United States

Specify:

14. Race - American Indian, Black, White, etc.

White

				State	of Ma	ryland / Depa Cea			Health Death			ene g. No.	96	2713	3
Physician /Medical	-	1. Decedent's Nem			OHN		JA	COE	BS		2. Date of Death AUGUST		1996	3. Time of De 5:10	
Examiner		4a. Facility Neme (		, give street end nu	um <i>ber)</i>				4b. City, T		ocation of Death		ity of Death	rge's	
Funeral Director		5. Social Security N 107-18-0	297	6. Sax 1 M 2 F	7. Age	(In yrs. lest birthdey) 71 Yrs.	If Unda Months	1 Yea Deys		Min.	8. Dete of Birth (Month, Dey, Feb. 10,	Year)	9. Birthp	lace (Stete or Fi	
		Usuai Residenca o 10a, Stata	f Decedent 10b. County			100 Chy Tour and									
28a-f show notified at		Maryland				10c. City, Town or Lo Riverdal							1	0d. Inside City L	
8 2 8	5	10e. Street and Nu	mber				10f 7in	Code			10	a Citizen o	Mhet Coun	tn.2	

12. Was Decedent Ever in U,S. Armed Forces?

Year or Dates: WW T T

1 X Yes 2 □ No

from 23a or instruction death with the Medical Examiner 6 natural

21215-0020

Baltimore, Maryland

ā

Funeral

þ

11. Marital Status

5911 61st Avenue

1 Never Married 2 Merried

3 ☐ Widowad 4 ☐ Divorcad

Pages 1 and 2 should be filed within 72 hours efter I Hygiene. other traumatic event. ith and Mental F. Health a To ò permit. Page Department of Important: If any Injury or

**Physician** /Medicai Examiner

The law requires that the death certificate be executed the buriel-tran Box 68760 attending physician I for use es the burie P.O. signed by the a detached Division of Vital Records. ate hes been sig page 2 should b or Attending Physician: this After death. after death Director: filled in by To the Hospital c within 24 hours a To the Funeral C completely filled

Completed 15. Decedent's Education 16a. Decedent's Usuel Occupetion (Giva kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry (Specify only highast grade completed) Elementary/Secondery (0-12) College (1-4or 5+) Government Contracts Assistant Engineer 17. Father's Name (First, Middle, Lest) 18. Mother's Neme (First, Middle, Meiden Surneme) Be Armand Jacobs Mercedes Castillo 2 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 412 East 8th Street, Scotland Neck, N.C. 27874 Mabel A Jacobs (Spouse) 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 Burlai 2 □ Cremation 3 □ Removal from Stete 4 ☐ Donation 5 ☐ Othar (Specify) Sunnyside Cemetery 8/26/96 Scotland Neck, NC 21. Signature of Furrerel Service Licensee 22. Nama and Address of Facility Francis Gasch's Sons Funeral Home 23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or raspiretory arrest,

Approximete

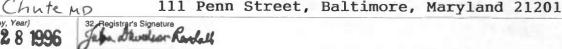
Approximete Approximete Interval Between Onset and Death Immediate Cause (Finel Arteriosclerotic Cardiovascular Disease disease or condition resulting in death) Due to (or es a consequence of) Examiner Sequentially list conditions, if any, leading to immediate cause. Entar Underlying Ceuse (Disease or injury that initiated events resulting in death) Last Due to (or es a consequença of): Physician/Medical Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown by Completed 24b. Were autopsy findings available prior to completion of causa of death? 24a. Was en eutopsy performed? 1 Yas 2 No 1 TYAS 2 No Be 25. Wes case referred to medical 26. Place of Deeth (Check only one) exeminer?
12 Yes 2 No Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 2 Other: 4 Nursing Home SCHResidenca 6 Other (Specify) 27. Menger of Death 28e. Dete of Injury (Month, Day Year) 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work? Certification: 1 Natural 5 Pending investigation 1 Yes 2 No 2 Accident 6 Could not be determined 3 ☐ Suicida 28e. Place of Injury - At home, ferm, street, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rurel Route Number, City or Town, State) 4 Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at tha time, date and pleca, and due to the causa(s) end manner es stated.

\*\*Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, date end plece, and due to the cause(s) and menner stated. 29a. Cartifiar Medical (Check only 29b. Signature and title of certifier 29c. License number 29d. Data signed (Month, Day, Year) O.C.M.E. AUGUST 24, 1996

State Registrar

31. Date filed (Month, Dey, Year) AUG 2 8 19

lennis



30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

ngang at a fill of means in Sign and Si eran i restant forçe

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Name (First, Middla, Last) 2. Dete of Deeth 3. Tima of Death Yaar **Physician** 4b. City, Town, or Location of Death 14 | 996 4c. County of Death DERNARD /Medical 4a. Fecility Name (If not institution, give street and number) Examiner Washington Adventist Hospital Montgomery Takoma Park
If Undar 1 Yeer | If Under 24 Hrs. | 8
Months Days Hours Min. 5. Social Security Number 6. Sax. 7. Age (In yrs. last birthday) 8. Dete of Birth (Month, Day, Year) Birthplace (Steta or Foraign Country) **Funeral** Yrs. 218-24-3237 Director 68 1928 Washington, D.C. Usual Rasidance of Dacedent the Marylend 10e State 10b. County 10c. City, Town or Location 10d. Inside City Limits show 7 is marked other than "natural", or items 23a or 28a-f shov treumstic event, the Medical Examiner must be notified at 1 ☐ Yes 2 No Director Prince George's Maryland Ardmore 10e. Street and Number 10f. Zlp Coda 10g. Citizan of What Country? filed within 72 hours after deeth with 9015 Ardmore Road 20785 U.S.A. Completed by Funeral 12. Wes Decedant Ever In U,S. Armed Forcas? 1 ☐ Yas 2 ☒ No If Yas, Give Yaar or Datas: Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 11 Maritel Status 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 Yas 2 No Specify: Specify: White 3 ☐ Widowed 4 ☐ Divorced 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 16b. Kind of Business/Industry 15. Decedant's Education (Specify only highast grada complated) al Hygiene. Eiamentery/Secondery (0-12) Collaga (1-4or 5+) 6 Carpenter Private Industry 17. Father's Nema (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maldan Sumsma) Pages 1 and 2 should be file ment of Heelth and Mental Hy ant; if itsm 27 is marked oth jury or other treumstic event Richard E. Jackson Ada Cecelia Dean 19a. Informsnt's Name/Reletionship (Type, Print) 19b. Melling Address (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) Ellouise L.Jackson/Sister-in-law 26948 Redgate Dr., Mechanicsville, Md. 20659 20a. Method of Disposition 20b. Placa of Disposition (Nama of cemetery, cremetory or other place) 20c. Location - City or Town, Stata 1 Burial 2 □ Cramation 3 □ Ramoval from Stata Department of Important: If any Injury or Mt. Olivet Cemetery 8/29/96 Washington, D.C. 4 ☐ Donation 5 ☐ Other (Specify) 22. Nama and Addrass of Facility Francis Gasch's Sons Funeral Home 21. Signatura of Funaral Sarvice Licansaa Dasz 4739 Baltimore Ave., Hyattsville, Md. 23a. Pert1. Entar tha disease, or complications that caused tha death. Do not entar the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one cause on each line. Approximsta Intarval Between Onset and Death **Physician** /Medicai immediate Cause (Finei diseasa or condition rasulting in death) MYOCARDIOPATHY Examiner Examiner burial-transit Saquantially list conditions, if eny, leeding to immediate causa. Entar Undarlying Cause (Diseesa or Injury that initiated avants rasulting in death) Lest pue Box 68760, Physician/Medical ancreaths. be detached for Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. P.O. 23b. Did tobacco use contribute to the cause of death? 5 1 ☐ Yes 2 ☐ No 3 Probably 4 Unknown 1600410 Division of Vital Records, Completed by 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Was sn sutopsy performed? 2 No 1 Yes 1 ☐ Yas 2 ☐ No or Attanding Physician: 25. Was casa refarred to medical axaminar? 26. Pleca of Death (Check only one) Hospitel: Mariant 2 ER/Outpetient 3 DOA 1 Yas 2 No Othar: 4 Nursing Home 5 Residence 6 Othar (Specify) Certification: To 28a. Dete of Injury (Month, Day Yaar) funeral 27. Mannar of Death 28b. Tima of 28c. Injury at Work? 28d. Describe how injury occurred 5 Panding Invastigation Natural after death. 1 □ Yas 2 □ No 2 Accidant 6 Could not ba datarmined 3 Suicida 28a. Pleca of Injury - At homa, farm, straat, factory, office building, atc. (Specify) 28f. Location (Straet and Number or Rural Routa Number, City or Town, Stata) filled in by 4 Homicida 24 hours a Hospital 1 Certifying Physician: To the best of my knowledge, daath occurred at the time, date end place, and dua to the causa(s) and menner as stated.

2 Medicat Examiner: On the basis of axamination and/or investigation, in my opinion, daath occurred at the time, data and place, and due to the causa(s) and menner stated. 29a. Certifiar Medical To the Vithin 2 29b. Signature and Mie of cartifian 29c. Licansa number 29d. Dete signed (Month, Day, Year) 30. Nema and addrasa of person who complated cause of death (Item 23e) (Type, Print) DATHESTOWN Rd #202 GAITHOUSDWG MV DR. KAMAN Tuli 10810 32. Registrar's Signatura 31. Data filed (Month, Day, Year) State

**DHMH 16 Rev 6/95** 

Registrar

AUG 281

# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96

						Cert	ificate of	Death		Reg. No.		
Physici		1. Decedant's Nam	na (First, Middla, Li	est)					2. Data of D	eath Day	Year	3. Tima ot Death
/Medi			CRA	WFORD		JE	FFER.	SON	AUGU		1996	22.30 %
Examir	ner	4a. Facility Neme (	(If not Institution, gl	va street and number	r)	1.1		4b. City, Town,	or Location of Dea	th 4c. Count	y of Death	0 .
			HEAN 1	MARYIAN	UD 7	100	PITAL	CL.	INTON		NCG	GEONE
Funeral Director		5. Social Security 1 166–18–85	539	Sex / 7. A 1 □ X M 2 □ F	74	Yrs.	If Under 1 Yeer Months Days			irth lay, Year) 1922	9. Birthpl Count Penn	lece (Stata or Foreign try) Sylvania
and **		Usual Rasidance of 10e. Stata	10b. County		10c. City, Tov	wn or Loca	ation				10	Od. Inside City Limits
th the Marylan or 28a-f show a nother of et	ector				Washi	ingto	on, DC					1X Yas 2□No
23a or	Funeral Director	10e. Street and Nu 947 15th	Street,	S.E.			10f. Zip Coda 20003			U.S.A.	Whet Count	try?
5-0020 72 hours efter deeth with the Maryland natural', or Nama 23s or 28s-f show	by	11. Marital Stetus 1 ☐ Never Man 3 ☐ Widowed	ried 2∏ Married 4 □ Divorced	12. Wes Decedan Armed Forces 1  Yes 2  It Yas, Giva Year or Detes	? (No		es Decedent of Yas, specify Cub		(Specify Yes or Nerto Rican, atc.)	o- 14. Rad Bla Specif	ce - Amarica ck, Whita, e	etc.
5-002 72 hours	ed ed	/Sno	15. Decedent's E	ducation	168	a. Decede	nt's Usual Occu	pation	unding	16b. Kind of B		
within within then.	Completed	Elemantary/Seco		Collega (1-4or	5+)			during most of v	vorking			nstruction
o filed wall Hygier other th	S	11	(First Middle Asset)	ā		Carp	enter	T		Campa	-	
ave a series	To Be	Crawfor	(First, Middla, Last	efferson				Laura	lama (First, Middle Polki	nhorn	na)	
Maryis d 2 should th end Mer 7 is marks traumatic		19a. Intermant's N	lame/Ralationship	(Type, Print)	19	b. Mailing	Address (Stree	t and Number or	Rural Routa Num	ber, City or Town	Stata, Zip	Code)
				erson-Wife				et, SE,	Washingt		20003	
Saltimore, emil. Pages 1 ar separtment of Nea reportant: if them my injury or other nose.	0 8	4 Donation	☐ Cramation 3 ☐ 5 ☐ Othar (Special		George	Wash Cal Ce			August 27, 1996	20c. Location Washir	gton,	
Departiment in portion		21. Signaturnof Fi	uneral Service Lice	Ko,	noton	Col	Name end Addr. umbia Mor. Missourci	tuary Ser	vices, Inc NW, Washin	•	20011	
6.		23a. Part1. Enjert shock, o has	tha disaase, or com art tailura. List only	plications that cause ona causa on aach	ed the death. Do	not antar	tha moda of dy	ing, such as card	lac or respiratory	arrest,	2001	Approximata Interval Between Onset and Death
Physician / /Medical		Immediata Causa	(Final	/1.	m C	4111-	R				(	a MONTHS
Examiner		diseasa or condition resulting in daath)	on	a	Doa to (or as a	•					1	o movins
D #	ner				200 to (51 25 2	Consequ	urrou ory.				1	
J, execute in and fal-trans	Examiner	Sequentially list co if any, leading to in causa. Entar Undo Causa (Disaasa or	onditions, mmadiata	b	Due to (or as a	consequ	ance ot):					
. BOX 68/60, deeth certificate be executed ettending physician and doruse es the bunk-transit	Medicai	Causa (Disaasa or that initiated evant- rasulting in daath)	5	C	Dua to (or as a	conseque	anca of):					
Seeth cerest of for use	Physician/	Part II Other signi	floort conditions	d		lo the use	10 de de como es	inen to Dark I	Oah Pie	I tabana was sa		the cause of death?
d by the detache	Phys	raitii. Other signi	neant conditions	onthouting to death	out not rasuling	in the unc	enying causa gi	ven in Parti.		Yes 2 No	3 ☐ Prob	
of Attending Physician: The lew requires thet effect death.  Director: After this certificate has been signed but the funeral director, page 2 should be detail.	Completed by									s an autopsy formad?	con	are autopsy tindings allabla prior to appletion of cause daath?
The lev ate has page 2	E O								1	Yes 2000	1 10	Yas 2 00
VICIAN: The certificate rector, pag	Be	25. Was casa rata	rred to medical					26. Place of D	Death (Check only	ona)		
Physician: this certific ral director,	To	examinar? 1 ☐ Yas	No	Hospital:	ient 2 ☐ ER/O	utpatient	3□ DOA Ot	her: 4 Nursing	Home 5□ Ras	sidence 6 Oti	nar (Specify	1)
Attending Ph r death. Include: After the by the funeral		27. Manner of Deat  1. Natural 2 □ Accident	th 5 Panding invastigatio	28a. Data of in (Month, D	ay Year) 28b.	Tima of Injury	28c. inju Wo M 1	iry at ork? ] Yes 2 □ No	28d. Dascribe	how injury occur	rred	
OIVIS offer des Directo	Certification:	3 ☐ Suicida 4 ☐ Homicida	6 Could not be datamined	28a. Placa of if	njury - At home, f itc. (Specify)	arm, strae	at, tactory, offica		28f. Location City or To	(Street and Number, Stata)	ber or Rura	Route Number,
DIVISION OF To the Hospital or Attending Phy within 24 hours effer death. To the Funeral Director: After thi completely filled in by the funeral	edicai C	29a. Cartifier (Check only one)	1 Certifying Pr 2 Medicai Exam	nysician: To the best niner: On the basis of and manners	of axamination at	a, daath o	occurred at the ti stigation, in my	ima, data and pla opinion, death oc	ica, and dua to the curred at tha time	a cause(s) and m , date and placa,	annar as sta	ated. the causa(s)
within 7 the To the comple	Me	29b. Signature and	title of pertifies	1			29c. Licen	sa number		29d. Date signe	ed (Month, L	Day, Year)
7		How	yJ.Kg	Sew In	2		02	20352		8/27/	196	
(6)		30. Name and addr	ress of person who	complated causa of	death (Item 23a)	(Type, P	Wood .	XAND 1	Rs. C.	inton ,	MD.	20735
Sta Registr		31. Dete tiled (Mon	IG 3 0 199	6 33 Regist	ar's Signature	add.						

3. TIME OF DEATH

10d. INSIDE CITY

Specify: Black

1 X YES 2 NO

Approximata intervai Batween

**Onset and Death** 

Simli

24b. WERE AUTOPSY FINDINGS

AVAILABLE PRIOR TO

1 - YES 2 X NO

9-96

21811

COMPLETION OF CAUSE

p

2:17

REG NO

2. DATE OF DEATH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

31. DATE FILED (Month, Day, Year)
AUG 3 0 1996

ч.	-
n	after
	HOURS
h	24
000	within
1 08/	executed
5	8
0.00	certificate
7	death
Š	the
5	that
A F C	requires
_	WE
<b>T</b>	He
>	ICIAN:
5	PHYS
DIVISION OF VITAL RECORDS, P.O. BOX 68/60	AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after d
5	OR

1996 Mayona Johnson August 18 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign HOURS 219-07-9818 1 M 2 X F 79 YRS. Nov. 11 1916 Maryland Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Berlin Nursing Home DIRECTOR Berlin Worcester RESIDENCE OF DECEDENT 10a, STATE 10b. COUNT 10c. CITY, TOWN OR LOCATION 545 Bay Street, Berlin Maryland Worcester permit. 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? Page 6 may be retained by the hospital or attending physician. It director, page 5 should be detached for use as the burial-transit 545 Bay Street 21811 USA 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☒ NO IF YES, GIVE WAR OR DATES 13. WAS OECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuben, Mexican, Puerto Rican, etc.)

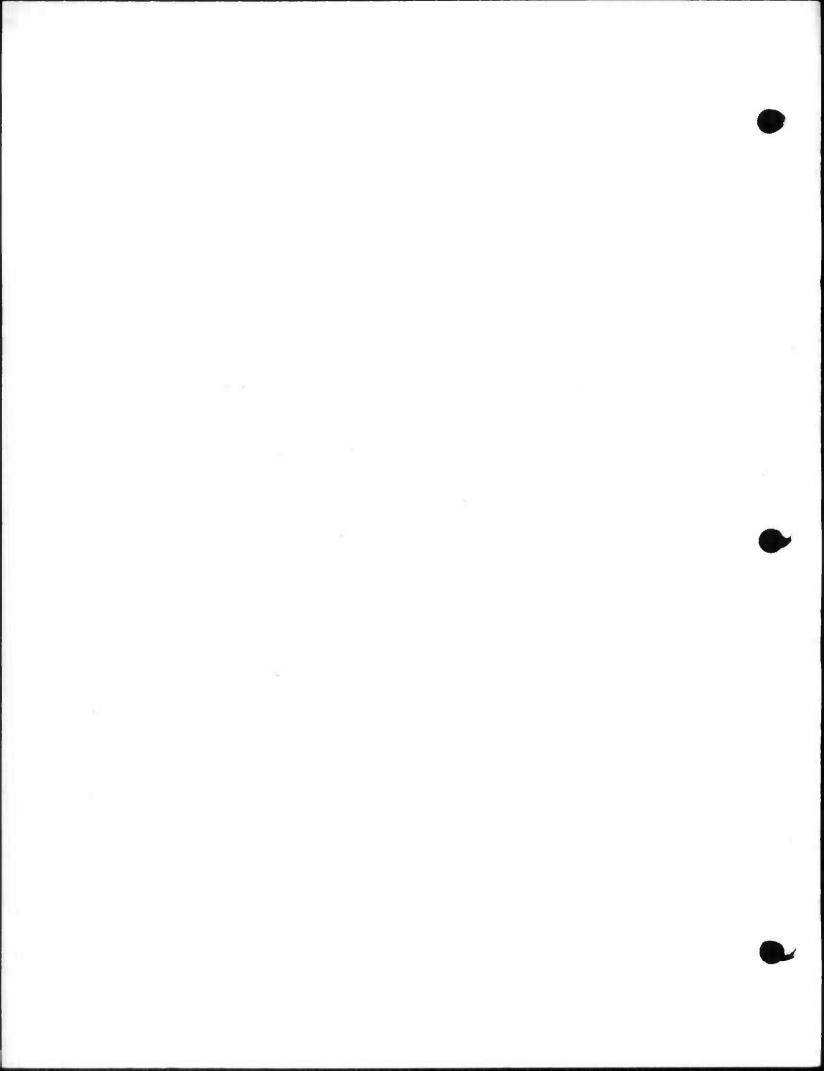
1 YES 2 NO Specify: 14. RACE — American Indian, Black. White, etc. 1 Never Married 2 Married BY 3XXWidowed 4 Olvorced 16a. DECEDENT'S USUAL OCCUPATION ED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe (Give kind of work done during me life. Do NOT use retired.) ᆸ Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 7th Line- Worker Poultry 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Malden Surname) F Clayton Johnson BE Eliza Purnell notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Shelia Manuel 545 Bay Street, Berlin, Md. 21811 pe 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must funeral director, cometery, crematory or other place)
Mt. Wesley Church Cemeter8/24/96 medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Bennie Smith Funeral Home P.O. Box 1687, Easton, Md. 21601 the state in by the 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one ceuse on each line. 0 filled IMMEDIATE CAUSE (Final Organtive Heart Failure
DUE TO (ORAS A CONSEQUENCE OF): n and completely fille to bunal, cremation, the diseese or condition injury, or other traumatic event, resulting in death) Interior decen DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, if any, leading to immediate the attending physician Mental Hygiene prior tr cause. Enter UNDERLYING CAUSE (Disease or injury OUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST PART ii. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Pert i. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? Health and 23 shows any CUB-CODD-1 | YES 2 X NO of of DID TOBACCO USE CONTRIPUTE TO CAUSE OF DEATH YES NO X UNCERTAIN PHYSICIAN: has be Dept. 26. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL item certificate h HOSPITAL OTHER 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 X Nursing Home 5 Residence 6 Other (Specify) marked, or 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED with c 1 Natural M 1 YES 2 NO BY Accident After 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 99 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 6 DIRECTOR: after 28 4 Homicide datermined COMPLET item 2 hours 29a. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(a) and menner as stated. THE HOSPITAL THE FUNERAL I TO THE FUNERAL ID FINE WITHIN 72 H (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as attend. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 8-D02026 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Tabo, Print) Federico Arthes, MD, 1622A Ocean Pines, Berlin, Md.

32. REDISTRAR'S SIGNATURE

Suna Davidson—Randalle.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH



DHMH-18 Rev 1/89

FOR

	CO	
	NOUR	
	24	
20,	within	
( 687	executed	
	2	
O. BC	certificate	
7	death	
~	92	
H	that t	
YEC.	requires	
7	MP.	
4	E P	
7	PHYSICIAN	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours at	
-	SR	
1	OSPITAL OR ATTENDI	

TO BE COMPLETED BY FUNERAL DIRECTOR	045-20-7248  B. FACRITY HAME IN not will willow, give about 100 Hadaway Dr., A TESIDENCE OF DECEDENT OR STATE NO. COUNTY Maryland Kent  De. STREET AND MUMBER  100 Hadaway Dr.,  MARITAL STATUS  Never Merried 2 Merried Wildowed 4 Divorced  15. DECEDENT'S EDUCAT (Specify only highest grade co.	Apt. 1 A  Apt. 1 A  12. WAS DECEDENT EVER IN FORCES? 1   YES IF YES, GIVE WAR OR DATE Of the projected of th	U.S. ARMEO 2 1 MO TES 180 DECEOENT'S (Give kind of with the bo NOT use 19b. MAJLING 100 PLACE AND DATEO	Cheston Company of the Company of th	MORE LOCATION OF DE CETOWN  CATION  VID.  101. ZIP CODE  21620  ECENDENT OF HISPAI specify Cuban, Mexica ES 2 KN NO Specification of the control of the cont	IC ORIGIN? (Specify You, Puerto Ricen, etc.)  16b. KINO OF BI  Gaylord  ME (First, Middle, Meide  Kilson  Route Number, City or To	1927  NE. COUNT  Kent  USA  USA  USINESS/INOUS  ds Cont	IN THE PROPERTY LIMITATY IN THE PROPERTY IN TH
TO BE COMPLETED BY FUNERAL DIRECTOR	045-20-7248  B. FACILITY HAME IN TOO WITHWARD, give about 100 Hadaway Dr., A TESIDENCE OF DECEDENT CO. STATE SOL. COUNTY Maryland Kent Co. STREET AND NUMBER 100 Hadaway Dr., 1. MARITAL STATUS SOL. Merried Widowed 4 Divorced 15. DECEOENT'S EDUCAT (Specify only highest grade co. Elementary/Secondary (0-12) 12 th  7. FATNER'S NAME (First, Middle, Last) Charles Roberts  100 Charles Roberts  101 Charles Roberts  102 METNOD OF DISPOSITION CASULTS COMMETTED CO. METNOD OF DISPOSITION CASULTS COMMETTED CO. METNOD OF DISPOSITION CASULTS COMMETTED CO. METNOD OF DISPOSITION CASULTS COMMETTED CO. METNOD OF DISPOSITION CASULTS COMMETTED CO. METNOD OF DISPOSITION CASULTS COMMETTED CO. METNOD OF DISPOSITION CASULTS COMMETTED CO. METNOD OF DISPOSITION CASULTS COMMETTED CO. METNOD OF DISPOSITION CASULTS COMMETTED CO. METNOD OF DISPOSITION CASULTS COMMETTED CO. METNOD OF DISPOSITION CASULTS COMMETTED CO. METNOD OF DISPOSITION CASULTS COMMETTED CO. METNOD OF DISPOSITION CASULTS COMMETTED CO. METOD CO.	Apt. 1 A  Apt. 1 A  12. WAS DECEDENT EVER IN FORCES? 1   YES IF YES, GIVE WAR OR DATE Of the projected of th	U.S. ARMEO 2 V NO TES  180. DECEOENT'S (Give kind of w into Do NOT use Labore  19b. MAILING 100  PLACE AND DATEO	B. CITY, TOWN Cheste The Country Town on Loc Stertow 13. WAS D 11 yes, 1  Yes or refreed.	MORE LOCATION OF DE CETOWN  CATION  VID.  101. ZIP CODE  21620  ECENDENT OF HISPAI specify Cuban, Mexica ES 2 KN NO Specification of the control of the cont	Apr. Specify You, Puerto Ricen, etc.)  16b. KINO OF BI  Gaylord  ME (First, Middle, Meide  Kilson  Route Number, City or To	1927    SEL COUNT     Kent     16g. CITIZE     USA     USINESS/INOUS     dis Cont     on Surname)	INDER THE PROPERTY OF DEATH  THE HOSE HOSE CITY LIMITED  TO YES 2 N  EN OF WHAT COUNTRY?  14. RACE — American Indian, Black, White, atc.  Specify: Black  STRY  tainer Corp.
TO BE COMPLETED BY FUNERAL DIRECTOR	100 Hadaway Dr., A  **EBIDENCE OF DECEDENT*  **OB. STATE  **OB. STATE  **OB. COUNTY*  Maryland  **OB. COUNTY*  Maryland  **OB. STATE  100 Hadaway Dr.,  1. MARITAL STATUS    Never Merried 2 Merried   Widowed 4   Divorced  15. DECEDENT'S EDUCAT (Specify only highest grade co.  **Elementary/Secondary (0-12)	Apt. 1 A  Apt. 1 A  12. WAS DECEDENT EVER IN FORCES? 1   YES IF YES, GIVE WAR OR DATE Of the projected of th	U.S. ARMEO 2 V NO TES  180. DECEOENT'S (Give kind of w into Do NOT use Labore  19b. MAILING 100  PLACE AND DATEO	B. CITY, TOWN Cheste The Country Town on Loc Stertow 13. WAS D 11 yes, 1  Yes or refreed.	MORE LOCATION OF DE CETOWN  CATION  VID.  101. ZIP CODE  21620  ECENDENT OF HISPAI specify Cuban, Mexica ES 2 KN NO Specification of the control of the cont	Apr. Specify You, Puerto Ricen, etc.)  16b. KINO OF BI  Gaylord  ME (First, Middle, Meide  Kilson  Route Number, City or To	1927    SEL COUNT     Kent     16g. CITIZE     USA     USINESS/INOUS     dis Cont     on Surname)	INDER THE PROPERTY OF DEATH  THE HOSE HOSE CITY LIMITED  TO YES 2 N  EN OF WHAT COUNTRY?  14. RACE — American Indian, Black, White, atc.  Specify: Black  STRY  tainer Corp.
TO BE COMPLETED BY FUNERAL DIRECTOR	100 Hadaway Dr., A  **EBIDENCE OF DECEDENT*  **OB. STATE  **OB. STATE  **OB. COUNTY*  Maryland  **OB. COUNTY*  Maryland  **OB. STATE  100 Hadaway Dr.,  1. MARITAL STATUS    Never Merried 2 Merried   Widowed 4   Divorced  15. DECEDENT'S EDUCAT (Specify only highest grade co.  **Elementary/Secondary (0-12)	Apt. 1 A  Apt. 1 A  12. WAS DECEDENT EVER IN FORCES? 1 VES IF YES, GIVE WAR OR DATE  TION Impleted)  College (1-4 or 5+)  Cackson  at from State  Apt. 1 A  2. WAS DECEDENT EVER IN FORCES?  If YES, GIVE WAR OR DATE  TION  College (1-4 or 5+)	U.S. ARMEO 2 1 MO TES 180. DECEOENT'S (Give kind of wife. Do NOT use the Do NOT u	Cheston Company of the Company of th	ertown  ATION  THE ZIP CODE  21620  ECENDENT OF HISPAI appelly Cuban, Mexica ES 2 X NO Specification of the control of the con	IC ORIGIN? (Specify You, Puerto Ricen, etc.)  16b. KINO OF BI  Gaylord  ME (First, Middle, Meide  Kilson  Route Number, City or To	WSA USINESS/INOUSINESS	EN OF WHAT COUNTRY?  14. RACE — American Indian, Black, White, atc.  Specify: Black  STRY  tainer Corp.
TO BE COMPLETED BY FUNERAL DIRECTOR	100 Hadaway Dr., A  TESIDENCE OF DECEDENT  OB. STATE  Maryland  Maryland  Ment  100 Hadaway Dr.,  1. MARITAL STATUS    Never Merried 2   Merried   Widowed 4   Divorced  15. DECEDENT'S EDUCAT (Specify only highest grade co.  Elementary/Secondary (0-12) 12 th  7. FATNER'S NAME (First, Middle, Last) Charles Roberts  DE. INFORMANT'S NAME (Type/Print) William Wesley J.  DO., METNOD OF DISPOSITION   XBurlet 2   Cremetion 3   Remove   Donetion 8   Other (Specify)	Apt. 1 A  12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DAT  TION Sumpleted)  College (1-4 or 5+)  ackson  at from State  Mt	U.S. ARMEO 2 1 MO TES 180 DECEOENT'S (Give kind of with the bo NOT use 19b. MAJLING 100 PLACE AND DATEO	Cheston Company of the Company of th	ertown  ATION  THE ZIP CODE  21620  ECENDENT OF HISPAI appelly Cuban, Mexica ES 2 X NO Specification of the control of the con	IIC ORIGIN? (Specify You, Puerto Ricen, etc.)  16b. KINO OF BI  Gaylord  ME (First, Middle, Meide  Kilson  Route Number, City or To	USA USINESS/INOUS ds Cont	EN OF WHAT COUNTRY?  14. RACE — American Indian, Black, White, atc.  Specify: Black  STRY  tainer Corp.
TO BE COMPLETED BY FUNERAL 11. 12. 12. 12. 12. 12. 12. 12. 12. 12.	Maryland Kent  100 Hadaway Dr.,  1. MARITAL STATUS  Never Merried 2 Merried  Widowed 4 Divorced  15. DECEOENT'S EDUCAT (Specify only highest grade co	Apt. 1 A  12. WAS DECEDENT EVER IN FORCES? 1   VES IF YES, GIVE WAR OR DAT  TION Impleted)  College (1-4 or 5+)  Cackson  at from State  Mt	U.S. ARMEO 2 1 MO TES 180 DECEOENT'S (Give kind of with the bo NOT use 19b. MAJLING 100 PLACE AND DATEO	13. WAS D If yes, 1 Yes	TION  18. MOTHER'S NA Martha  at and Number or Rural I	Gaylord  ME (First, Middle, Meide  Kilson  Route Number, City or To	USA  See or No 1  USINESS/INOUS  ds Cont  or Surname)	IN THE PROPERTY LIMITATY IN THE PROPERTY IN TH
TO BE COMPLETED BY FUNERAL	Maryland Kent  100 Hadaway Dr.,  1. MARITAL STATUS    Never Merried   2 Merried     Widowed   4 Divorced    15. DECEOENT'S EDUCAT (Specify only highest grade co.     Elementary/Secondary (0-12)     12 th     FATNER'S NAME (First, Middle, Last)     Charles Roberts     Charles Roberts     William Wesley J.     William Wesley J.     One, METNOD of DISPOSITION     Method   2 Cremetion   3 Remove     Donetion   8 Other (Specify)	12. WAS DECEDENT EVER IN FORCES? 1 VES IF YES, GIVE WAR OR DATE OF THE YES, GIVE WAR OR DATE OF THE YES, GIVE WAR OR DATE OF THE YES, GIVE WAR OR DATE OF THE YES, GIVE WAR OR DATE OF THE YES, GIVE WAS DECEMBED.	U.S. ARMEO 2 1 MO TES 180 DECEOENT'S (Give kind of with the bo NOT use 19b. MAJLING 100 PLACE AND DATEO	Is. WAS DI If yes, 1 — YI USUAL OCCUPA Or retired.)	TION most of working  18. MOTHER'S NA Martha Martha	Gaylord  ME (First, Middle, Meide  Kilson  Route Number, City or To	USA USINESS/INOUS USINESS/INOUS ds Cont	EN OF WHAT COUNTRY?  14. RACE — American Indian, Black, White, atc.  Specify: Black  STRY  tainer Corp.
TO BE COMPLETED BY FUNERAL	100 Hadaway Dr.,  1. MARITAL STATUS    Never Merried   2 \times Merried   15. DECEOENT'S EDUCAT (Specify only highest grade co.  Elementary/Secondary (0-12)   12 th  7. FATNER'S NAME (First, Middle, Last)  Charles Roberts  De. INFORMANT'S NAME (Type/Print)  William Wesley J.  Do., METNOD OF DISPOSITION   XBurlet 2   Cremetion 3   Remove   Donetion 8   Other (Specify)	12. WAS DECEDENT EVER IN FORCES? 1 VES IF YES, GIVE WAR OR DATE OF THE YES, GIVE WAR OR DATE OF THE YES, GIVE WAR OR DATE OF THE YES, GIVE WAR OR DATE OF THE YES, GIVE WAR OR DATE OF THE YES, GIVE WAS DECEMBED.	U.S. ARMEO 2 1 NO TES  180. DECEOENT'S (Give kind of w into. Do NOT use  Labore  19b. MAILING 100 PLACE AND DATEO	13. WAS D If yes, 1	21620 21620 ECENDENT OF HISPAI specify Cuban, Mexica ES 2 M NO Specifi TION most of working  18. MOTHER'S NA Martha st and Number or Rural if	Gaylord  ME (First, Middle, Meide  Kilson  Route Number, City or To	USA USINESS/INOUS USINESS/INOUS ds Cont	IN OF WHAT COUNTRY?  14. RACE — American Indian, Black, White, atc.  Specify: Black  STRY  tainer Corp.
TO BE COMPLETED BY 21 21 21 21 21 21 21 21 21 21 21 21 21	100 Hadaway Dr.,  1. MARITAL STATUS    Never Merried   2 \times Merried   15. Decements of poly highest grade co.	12. WAS DECEDENT EVER IN FORCES? 1 VES IF YES, GIVE WAR OR DATE OF THE YES, GIVE WAR OR DATE OF THE YES, GIVE WAR OR DATE OF THE YES, GIVE WAR OR DATE OF THE YES, GIVE WAR OR DATE OF THE YES, GIVE WAS DECEMBED.	2 T NO TES  180. DECEOENT'S (Give kind of w into Do NOT use  Labore  19b. MAILING 100 PLACE AND DATEO	13. WAS D If yes, 1	21620 ECENDENT OF HISPAI specify Cuban, Mexica ES 2 NO Specify TION most of working  18. MOTHER'S NA Martha st and Number or Rural I	Gaylord  ME (First, Middle, Meide  Kilson  Route Number, City or To	USA USINESS/INOUS USINESS/INOUS ds Cont	14. RACE — Americen Indian, Black, White, atc.  Specify: Black  STRY  tainer Corp.
TO BE COMPLETED BY 21 21 21 21 21 21 21 21 21 21 21 21 21	1. MARITAL STATUS  Never Merried 2 Merried  15. DECEOENT'S EDUCAT (Specify only highest grade co.  Elementary/Secondary (0-12)  12 th  7. FATNER'S NAME (First, Middle, Last)  Charles Roberts  De. INFORMANT'S NAME (Type/Print)  William Wesley J  De. METNOD OF DISPOSITION  [XBurlet 2 Cremetion 3 Remove	12. WAS DECEDENT EVER IN FORCES? 1 VES IF YES, GIVE WAR OR DATE OF THE YES, GIVE WAR OR DATE OF THE YES, GIVE WAR OR DATE OF THE YES, GIVE WAR OR DATE OF THE YES, GIVE WAR OR DATE OF THE YES, GIVE WAS DECEMBED.	2 T NO TES  180. DECEOENT'S (Give kind of w into Do NOT use  Labore  19b. MAILING 100 PLACE AND DATEO	USUAL OCCUPA Ork done during i	ECENDENT OF HISPAI specify Cuban, Mexica ES 2 NO Specifi  TION most of working  18. MOTHER'S NA Martha if and Number or Rural i	Gaylord  ME (First, Middle, Meide  Kilson  Route Number, City or To	USINESS/INOUS  ds Cont	Specify: Black stray tainer Corp.
TO BE COMPLETED BY 21 21 21 21 21 21 21 21 21 21 21 21 21	Never Merried 2 Merried  15. DECEOENT'S EDUCAT (Specify only highest grade co.  Elementary/Secondary (0-12) 12 th  7. FATNER'S NAME (First, Middle, Last) Charles Roberts  De. INFORMANT'S NAME (Type/Print) William Wesley J.  De. METNOD of DISPOSITION [XBurlet 2   Cremetion 3   Remove	FORCES? 1 VES IF YES, GIVE WAR OR DAT  TION Impleted)  College (1-4 or 5+)  ackson  al from State  Mt	2 T NO TES  180. DECEOENT'S (Give kind of w into Do NOT use  Labore  19b. MAILING 100 PLACE AND DATEO	USUAL OCCUPA Ork done during i	TION most of working  ts. MOTHER'S NA  Martha at and Number or Rural if	Gaylord  ME (First, Middle, Meide  Kilson  Route Number, City or To	USINESS/INOUS  ds Cont	Specify: Black stray tainer Corp.
177 DB OD 19 DD 19	(Specify only highest grade co	ackson  al from state  20b. come Mt	(Give kind of with Do NOT use)  Labore  19b. MAILING 100  PLACE AND DATE O	nork done during re retired.)	ts. MOTHER'S NA Martha if and Number or Rural I	Gaylord ME (First, Middle, Meide  Kilson Poute Number, City or To	ds Cont	tainer Corp.
177 177 177 177 177 177 177 177 177 177	Elementary/Secondary (0-12) 12 th  7. FATNER'S NAME (First, Middle, Last) Charles Roberts De. INFORMANT'S NAME (Type/Print) William Wesley J. De. METNOD OF DISPOSITION LXBurlet 2 Cremetten 3 Remove	ackson  al from State  20b.F.	Labore  19b. MAILING 100  PLACE AND DATE O	ADORESS (Stree	ts. MOTHER'S NA Martha	ME (First, Middle, Meide 1 Kilson Route Number, City or To	n Surname)	
O 19 20 11 4 21 21	Charles Roberts Charles Roberts Informant's Name (Type/Print) William Wesley J Do. METNOD OF DISPOSITION XBurlet 2 Cremetlen 3 Remove	al from State 20b. F	19b. MAILING 100 PLACE AND DATEO	ADORESS (Stree	Martha and Number or Rural	ME (First, Middle, Meide 1 Kilson Route Number, City or To	n Surname)	
D 19 20 11 4 21 21	Charles Roberts De. INFORMANT'S NAME (Type/Print) William Wesley J De. METNOD OF DISPOSITION [XBurlet 2   Cremetion 3   Remove Donation 6   Other (Specify)	al from State 20b. F	100		Martha and Number or Rural	Kilson Route Number, City or To		
20 20 11 4 21	De. INFORMANT'S NAME (Type/Print)  William Wesley J.  De. METNOD OF DISPOSITION  [XBurlet 2   Cremetion 3   Remove  Donation 8   Other (Specify)	al from State 20b. F	100		and Number or Rural i	Route Number, City or To		
20 11 4 21	William Wesley J.  Do. METHOD OF DISPOSITION  [XBurlet 2   Cremetten 3   Remove  Donetton 8   Other (Specify)	al from State 20b. F	100					
20 1 4 21 21	De, METNOD OF DISPOSITION  [XBurlet 2	al from State 20b. F	PLACE AND DATE O	Hadawa	v Dr. Ant			
21	∐XBuriet 2 □ Cremetion 3 □ Remova     □ Donation 8 □ Other (Specify)	of from State comes	PLACE AND DATE O		., D. 11pt	. 1 A, Ch	estert	own, Md.216
21		Mt	tery, cremetory or oth	F DISPOSITION (	Name of	OATE 20c. L	OCATION - CI	ty or Town, State
- 11		TOLE	. Olive	Church	Cemetery	8/24/196	Butle	rtown, Md.
111						h Funeral	Service	res
111	3. PART I. Enter the diseases, pr con			P.C	). Box 168	7. Facton	Ma	21601
IFICATION	dequentially list conditions, is my, leading to immediate euse. Enter UNDERLYING AUSE (Disease or Injury hat initiated events saulting in death) LAST	DUE TO (OR AS A C	consequence of a carcu	hoses	Anne			
₹ P	ART II. Other significent conditions of	contributing to deeth but	t not resulting in	the underlyl	ng ceuse given in		N AUTOPSY PRMED?	24b. WERE AUTOPSY FIND AVAILABLE PRIOR TO
MEDIC	000000					1 YES	2 NO	DF DEATH?
								1 TYES 2 NO
SICIAN	. WAS CASE REFERRED TO MEDICAL			00.1	DI ACE OF COLUMN			
Sic	EXAMINER?	IOSPITAL:	Name 2 🗆 mas	OTHER:	PLACE OF DEATN (Che	, , , , , , , , , , , , , , , , , , , ,		
> II -	MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME		MURY AT	8 Other (Specify) 28d. DESCRIBE HOW	IN HIEW COC:	050
	1 Netural 5 Pending	(Month, Day, Year)	INJU	IRY W	YES 2 NO	LVG. DESCRIBE NOW	MAJORY OCCUP	MED
	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY —	- At home, farm, st		100	28f. LOCATION (Street	end Number or	Rural Route Number
и и	4 Nomicide determined	building, etc. (Specify	7)			City or Town, State	)	The state of the s
294	e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: 0	N: To the best of my knowled	dge, death occurred	I at the time, det	le end place, end due	to the cause(e) and me	nner as stated.	
	b. SIGNATURE AND TITLE OF CERTIFIEM	on the season of examination e	endor investigation	, in my opinion,			nd due to the c	ceuse(a) end menner aa state
6	( ) in ala	711			29c. LICENSE NUM			BIGNED (Month, Day, Year)
2 30.	NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF OEAT	N (ITEM 27) /3mc /	Print)	10238	5 7	1	ton maril
	Toler C. Angen	AT TO WALL	1. 94	+ WHE	Herente	AND CI	11-11-	1- 2000-1

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nema\_(First, Middle, Last) 2. Dete of Death 3. Time of Death Month Yea **Physician** KAISER 1996 5:38 AM Au /Medical 4b. City. Town, or Location of Deeth 4c. County of Deeth 4e. Fecility Neme (If not Institution, give street end number Examiner Takoma Park Washington Adventist Hospital Montgomery County If Under 1 Yeer If Under 24 Hrs.
Months Deys Hours Min.

8. Dete of Birth (Month, Dey, Yeer)
Sept. 24, 5. Sociel Security Number 7. Age (In yrs. lest birthdey) 84 Yrs. 9. Birthpiace (State or Foreign Country) New York **Funeral** 1□M 2€F Year) 578-12-0457 Yrs. Director 1911 New Usual Residence of Decedent the Marylend 10a State 10h County 10c. City. Town or Location 10d. Inside City Limits 28a-f show 7 is marked other than "natural", or items 23a or 28a-f sho traumstic avant, the Medical Exposurer must be notified at Prince George's to thes 2 □ No Maryland Hyattsville Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 5805 #525 20781 42nd Avenue United States Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 22010 If Yes, Give Yeer or Detes: 11. Maritel Stetus Wes Decedent of Hispenic Origin? (Specify Yes or No If Yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 14. Rece - American Indien, Bleck, White, etc. filed within 72 hours efter 1 ☐ Never Merried 2 ☐ Married Baltimore, Maryland 21215-0020 Specify: White 1 ☐ Yes 2 ☑XNo Specify: by 3€Widowed 4 Divorced Completed 18e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) s and Mental Hygiene. Elementary/Secondery (0-12) College (1-4or 5+) U.S. Government 8 Clerical 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surneme) Be Pages 1 and 2 should be Not available Orloff Not available 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) permit. Pages 1 end 2 s Department of Health ar Important: If Item 27 is any Injury or other trau once. 3829 Birdsville Road, Joan R. Campbell Daughter Davidsonville, MD 21035 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Removel from Stete 4 ☐ Donation 5 ☐ Other (Specify) Metropolitan Crematory Aug. 25, 1996 Alexandria, VA 21. Signeture of Funeral Service Licenses 22. Name end Address of Fecility Robert E. Evans Funeral Home, P.A. se, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, . List only one cause on each line. Bowie, MD 20715 Approximete Intervel Between Onset end Deeth **Physician** CONCESTIVE HEART /Medical tmmediate Cause (Final diseese or condition resulting in deeth) **Examiner** Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in deeth) Lest Box 68760. physician The lew requires that the death certificate be Physician/Medical Due to (or es e consequence of): P.O. Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. the bed 23b. Did tobacco use contribute to the cause of death? signed by the 1 Yes 2 No 3 Probably Unknown Records, þ Completed 24b. Were eutopsy findings evalleble prior to 24e. Wes en eutopsy completion of ceuse of deeth? page 2 s certificate 1 Yes 2V No 1 ☐ Yes 2 ☐ No Division of Vital To the Hospitat or Attending Physician: within 24 hours efter death.

To the Funeral Diractor: After this cardification pletely filled in by the funeral director; to mpletely filled in by the funeral director; to the funeral director; to the funeral director; to the funeral director; to the funeral director; to the funeral director; to the funeral director; to the funeral director; to the funeral director; to the funeral director; to the funeral director; to the funeral director; to the funeral director; to the funeral director; to the funeral director; to the funeral director directors and the funeral directors and the funeral directors are directors. Be 25. Wes cese referred to medical examiner? 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 1 Yes Inpatient 2 ER/Outpetient 3 DOA 27. Menger of Deeth Dete of Injury (Month, Dey Year) Certification: 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred Natural Accident 5 Pending investigation 1 ☐ Yes 2 ☐ No 6 Could not be determined 3 Suicide 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide TEX Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medicat Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. Medical 29e. Certifier 29b. Signeture end title of certific 29c. License number 29d. Dete signed (Month, Dey, Year) M. D

State Registrar 31. Date filed (Month, Dey, Yeer)

30. Neme and eddress of person who

7610CARROL

32. Registrer's Signeture Jalia Davidson Randal

SUITE

cause of deeth (Item 23e) (Type, Print)

			State of Ma	ai yiai iu /				Death		ieniai ny	Reg. No.	90	411	39
Dhycio	ian	1. Decedent's Neme (First, Middle, La	st)							2. Deta of Do Month	eath Dey	Yes	3. Time of	Death
Physic /Medi		Lauchlin Archiba	ld Kelly, J	Jr.						August	16,	1996 <sup>Yes</sup>	1:17	AM
Exami	ner	4a. Facility Neme (If not institution, give	the state of the s					_		cation of Dea	th 4c. (	County of D		
		St. Mary's Hospit				H I Indo		Leona					lary's	
Funeral	Н	5. Social Security Number 6. S	Sex 7. Aga ISLM 2□ F	(In yrs. last	Yrs.	If Unda Months		If Undar Hours	Min.	8. Data of Bi	oy, Year)	9. I	Birthplaca (Stete of Country) rth Carol	r Foreign
Director		244-14-9558 Usuei Residence of Decedent		75						June 4	, 192	I NO.	rth Garoi	LIna
yland		10a. Stata 10b. County		10c. City, To	own or Lo	cation							10d. Inaide Cit	y Limits
Mar Med	io	Maryland St. Mar	ry's	Cali	forn:	ia							1 Yes	2 № No
772 hours after death with the Maryland "natural", or Herns 23s or 28s-f show edical Examinet must be notified at	Director	10e. Street and Number				10f. Zlp	Code				10g. Citiz	an of What	Country?	
23a 23a		23560 S Patuxent	Beach Road	i		2	0619				Un	ited	States	
tem tem	Funeral	11. Marital Statua	12. Wes Decedent E Armed Forces?	evar In U,S.	If Yes, specify Cuber			Hispanic Orlgin? (Specify Yas or No- iben, Mexican, Puarto Rican, atc.)  Specify:			0- 1-	14. Rece - America Bleck, White, et		
o d	by F	1 ☐ Navar Married 2 ☑ Married 3 ☐ Widowed 4 ☐ Divorced	1 XYes 2 N If Yas, Giva								Specify:			
fural	P P	15. Decedent's E	Year or Detes:1		952 16a. Decedent's Usuel Occupation						16h Kin	White 16b. Kind of Business/Industry		
a di	Set	(Specify only highest gra	ide completed)		(Give	kind of wo	ork dona	during mos	t of work	ing	TOD. KHI	u oi buşirle	samoustry	
filed within 72 ho Hygiene. ther then "neturent, meturent	Completed	Elementery/Secondery (0-12)	College (1-4or 5-	+)	Jeweler						Reta	Retail Jewelery		
- 0 -	BeC	17. Fether's Neme (First, Middle, Last,	)					18. Mothe	er's Name	(First, Middle	, Maiden S	faiden Sumeme)		
2 2 0 0	TOE	Lauchlin Archiba	ld Kelly, S	Sr.				Elea	nor	Bruton	ton			
th and Mer 7 Is marke traumatic		19a. Informant's Neme/Reletionship (	Type, Print)	1	9b. Meilir	ng Address	s (Street	end Numbe	er or Aura	I Route Numi	ber, City or	Town, State	e, Zip Code)	
Health em 27		B. Evelyn Freeman	n Kelly, V	Nife 2	3560	S Pa	tuxe	nt Be	each	Road,	Calif	ornia	, MD 206	19
Department of Health Important: If item 27 any injury or other to once.		20e. Method of Disposition 1 Burial 2 ☐ Cramation 3 ☐	Removal from State	20b. Plece cema	of Dispo	sition (Nea	me of other piec	<b>(e)</b>	i	Deta	20c. Loc	ation - City	or Town, Stata	
ant:		4 ☐ Donetion 5 ☐ Other (Specif	y)	Charl	es M	emori	ia1		8-	20-96	Leona	ardto	wn, Maryl	and
Depart Import any in	21. Screen of Funeral Secreta Courage  22. Name end Addrass of Facility Brinsfield Funeral Home, P.A.										P.A.	•		
D = 3 a		Edward N. Brinsfield, Jr. M00052 P.O. Box 279, Leonardtown, Maryland 20650												
		23a. Pert1. Enter the disaase, or com shock, or haart feilure. List only	plications that caused one cause on each iln	the deeth. D	o not ant	er the mod	de of dyln	g, such es	cardiec o	or raapiratory	errest,		Approximata Interval Betw	reen
hysician												Onset and D	Death	
'Medical xaminer	٦.	Immediate Cause (Finel disease or condition resulting in deeth)	a. Respir	Respiratory Failure									2 Day	'S
		rosuming in doosily	T.	Due to (or as	e conseq	juence of):	:							
nsit	Examiner		b. Bronche					Lung	gs				l Yea	r
physician and is the burial-transit	Exa	Sequentially list conditions, it eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury c.												
physician and s the burial-transit	dical	Cause. Enter Underlying Cause (Disease or Injury that initiated events  Dua to (or as a consequence of):								-				
E S		resulting in deeth) Last	was to far as a correspondence of											
attending p	No.		d	~										
ed for u	Physician/M	Part II. Other significant conditions of	ontributing to death bu	t not resulting	in the ur	nderlying o	ause giv	en in Part I		23b. Did	tobacco u	se contrib	ute to the cause o	f death?
ed by the a	Phy									10	Yes 2	No 3□	Probably 4 🗆 t	Unknowr
5.8	þ													
peen si should	Completed										s an autops ormed?	y 24	b. Were autopsy fi available prior to	)
10 CA	ple												completion of ca of death?	ause
pag	ပ္ပ									10	Yas 2	No	1 ☐ Yes 2 ☐ I	No
this certificate he al director, page	Be	25. Wes case referred to medical axaminer?	Hospital:				l au		of Death	(Check only	one)			
this certific	P.	1 Yes 2 No	-							ne 5 Residenca 6 Other (Specify)				
Te le	lo	27. Manner of Deeth  1 ☑ Natural 5 ☐ Pending							28d. Describe	now injury	occurred			
tor:	Certification:	2 Accident investigation 3 Suicide 6 Could not b							28f Location	(Street end	Number or	Rural Route Numb	hor	
	eri	4 ☐ Homicide determined	building, etc.		wn, Stete)	rvarriber or	Troral Floure Hulling	JOI,						
		29e. Certifier Certifying Ph	ysician: To the best of	f my knowled	lge, deeth	occurred	at the tin	ne, dete en	d place	and due to the	cause(s)	ind manner	r as stated.	
24 hours • Funeral eletely filled	edical		niner: On the basis of and menner stet	examinetion	end/or inv	astigetion	, in my o	pinion, dee	th occurr	ed et the time	, date and	plece, end	due to the causa(s)	
within 24 hours of To the Funeral completely filled	Me	29b. Signatura and title of certifiar				290	c. Licansi	a number			29d. Data	signed (M	onth, Day, Year)	
2.0		) -m- 1	DB m 1	Rah	nau	.40)	D500	144			A110116	st 16	, 1996	
		30. Name and eddress of person who	VI M. H.				2300	<i>,</i> , , ,			rugus	, , , ,	, 1990	

15+1

Mohammad A. Rahman, M.D. 31. Dete filed (Month, Dey, Year)

Leonardtown, Maryland 20650

State Registrar

32. Registrer's Signeture

The second secon The second secon 

State of Maryland / Department of Health and Mental Hygiene

27140 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3. Time of Death Month **Physician** Mary Fayetta DuVal Livesey 1996 28, August 10:10 am /Medical 4e. Feclity Neme (If not Institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Medpointe Continuing Care Facility Cecil If Under 24 Hrs.
Hours Min.

8. Dete of Birth (Month, Dey, Year) 5. Social Security Number If Under 1 Year 6. Sex 7. Age (in yrs. last birthday) **Funeral**  Birthplace (State or Foreign Country) 1□ M 25 F Days Months 196-54-7157 **Director** September 4 1913 Pennsylvania Usuai Residence ot Decedent with the Maryland 10b. County 10c. City. Town or Location item 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Medical Examiner must be notified at 10d. Inside City Limits 1 ☐ Yes 2X No Director Pennsylvania Lancaster Peach Bottom 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 1281 Furniss Road Funeral United States 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give 11. Marital Status Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Race - American Indian, Black, White, etc. 1 ☐ Never Merried 2 ☐ Merried 1 Yes 2K No Specify: Specify: White à 3 ☑ Widowed 4 ☐ Divorced Year or Dates: Completed 18e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry pemit. Pages 1 and 2 should be filed within Department of Health and Mentel Hygiene. Important: If item 27 is marked other than any injury or other traumatic event. In Menter traumatic event. Elementary/Secondary (0-12) College (1-4or 5+) College Education Teacher/Educator 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Sumeme) Be 2 John J. DuVal Ruth Anna Miles 19a. Intormant's Name/Reletionship (Type, Print) 19b. Melling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Richard H. Livesey, III 1281 Furniss Road, Peach Bottom, PA 17563 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20c. Location - City or Town, State 20a. Method of Disposition 1 ₺ Burial 2 □ Cremetion 3 □ Removel trom State 4 ☐ Donetion 5 ☐ Other (Specify) Media Cemetery 8/31/96 Media, Pennsylvania 21. Signature of Funerel Hyprice Licensee 22. Name and Address of Facility
Crouch Funeral Home 127 S. Main Street, North East, MD 23a. Part1. Enter the disease, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiec or respiretory errest, shock, or heart feiture. List only one ceuse on each line. Approximate Interval Between Onset and Death **Physician** Acule Myo cardial Infaration
Caronary Arlery disease /Medical Immediate Cause (Final 18 Horns disease or condition resulting in deeth) Examiner 4 acrs Examiner physician and the burial-transit Sequentially list conditions, it any, leading to immediate ceuse. Enter Underlying Couse (Disease or Injury that Initioted events resulting In death) Lest Physician/Medical Due to (or es a consequence of): esn Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 23b. Did tobacco use contribute to the cause of death? á 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☑ Únknown signed t þ 24b. Were autopsy tindings available prior to completion of cause of death? 24a. Was en autopsy performed? Completed peeu page 2 1 Yes 2 No certificate 1 TYes 2 □ No 25. Was case referred to medicel exeminer? Be 26. Place of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 42 Nursing Home 5 Residence 6 Other (Specify) 10 1 Yes 2 No this 28a. Date of Injury (Month, Day Year) 27. Manner of Deeth Certification: 28d. Describe how injury occurred After or Attending 1 Netural 5 Pending Investigation hin 24 hours after death.

the Funeral Director: After mpletaly filled in by the fun 1 Yes 2 No 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide To the Hospital o within 24 hours aft To the Funeral Di 18 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end piece, and due to the cause(s) and menner es steted.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner stated. 29e. Certifier (Check only one) 29b. Signature and title of certitier 29c. License number 29d. Date signed (Month, Dey, Year) Greelustray S Seolider 10 30. Name end address of person who completed ceuse of death (Item 23a) (Type, Print)
S. S. SACHDEV MD. 118 Marth St Scutte 3B ELK Ton MD21921 31. Date filed (Month, Day, Year) 32. Registrar's Signature State Julia Tavidson Bandeste Registrar

**DHMH 16 Rev 6/95** 

21215-0020

Baltimore, Maryland

1996

August

DuVa1

Fayetta

O

Records,

of Vital

Division

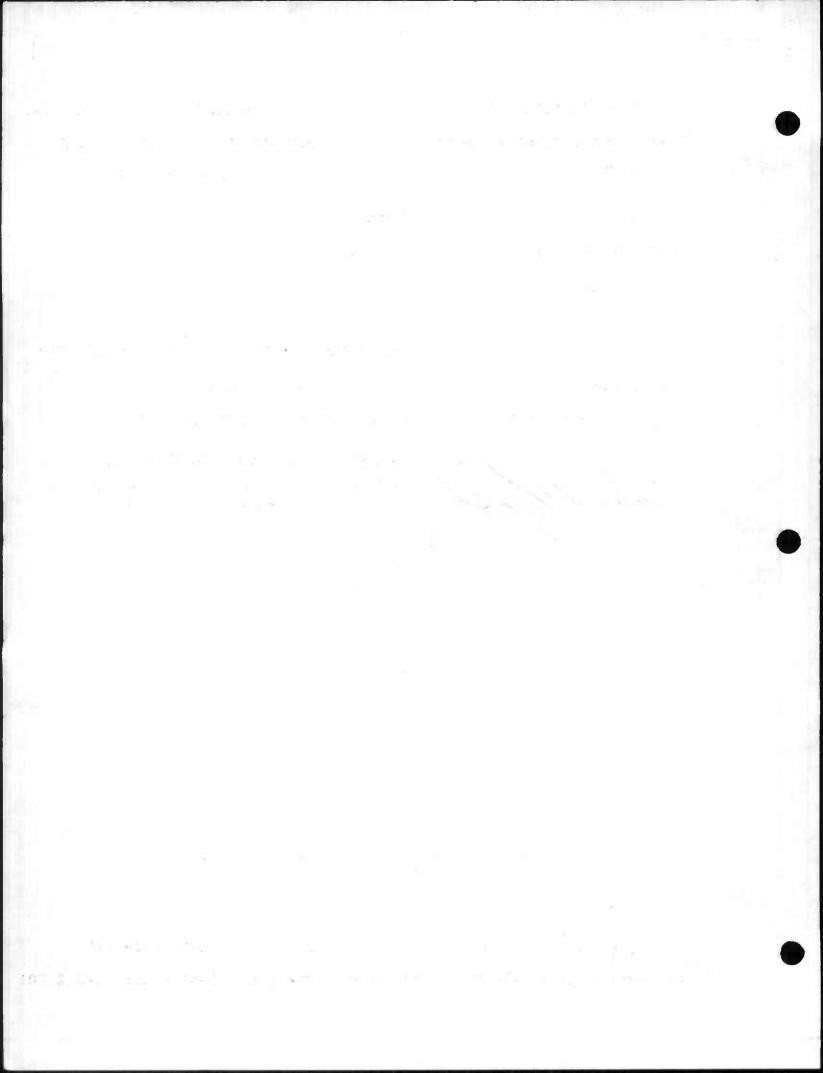
and the second s 

20 4 1	1 1	1
	1 .	1

		State of Maryland / Department of Health and Mental Hygiene  Certificate of Death  Reg. No.														
Physic	ian	Decedent's Name (First, Middla, Last)									2. Date of		th Day Yeer		3. Time of Deeth	
/Medi		EMILY DORIS LONG								AUGU		T 18 19		6 1:30P.M		
Examir	ner	4a. Feclify Neme (If not institu			e			4b. City, Town, or					4c. Count	y of Death		
_		FRAZIER LAK 5. Sociel Security Number		AT GLEBE ROAD EARLLV  6. Sex 7. Aga (In yrs. lest birthdey) If Under 1 Year If Under 24 Hrs						LVI	LLE	of Dieth	CEC	CIL COUNTY		
Funeral Director		217-50-1088		☐M 2💢 F	64	Yrs.		Days	Hours	Min.	8. Date of (Month) June	Dey. 1	1932	Coun	lace (Stete or Fora land	
_		Usuei Residence of Deceden									ouic	22,	1,52	THE Y	Luna	
Show	ڀ	10e. Stete 10b. Cou			10c. Cit	ly, Town or Lo								1	0d. inside City Limi	
28a-f shon	ecto	Maryland Cecil (		Cecil								1)∑ Yas 2 □ N				
natural, or items 23a or 28a-f show	Funeral Director	285 N. Bohemi	a Ave	enue			10f. Zip Co 219				U.S.A.				itry?	
	era	11. Maritel Status		12. Wes Deced	dent Evar in U	,S. 13.	Was Deceden	nt of H	lispenic Orig	in? (Sp	ecity Yas o	or No-	14. Ra	ca - Americ	an Indian,	
, or iter	by Fur	1 Never Merried 2001 3 Widowed 4 Divor		Armed Ford 1 Tes 2 If Yes, Give	Armed Forces? It Y  1 Yes 2 No If Yes, Give 1			s Decedent of Hispenic Origin? (Specify ) es, specify Cuben, Mexican, Puerto Rican  Yes 2X No Specify:						ck, White, etc.		
tural.	6d tr		Year or Det	ies:	16e Decedent's Usual Occupation						16h Kind of B			Businass/Industry		
	Completed	15. Decedent's Education (Specify only highest grede completed)  Figure 12/Secondary (0-12)  College (1-40r			405 5 . )	(Give kind of work do			dona during most of working retired)			16b. Kind of Business/Industry			austry	
The last section	E O	12	Elementary/Secondary (U-12) College (1-40r 5+)						rier/I	eli	very	Į	U.S. Postal Service			
d other event, I	Be (	17. Fether's Neme (First, Mide	de, Last)										eiden Sumer	na)		
	၉	2 00						Emily Mae Loller								
3 - 3		19e. informant's Neme/Releti George T. Lon					Box 5								Code)	
ment of Health stant: If Item 27 is jury or other tra		20a. Method of Disposition	g/nus	banu	20b. F	Place of Dispo			, ceci	LILO	Date	-	Oc. Location		um Ctoto	
int of t: If its		₩ Buriel 2 Cremetic			tate	amatary, crei	netory or othe	er plec								
Department of important: If it any injury or o		4 Donetion 5 Other 21. Signature of Funeral Serv			Z10	n Ceme	tery/A				996	Çe	cilton	, Mar	утапа	
Ode gray		Moh	11	11	//	Fe	llows, O Spee	He	elfent	ein					Iome, P.A	
nysician Medical xaminer pridetuansit	Examiner	Immediate Ceuse (Final disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate	_	b		or es e consec										
physician end the burief-trar	dicai E	cause. Enter Underlying Causa (Disease or injury that initiated events resulting in death Lock														
0 0	w	resulting in death) Lest							The state of the							
ate has been signed by the attending page 2 should be deteched for use as	Physician/M			U												
	nysic	Pert II. Other significant conditions contributing to death but not resulting in the underlying cause						se give	en in Part i.		23b.	Did tobacco use contribute to the ceuse of death				
	by Pt											1 🗌 Yee	☐ Yee 2 No 3 ☐ Probably 4 ☐ Unk		ebly 4 Unkno	
	Completed to										24e. Wes en eutopsy performed?  24b. Were eutopsy evalleble prior completion of of death?			slieble prior to appletion of cause		
	E O											1 28 Yas	2□No	1.8	TYes 2□ No	
pege	Be	25. Wes case reterred to med exeminer?	-						26. Place	ot Death	(Check o	nly one)	)			
ertificate he ector, pege ;	-	1 🗓 Yes 2 ☐ No 27. Menner of Deeth		fospitel: 1   inp		ER/Outpetien		Othe	4 LI Nun						LAKE	
s certificate director, peg	2		dina		, Day Year)	28b. Time of Injury		Work			28d. Desci	ribe how	Injury occur	red		
offer this certificate uneral director, peg		1 Neturel 5 Per	otication	2 Accident invastigation Found 8-18-96 UNK M 1 Yas							DECE			WAR P	/ Pouts Number	
eeth. or: After this certificate the funeral director, peg		1 Neturel 5 Per 2 Accident inva 3 Suicide 6 Cou	stigation	3 № Suicide 4 ☐ Homicide  6 ☐ Could not be determined  28e. Piece of injury - At home, ferm, street, factory, office building, etc. (Specify)									Streat end Number or Rural Routa Number, wn, State) Frazier Laire,			
deeth. ctor: Affer this certificate y the funeral director, peg		1 Neturel 5 Per 2 Accident inve	stigation	28e. Piece o building		y)	et, factory, of	building, etc. (Specify)  Latte								
deeth. ctor: Affer this certificate y the funeral director, peg	Certification:	1 Neturel 5 Per inversions 1 Neturel 2 Accident 3 Suicide 4 Homicide 29e. Certifier 1 Certif	stigation ald not be ermined ying Phys	28e. Piece o building	Larte est of my know	wledge, deeth	occurred et t	the tim	ne, dete end	plece.	Giebe i	Read,	Early,	Ile, M.	aryland	
deeth. ctor: Affer this certificate y the funeral director, peg	Certification:	1 Neturel 5 Per inversions 1 Neturel 2 Accident 3 Suicide 4 Homicide 29e. Certifier 1 Certif	stigation ald not be ermined ying Phys	28e. Piece o building	Latte est of my know is of exeminat	wledge, deeth	occurred et t	the tim	ne, dete end pinion, deeth	plece.	Giebe i	Read,	Early,	Ile, M.	aryland	
deeth. ctor: Affer this certificate y the funeral director, peg		1 Neturel 2 Accident 3 Susuicide 4 Homicide  29e. Certifier (Check only) 2 Medic	stigation ald not be ermined ying Physical Exami	28e. Piece o building sician: To the bener: On the bas	Latte est of my know is of exeminat	wledge, deeth	occurred et ti estigation, in	the tim	ne, dete end pinion, deeth a number	plece.	Giebe i	the cau	Early,	anner es strand due to	eted. the ceuse(s)	
eeth. or: After this certificate the funeral director, peg	edical Certification:	1 Neturel 2 Accident 3 Sulcide 4 Homicide  29e. Certifier (Check only one)	stigation ald not be ermined ying Physical Exami	28e. Piece o building sician: To the bener: On the bas	Latte est of my know is of exeminat	wledge, deeth	occurred et ti estigation, in	the tim my op	olnion, deeth	plece.	Giebe i	the cau me, dete	Earlu, sa(s) and ma e end pleca,	anner es str and due to d (Month, L	eted. the ceuse(s)  Dey, Year)	
within 24 hours efter deeth.  To the Funeral Director: After this certificate completely filled in by the funeral director, pe	Medical Certification:	1 Neturel 2 Accident 3 Suicide 4 Homicide  29e. Certifier (Check only one)  29b. Signature end title of certifier	stigation ald not be ermined ying Physical Exami	28e. Piece o building sician: To the bener: On the bas	Lare est of my know is of exeminate it steted.	wledge, deeth tion end/or inv	occurred et ti estigation, in 29c. Li O •	the time my oppositions and the time oppositions are the time oppositions and the time oppositions are time oppositions and the time oppositions are time op	number  M . E .	plece, a	Giebe   and due to ed et the ti	the cau me, dete	Early, sa(s) and made end pleca, d. Date signe	anner es strand due to	eted. the ceuse(s)  Dey, Year)	

32. Registrer's Signature

Julia Davidson-Randalle



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Time of Deeth **Physician** Month James Edward Larrimore, Sr. 23, August 1996 9:25 a.m /Medicai 4e. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Magnolia Hall Nursing Home Chestertown Kent H Under 1 Year | H Under 24 Hrs. 8. Date of Birth (Month, Dev. Year)

June 28, 1912 5. Sociei Security Number 7. Age (In yrs. last birthdey) Birthplece (State or Foreign Country) **Funeral** 10 M 2 □ F 215-36-1103 84 Yrs. Director Maryland Usuei Residence of Decedent 10a State 10b. County 10c. City. Town or Location 28a-f show 10d. Insida City Limits , or Items 23a or 28a-f shov anxioer must be notified at N Yas 2 No Maryland Queen Annes Crumpton 10e. Street end Number 10f. Zlp Code 10g. Citizen of What Country? 4th & Market Streets 21628 U.S.A. Funeral 12. Was Dacedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates: Was Dacedant of Hispanic Orlgin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puarto Rican, atc.) 14. Raca - American Indian, Black, White, etc. permit. Peges 1 and 2 should be filed within 72 hours effer to Department of Health and Mental Hygiene. Important: If item 27 is marked other then "naturel", or item any injury or other traumetic event, the Medical Evant 1 ☐ Never Married 2 🕅 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 XNo Specify: p Specify: White 3 Widowed 4 Divorced 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Cottege (1-4or 5+) Farmer Agricultural 17. Fether's Name (First, Middle, Last) 18. Mother's Nama (First, Middle, Meiden Surnema) Thomas Clayton Larrimore Rose A. Connolley 19e. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Jean Ruth Larrimore/Wife P. O. Box 104, Crumpton, Maryland 21628 20b. Piace of Disposition (Neme of cemetery, cremetory or other piece) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☑ Buriai 2 ☐ Cremation 3 ☐ Removei from State Galena Cemetery/August 26, 1996 4 ☐ Donation 5 ☐ Other (Specify) Galena, Maryland 21. Signature of Funeral Service Licenses 22. Nama and Address of Fecility Fellows, Helfenbein & Newnam Funeral Home, P.A. 23a. Part 1. Enter that disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or raspiratory arrest,

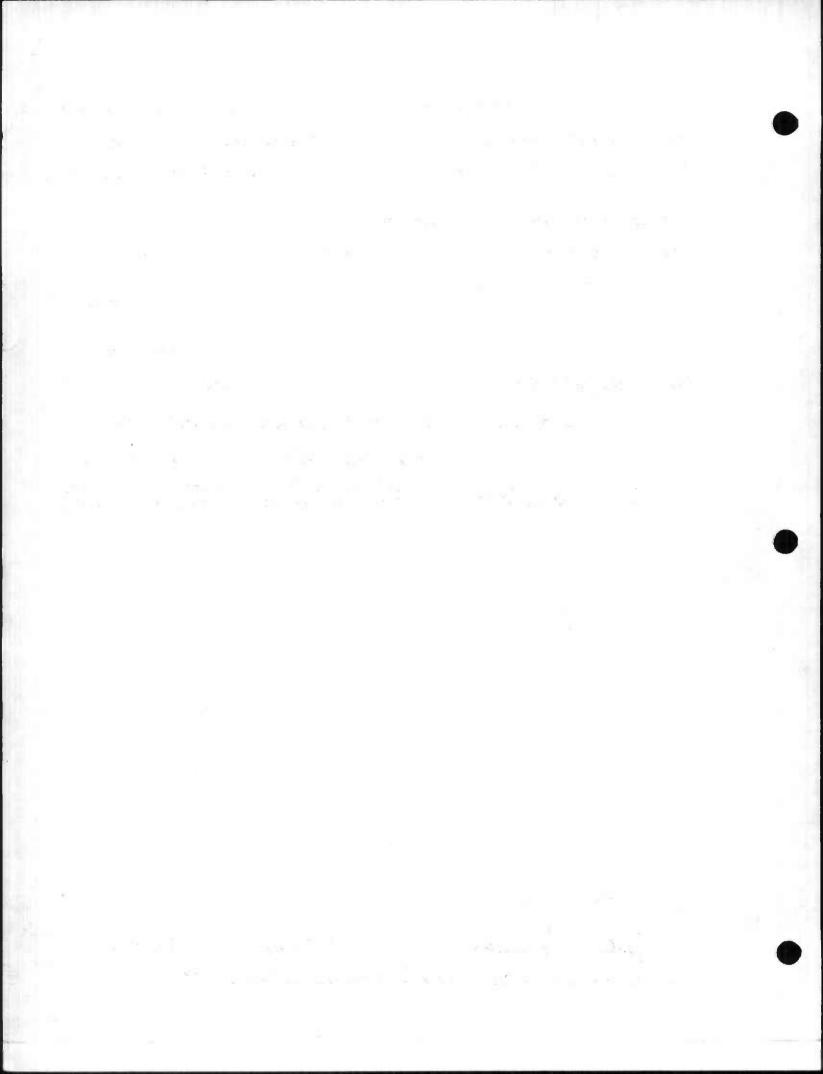
Approximata Approximata Interval Between Onset and Death **Physician** Immediate Cause (Final disaase or condition resulting in death) /Medicai LUNG CHUCK Examiner Physician/Medical Examiner burial-tran Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury thet initieted events resulting In daeth) Last Due to (or es e consequence of): Division of Vital Records, P.O. Box 68760. Attending Physician: The law requires that the death certificate be the Due to (or as e consequence of): Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. detached 23b. Did tobacco use contribute to the cause of death? Yes 2 No 3 Probably 4 Unknown ģ 8 Completed 24b. Wara autopsy findings available prior to completion of causa of deeth? 24e. Was an autopsy performed? 1 ☐ Yes 2 ☐ No Be 25. Was casa referred to medical exeminer? 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA this us or Attenuers after death. 27. Manner of Deeth 28a. Date of Injury (Month, Day Year) Certification: 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 1 Natural 5 Pending investigation 1 Yes 2 No 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide To the Hospital of within 24 hours a To the Funeral D completely filled it 12 Certifying Physicien: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(s) end menner es stated.
2 Medical Examiner: On the basis of exeminetion end/or investigation, in my opinion, death occurred et the time, date end place, end due to the ceuse(s) and menner stated. 29a. Certifiei Medical (Check only one) 29b. Signature and title of cartifier 29c. Licanse number 29d. Data signed (Month, Day, Year) 17-13824 MM 22396 30. Name end address of person who completed cause of death (Item 23a) (Type, Print)

John C. Seymour, MD, 122 Speer Road, Chestertown, Maryland 21620

Julia Davidson-Randell

32. Registrads Signature

State Registrar 31. Deta filed (Month, Day, Year) AUG 26 '96



My D ans

SIEMIAAM

ALEX. VA. 22311

pieted causa of geath (itam 23a) (Type, Print)

32 Ragistrar's Signatura

5021

Registrar

State

30. Nama and address of person who co

RILIMMS J KEILY

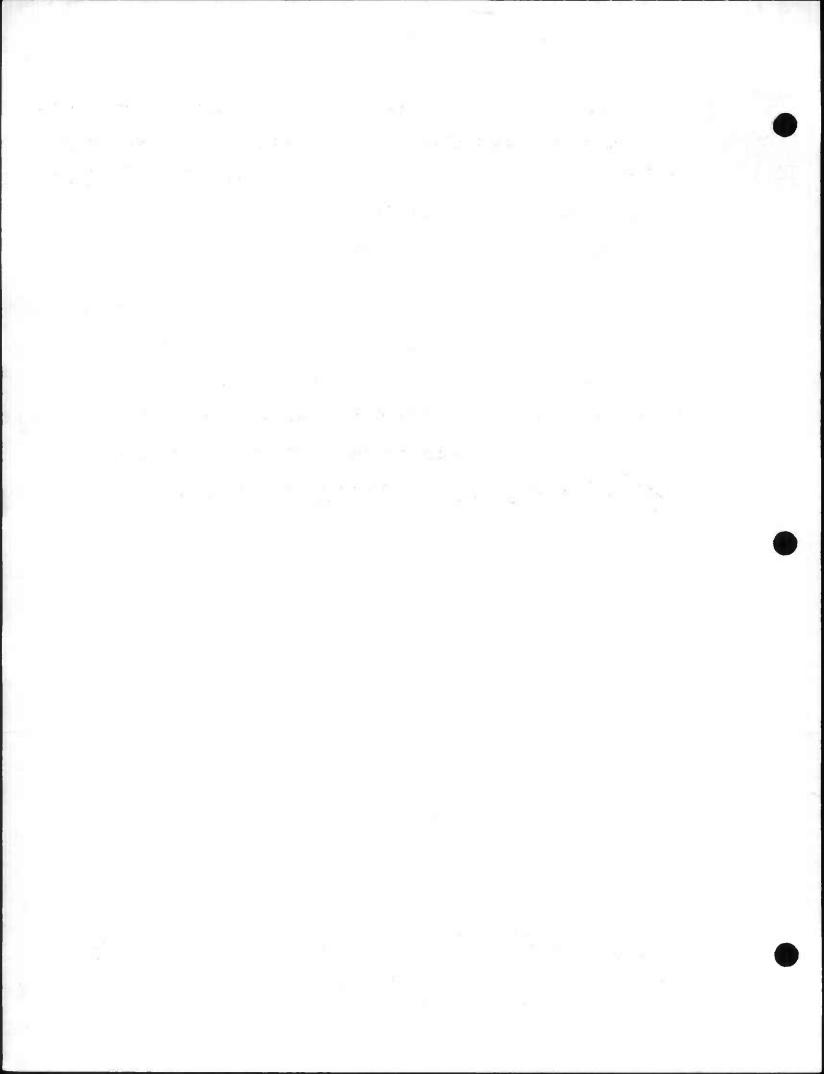
31. Data filed (Month, Day, Year)
AUG 2 9

ra i e 1 - 1 (ma) - 1

# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

						Cen	tificate of	Death		Reg. No.					
П	Physic	ian	Decedent's Neme (First, Middle, I	.ast)					2. Dete of D Month	eeth Day	Year		e of Death		
	/Medi		Lustermann Lustermann						Augus		1996	9:	23 AM		
	Examir	ner	4e. Facility Neme (If not institution, give street end number)  4b. City, Town, or Location of Death  4c.									c. County of Death Prince Georges			
-					ge (In yrs. lest bir	thday	If Under 1 Year		tham				te or Foreign		
	Funeral Director		577-52-3565	1□M 201F		Yrs.	Months Deys	Hours	Min. 8. Dete of B Month, L August	6, 192	A -CM	igero	e.		
			Usuel Residence of Decedent						1149400	0, 132		emeny			
21215-0020	nylen how		10a. Stete 10b. County Maryland Prince	Georges	10c. City, Tow Green						1		City Limits		
	Series Ma	cto	-	0001905	0.00	1001						1XX Y	es 2 No		
	within 72 hours efter death with the Maryland ene. than "natural", or items 23a or 28a-f show he Medical Exemines must be notified at	Funeral Director	10e. Street end Number 10f. Zip Code 10g. Citizen of Wh 20770 U.S.A.									ntry?			
	deati	ner	11. Maritel Stetus	12. Wes Decedent Armed Forces	Ever in U,S.	13. W	es Decedent of F	dispanic Orig	gln? (Specify Yes or N , Puerto Rican, etc.)	lo- 14. R	ece - Americ		•		
	s effer or he	by Fu	1 Never Married 2 Merried	1 ☐ Yes 200			Tes, specify Cub ☐ Yes \$\mathbb{Q}\text{\No}	Specify:	, Puelto Ricali, etc.)	leck, White,	V:				
	hour fural	d D	3 Widowed 4 Divorced	Yeer or Detes:	160	Decede	ent's Unual Occur	nation			Láucas	-			
57	in 72	Completed	15. Decedent's (Specify only highest g	rade completed)	100.	(Give k	ent's Usuei Occup ind of work done O NOT use retire	during most	of working	16b. Kind of			- Co		
212	with piene.	mo	Elementery/Secondery (0-12)	College (1-4or	0+1	Nurs		,		Group	неатс	11 111	s. Co.		
	offile offi-	Be C	17. Fether's Neme (First, Middle, Las	7. Fether's Neme (First, Middle, Last)				18. Mother's Neme (First, Middle, Meide							
lai	uld b Wenta	TOE	Otto Lustermann	Ruth Ehr	Ruth Ehrig										
Baltimore, Maryland	s 1 end 2 should be filed within 72 hours efter death with the Maryler of Health and Mental Hygiene. If Health and Mental Hygiene. Item 27 is marked other than "natural", or items 23s or 28sf show other traumatic event, the Medical Examiner rough by notined at		19e. Informent's Neme/Reletionship Christine Hambach	r or Rugal Route Num Lanham, MI	mber, City or Town, State, Zip Code) 1D 20706										
	permit. Peges 1 end: Department of Health Important: If tem 27 any Injury or other tr once.		20e. Method of Disposition	DRamoual from State	20b. Plece of cemete	Dispos	ition (Neme of etary or other pla	G@)	Dete	20c. Location	1 - City or To	own, Stete			
	Pege ment o ant: If i		1 Buriel 2 Acremetton 3 Removel from State 4 Donetton 5 Other (Specify)  Metropolitan Funeral Service, September 6, 1996  Alexandria										a, VA		
	permit. Per Department Important: any injury once.		21. Signeture of Funeral Service Lic	erisee		22. Rer	Name and Addre	ess of Fecility		-					
_	40560		Muslino,	)end		901	3 Annapol	is Road	l, Lanham, MD						
			23a. Part1. Enter the disease, or co shock, or heart failure. List on	receions thet cause one ceuse on eech I	d the deeth. Do i	not enter	the mode of dyle	ng, such es	cardiec or respiretory	errest,		Approxin	nete Between		
	Physician /Medical	١.,	Immediete Ceuse (Finel disease or condition resulting In deeth)  e. Diabetic Coma  Zaay												
	Examiner														
	12 Care	Je.		1	Due to (or es e	consequ	ence of):	1.1			i	r y	cars		
	cuted	Examiner	Sequentially list conditions	b. 2000	Due to (or as e	consequ	enca of):	Jack				0			
Ó,	e exem lan ar uriel-t		Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events  Due to (or as a consequence of):  Due to (or as e consequence of):  Due to (or as e consequence of):												
68760	certificate be executed iding physician and ise es the buriel-transit	n/Medical	Cause (Disease or Injury that Initiated events resulting in death) Lest Due to (or es e consequence of):												
9 xo	e es	Me													
Bo				d											
0	by the a	Physicia	Pert II. Other significant conditions	contributing to death b	out not resulting in	the und	derlying cause given	ven in Pert I.	23b. Did	tobacco use o	ontribute te	the caus	e of death?		
0.	requires that the deeth peen signed by the atte should be deteched for	by	Coronary	Artery	Des	ra.	e		10	Yes 2 No	3 ☐ Pro	bably	Unknown		
ds,	uires ld be		10 + 10		T1-	Įu .	1		24e We	s en eutopsy	24b. W	ere autopr	sy findings		
Record		lete	Henry P	wora	filly (	m (	MINM	-C	per	formed?	av	mpletion of deeth?	or to		
Re	The law sate has b page 2 s	Completed	/						1	IVan aldia			AL DIA		
Vital	ician: The certificate rector, pag	Be C	25. Wes case referred to medical					26 Place	of Deeth (Check only	0001		Yes 2	.LI NO		
>	Physician: this certific ral director,	To B	exeminer?	Hospitel: 1 Inpati	ent 22 ER/Ou	tpetient	3□ DOA Oth	Jer.	rsing Home 5 Re		ther (Specif	hy)			
Jo L	D 0 9		27. Menner of Deeth	28e. Dete of Inju (Month, De	iry 28b. 1	Time of	28c. Inju			how injury occ		, ,			
000	Attending or death.	atle	Neturel 5   Pending (Month, Dey Yeer)   Injury   Work?   1   Yes 2   No												
Division	To the Hospital or Attendin within 24 hours after death.  To the Funeral Director: Att completely filled in by the fun	Certification:	3 Suicide determined Could not be determined 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street and Numb City or Town, Stete)								n <i>ber or Rure</i>	Il Route N	um <i>ber</i> ,		
	pital ours a seral Cilled		29e. Certifier Certifying F	hygiolen: To the best	of my knowledge	dooth	noussed at the ti-	ma data and	d along and dup to the	(a) and		totod			
	24 h 24 h Fun letely	edical		hyeician: To the best minar: On the basis o end manner st	f exemination en	d/or Inve	stigation, in my o	opinion, deet	h occurred et the time	, dete end plec	a, and due to	the ceus	e(s)		
	To the To the	Me	29b. Signature and this of certifier	R	Ah		29c. Licens	se number		29d. Date sign	ned (Month,	Dey, Year	7)		
			1 Hur	1400			H.	218	83	9/0	2/9/	5			
			30. Name and address of person who	completed cause of c	leeth (Item 23a) (	Туре, Р	rint)	, 0	. ^	, 1	111	1	_		
			H- YADL	AnD.	94	20	ANA	14 KO	LIS RO	LAN	HAN	VW.	20706		
	Sta	to	31. Deleter Mortin Dillow	Ja La Historia	ne Kupefull								20100		

Registrar



State of Maryland / Department of Health and Mental Hygiene 96

					Ce	rtificate of	f Death	R	eg. No.		
F	Dhoole		1. Decedent's Name (First, Middle, Las	"				2. Date of Dea Month			3. Time of Courth
	Physic /Medi		PAULINE	LYON				AUGUST	28. 1	996	8:25 PM
0	Exami		4e. Fecility Name (If not Institution, give	street end number)			4b. City, Town, or	Location of Deeth	4c. County	of Deeth	
	8.15		LARKIN CHASE HEAL	TH CENTER			BOWIE		PRINC	E GEOR	RGE
	Funeral Director		5. Sociel Security Number  238-42-8978  Usuai Residence of Decedent	x	(In yrs. last birthday, Yrs.	Months Dey			Year)	9. Birthplac Country CHARL(	OTTE, NC
	death with the Maryland ms 23a or 28a-f show	2	10a. State 10b. County		10c. City, Town or L		<u>_</u>			10d.	. inside City Limits
	he M	Director	MD PRINCE  10e. Street and Number	GEORGE	CAPITOL						
	23a or	ai Dir	114 CANYON PLAC	E		10f. Zip Code 207	43	1	0g. Citizen of V		7
5-0020	or ite	by Funeral	11. Meritel Stetus  1 Never Married 2 Married  3 X Widowed 4 Divorced	12. Was Decedent Ev Armed Forces? 1 Yes 2 No If Yes, Give Yeer or Detes:		Was Decedent of if Yes, specify Cu 1 ☐ Yes 2 🕱 No	Hispenic Origin? (S ben, Mexican, Puerl Specify:	Specify Yes or No- to Rican, etc.)		e - American sk, White, etc	).
2121	within 72 ene. than "nat	Completed	15. Decedant's Edi (Specify only highest grad Elementary/Secondary (0-12) 11TH GRADE	cation le <i>completed)</i> Coilege (1-4or 5+)	(Give	edent's Usual Occi e kind of work don DO NOT use retir	e during most of wa	rking	16b. Kind of Bu		stry NIVERSITY
Maryland	should be filed nd Mental Hygi marked other imatic event, t	To Be	17. Fathar's Name (First, Middla, Last)  JOHN BR	ADFORD			18. Mother's Nar	me (First, Middle, I	Maiden Sumam ERUTN	10)	
Mary	2 8 8 8	-	19a. Informant's Name/Ralationship (T)	rpe, Print)			et and Number or Ru	ural Routa Number	, City or Town,		
	ges 1 and t of Health If Item 27 or other tr		SAUNDRA TABRO	N - DAUGHT	ER 170 F		EADOW WAY		MARLBOR		
altimore,	00-5		1 Deposition 1 Disposition 1	Removal from State	HARMONY	matory or other pi		9/3/96	20c. Location -		, State
altin	구투력류		21. Signature of Funeral Service Licens	_			SPANGLER	the second secon		N, MV	
m	Depar Import		V/hardero P	· Viana			ST., N.			20002	,
			23a. Part1. Enter the disease, or comp shock, or heart failure. List only o	icetions that caused th	ne deeth. Do not en					: A	pproximate
	Physician /Medical		Immediate Cause (Final disease or condition	of tel	The state	2 TK	ibure	.00			iterval Between
	Examiner	_	resulting in death)	a. O JOV	ue to (or as a conse	quence of):	. 6.				0 100
	uted d ansit	Examiner		o well	rhan	C	arge.	TITLE	nog.	>	8-00A
o,	an and		Sequentielly list conditions, if any, leading to Immediata cause. Enter Underlying Causa (Disease or injury	CARC	ue to (or as a conse	A- O	E C	12002			
68760,	death certificata be axecuted e attending physician and of for use as the burial-transit	edical	Causa (Disease or injury that initiated events resulting in death) Last	DI	e to (or as a consec	quence of):		20000			
×	ding p	≥ :		1						i	
Bo	attend for us	cian									
o.	that the death ce ned by the attendi	Physician/	Part II. Other significant conditions co	ntributing to death but	not resulting in the u	andarlying cause g	given in Part I.				ne cause of death?
<u>α</u> ,	that hed by data	by Pt					·	1 U Y	es 2 No	3 Probab	oly 4 Munknow
Records,	law requires that as been signed b	Completed b						24a. Was a perform	n autopsy ned?	evaila	eutopsy findings able prior to eletion of cause
Re	0 - 0	mo						1 🗆 Y	s 2 No		′ea 2□No
Vital	certificate	Be C	25. Wes case referred to medicai				26. Place of Dea	ath (Check only on		1	
of V	00	To	examiner? 1 □ Yes 2 No	lospitai: 1 □ Inpatient	2 ER/Outpatie	nt 3□ DOA O	thar: 4X Nursing H	lome 5 ☐ Reside	ence 8 Othe	er (Specify)	
	fing Aftar fune		27. Manner of Deeth  1 Actual 5 Panding Panding Investigation	28a. Date of Injury (Month, Day )	(ear) 28b. Time of Injury	W	uryat ork? ⊒Yes 2 □ No	28d. Describe ho	ow injury occurr	ed	
Division	는 전 마이	Certification:	3 ☐ Sulcide 6 ☐ Could not be 4 ☐ Homicida datermined	28e. Place of Injury building, etc.	/ - At home, farm, st (Specify)	reet, fectory, office	3	28f. Location (Si City or Town		er or Rural R	oute Number,
	To the Hospital within 24 hours a To the Funeral Completely filled	edicai C	29a. Cartifiar (Check only one) 2 Medical Exami	sician: To the bast of r	xamination and/or in	h occurred at the ovestigation, in my	tima, data and piace opinion, death occu	e, and due to the corred at the time, d	ause(s) and ma ate and piaca, a	nnar as state and due to th	e cause(s)
	To the within 2 To the comple	Mec	29b. Signature and title of cartific	and manner state	u.	29c. Licer	nse number	2	9d. Date signed	1 (Month, Da	y, Year)
	-		<b>8</b> (	May	VD	D-7	3452	('	AUGUST		
	5)		30. Name and address of person who co								
_			SANKINENI J. RAO,	M. D. 40	00 MITCHE	LLVILLE	ROAD BOW	IE, MD	SUITE 2	20	

DHMH 16 Rev 6/95

Registrar

				Olate	OI Waiyia		artment of I rtificate of			iemai riy	Reg. No.			
П	Dhusia	ian	Decedent's Neme (First, Middle	, Last)						2. Data of De Month	eath Day	Year	3. Tima	of Death
	Physic /Medi		Audrey Oriene V	aughn Le	eebrick						24, 199		10:1	5 AM
À.	Exami		4a. Facility Nama (If not Institution	giva street and r	number)			4b. City, To	wn, or Lo	ocation of Deat	h 4c. County	of Deeth		
			26161 Crescent	Lane				Mechai	nicsv	ville	St.	Mary	's	
	Funeral		5. Social Security Number	8. Sex		s. last birthdey)	Months Deys		24 Hrs. Min.	8. Dete of Bir (Month, De	th	9. Birthp	lace (Steta	a or Foreign
	Director		228-42-7491	1□M 2QF	6.	Yrs.				June 1	9, 1935	Vir	ginia	
	pg &		Usual Rasidance of Decedent  10a, Stata  10b, County		100.0	ity, Town or Lo	nation						Od Include	Ola - I I II-
	aho	2			100.0							•		City Limits
	7 6 N	Director		lary's		Mechan	icsville							2 2 2 140
	ti o g	급	10e. Street and Number				10f. Zip Coda				10g. Citizen of \		•	
	swithin 72 hours after death with the Maryland liene. Than "natural", or flems 23a or 28a-f show the Medical Examiner must be notined at	Funeral	26161 Crescent		and a Factor	110	2065		1.0.40	14 14	United			
	Prode man	n.	11. Marital Status	Armed		U,S. 13.	Was Decedent of if Yes, specify Cub	Hispenic Ori pan, Mexicar	igin? (Spi n, Puerto	ecity Yas or No Rican, etc.)	Bie	e - Amaric ck, White,		
20	13 af	by F	1 ☐ Nevar Married 2 ☐ Merrie 3 ☐ Widowed 4 ☐ Divorced	If Yes, C			1□ Yas 2⊠ No	Specify:			Specify	/: 17b a		
5-0020	hou	8	15. Decedent		Dates.	16e Dece	dent's Usuel Occu	nation			16b. Kind of B	Whi		
215	in 72	Completed	(Specify only highas	grade completed		(Giva	kind of work done DO NOT use retire	during mos	t of work	ing	TOO. TAITO OF B	JOH NOSS/ II N	Justry	
212	filed within Hygiene. ther than	E	Elementery/Secondary (0-12)	College	(1-4or 5+)	}	Homemake				N/A	4		
	€£€£	Be C	17. Father's Neme (First, Middle, L	ast)			110 III C III C IVC		ar's Nema	a (First, Middla	, Meiden Sumen	_		
<u>m</u>	should be nd Mental marked o	To B	George H. Vaugh	ın				Ruby	y Kai	rias				
Maryland	SEE	-	19e. Informent's Neme/Reletionsh	ip (Type, Print)		19b. Meilin	ng Address (Stree	t and Numb	er or Run	al Route Numb	er, City or Town,	Stete, Zip	Code)	
	27		Lloyd B. Leebri	.ck 1	Husband	26161	Crescen	t Lane	e, Me	echanic	sville,	Mary	land	20659
ē,	一工五百		20e. Method of Disposition		20b.		osition (Nema of metory or other ple		Ť	Deta	20c. Location -			
Baltimore,	Pages nent of I mr: If He Iry or o		1 ☑ Burial 2 ☐ Cremetlon 4 ☐ Donetion 5 ☐ Other (Sp		11 21616		' Cemetery	900)	b.	-3-96	Chaltanh		Maxel	and
	permit. Pages Department of Important: If It any Injury or once.		21. Semante of Furieral Sovieti	Server .	/			ess of Fecili			Cheltenh	iam,	naryr	allu
ñ	Deg F e		80MMIN.	Sul	n		Nama and Addr Tinsfiel					1 0	0450	
				insfiel			.O. Box					and 2		ete
	Dhamisian		23a. Pert1. Enter the disease, or shock, or heart feilure. List of	nly one cause on	eech line.	our. Do not our	or the mode or dy	nig, 30011 03	oardiac (	or respiretory a	irrost,		Approxim Interval B Onset an	etween d Death
	Physician /Medical		Immediete Ceusa (Finei	60	00	201	ANT	ED.	,	1.0	EDER	5	21	0
	Examiner		disaasa or condition resulting in deeth)	.0		TRY	TIRI	E &	J	717	C 8) 3 6	- 1	7	TYS
		ē		(4)	RUN	or as e consec	P F. IA	-1	Fr	7111	IPF.	1	51	, ,
	icate be executed physician and s the burial-transit	Examiner	Caruantially list conditions	b		(or as e consec	mence off.			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	100	1	47	17
'n	exec an an rial-tr		Sequentially list conditions, if any, leading to Immediate cause. Entar Underlying Cause (Olsease or injury	11	UPO	8 +0	WILLE	0.0					1.	1 -
8/60,	ysicie	cal	thet initieted events	c	Dua to (	or as a conseq	uance of):	(Y)					)	3
0		Medi	rasulting In deeth) Last	C 1			/ /	cul	-AR	AC	cide		7 4	1
gox	endir r use	2		d		7,0	4 112			, 11 -	-1017	M	1	TXT
	law requires that the death certific as been signed by the attending p 2 should be detached for use as	Physician/M	Part II. Other significant condition	s contributing to	death but not re	suiting in the u	nderlying cause gi	iven in Part i	l	23b. Dld	tobacco use co	ntribute to	the caus	e of death?
J.	at the I by the	Phy	(han)	01	- cold	1. 4	110			10	Yes 2□ No	3 Prol	oably 4	Unknown
ທົ	se the	by	C. Nonie	/	37.14	101	100					T		
ecords,	equir bluo	Completed	D	0			1			24a. Wes	an eutopsy omed?	av.	ere autops allabia pric	rto
ပ္ပ	aw r as be	ple		uma	ver	24	140	0/2	2			of	mpletion o death?	f cause
r	The law ate has page 2	P.				/				10	Yas 20 No	10	Yes 2	□ No
VItal	iclan: The lav certificate has rector, page 2	Be	25. Wes case referred to medical axaminer?					28. Piece	of Deetl	h (Check only	one)			
0	Attending Physician: or death. ector: After this certific by the funeral director,	To	1 ☐ Yes 2 No	Hospital:	Inpatient 2	☐ ER/Outpatier	nt 3 DOA	her: 4 No	ursing Ho	me 5 Rasi	dance 8 Oth	er (Specif	y)	
	ng Pt		27. Manner of Death 1 Netural 5 ☐ Pending		e of Injury onth, Day Year)	28b. Time of Injury	28c. Inju	iry at ork?		28d. Dascribe	how injury occur	red		
0	eath. ber: A	ati	2 ☐ Accidant investig	etion				Yes 2□	No					
UNISION	r Att	Certification:	3 Sulcide 4 Homicide  8 Could not be determined  28a. Placa of Injury - At homa, ferm, streat, factory, offica building, etc. (Specify)  28f. Location (Street end Number or Rural Route Number of Street)  28f. Location (Street end Number or Rural Route Number of Street)									umber,		
ב	tal o													
	To the Hospital or Attanding Physician: within 24 hours after death.  To the Funeral Director: After this certific completely filled in by the funeral director.	edical	(Uneck only 2 MedicaliE	xaminar: On the	basis of examin	owledge, deeth	occurred at tha tivestigetion, in my	ime, dete an opinion, dee	d pieca,	and due to the ed at the time.	ceuse(s) end made.	anner as s	eted.	e(s)
	the the mplet	Med		end me	nner steted.									
	5 × 5 %		29b. Signature and title of certifier	/			Z9C, LICON	sa number			29d. Dete signe	(Month,	Day, Tear	
			·	10				3634			0/1	019	6.	
			30. Neme and address of person in		use of deeth (ite			M 7	السييم	20750		,		
		1	Adinath A. Pati	⊥, II. U.		reon	ardtown,	TIAL VI	.allu	20030				

State Registrar

31. Deta liied (Month, Day, Year) AUG 3 0 1996

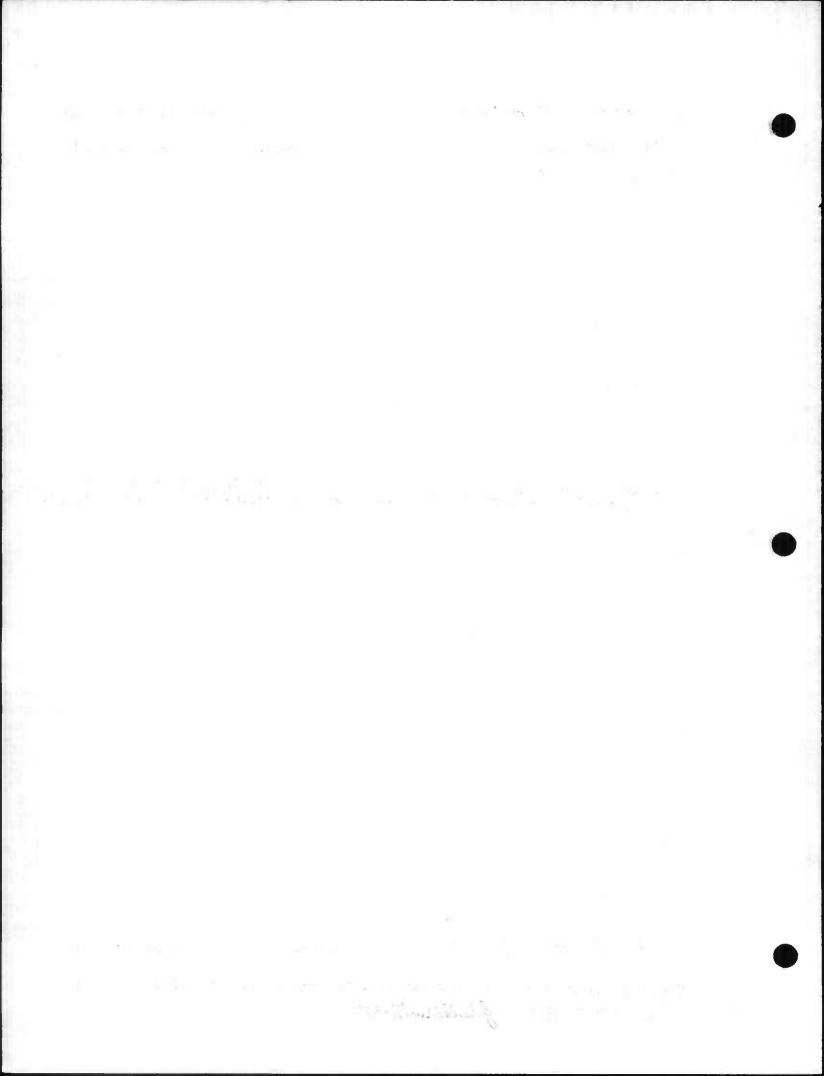


The state of the s 

State of Maryland / Department of Health and Mental Hygiene

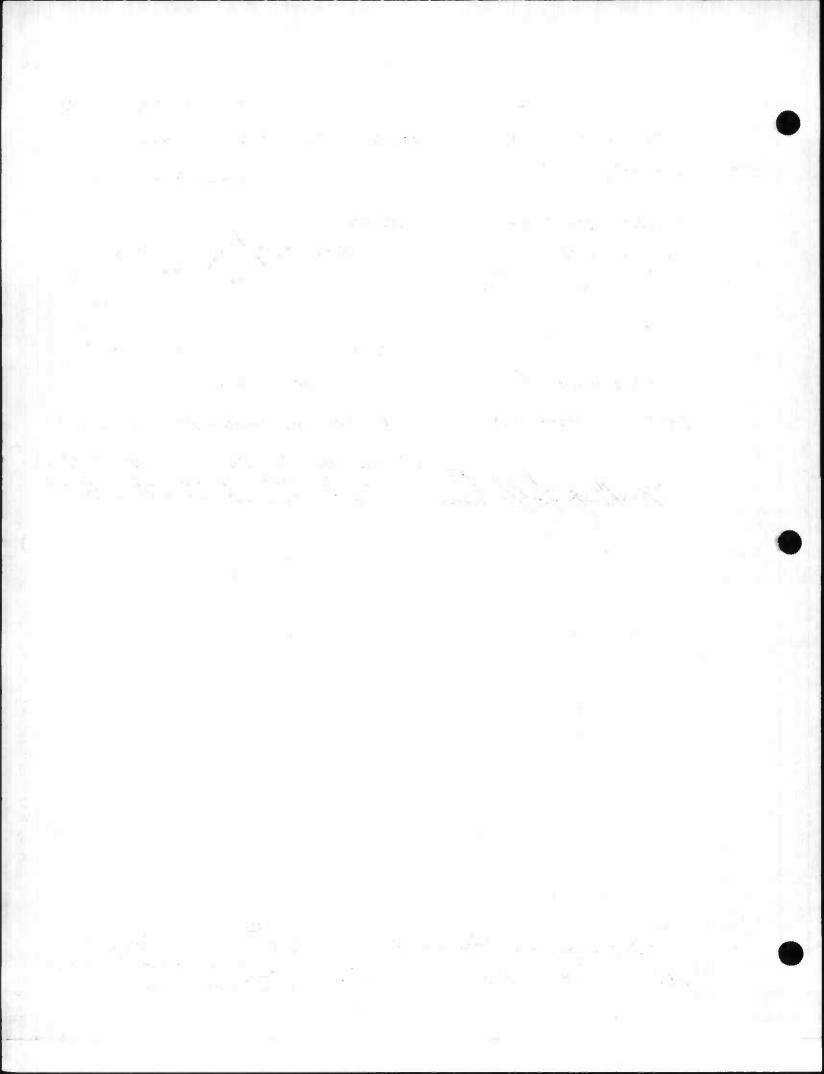
0	100	A ==		-
4	6	//	114	
1	0	Con 1	1 4	- 4

						Certificate of	Death		Reg. No.	0	61141
			1. Decedent's Neme (First, Middla, Las	1)				2. Data of De	ath	Vaar	3. Time of Deeth
	Physic /Medi		James Mad:	ison Lynch	Jr.			August	22 1	Year 996	3AM
	Exami		4a. Facility Nema (If not institution, giva				4b. City, Town, or L				JAN
	Funerat Director		240-07-0001		yrs. last birti	hday) If Under 1 Yea Months Day		8. Data of Bin (Month, De June 7	h y, <i>Year</i> )		nde1 place (State or Foreign try) yland
	pug		Usuel Residence of Decedant  10a. Stete 10b. County	10c	City Town	or Location				1	10d. Insida City Limits
	within 72 hours after death with the Maryland one. than "netural", or items 23a or 28a-f show he Medical Examiner must be reciped at	Director	MD Anne Art			Annapolis			10g. Citizen of \		1 ☐ Yes 2(No
	with with	ā				0			Tog. Onizon of	What Oou	intry i
	r death	Funeral	1401 Harmony Lane	12. Was Decedant Ever i Aqued Forcas?	n U,S.	13. Was Decedent of if Yas, specify Cu	1401 Hispanic Origin? (Sp ban, Mexican, Puerto	pecify Yas or No Rican, etc.)	United 14. Red Blee	Star e - Amaric ck, White,	can Indian, etc.
020	ours after	by	1 Never Merried 2 Merried 3 Widowed 4 Divorced	1 ∰ Yes 2 ☐ No If Yes, Give Yeer or Detes: WW	'II	1□Yas 2⊠No			Specify		
5-0	n 72 hours netural,	Pet	15. Decedent's Edu (Specify only highest grad		16a.	Decedent's Usuei Occi (Giva kind of work don life. DO NOT use retir	ipation	kina	16b. Kind of B		
21215-0020	within ene.	Completed	Elementery/Secondary (0-12)	College (1-4or 5+)		iiie. DO NOT use retir nufacturer			Furnitu	re Co	omnany
d 2	2 should be filed with and Mental Hyglene. Is marked other than sumatic avent, the M		17. Father's Neme (First, Middle, Last)	4			18. Mother's Nem				ompany
Maryland	id be ental ked o	To Be	James Mattison I	wnch			A	D. CC			
ary	should Ind Meni	-	19e. tnforment's Neme/Reletionship (T)		19b.	Meiling Address (Street		ne Duff ral Route Numbe		State, Zip	o Code)
			Elizabeth L. Pasde	n-Daughter	1	401 Harmon	, Lane Ann	apolie	Marula	nd 21	1401
Baltimore,	of Health		20e. Method of Disposition	20		Disposition (Nema of , cramatory or other pi			Maryla 20c. Location	City or To	own, Stata
Ĕ			1XXBuriei 2 ☐ Cramation 3 ☐ F 4 ☐ Donation 5 ☐ Other (Specify)			y Episcopa			Fletch	er, l	NC
alt	mit. Pa spartmen portant: y injury ice.		21. Signature of Funeral Service License			22. Nama and Add	ress of Fecility ohn	M. Tay	lor Fun	eral	Home, Inc
8	29188		Marin L.	Thout		147 Duke	of Glouce	ster St	. Annap	olis,	MD 21401
	17.7		Enter the disease, or comp	Moditions that caused the d	leeth. Do n	ot enter the mode of dy	ring, such es cardiac	or raspiratory a	rrest,	1	Approximete Intervai Between
	Physician /Medical Examiner		Immediate Causa (Finai disass or condition resulting in deeth)	Prosi	tute	CANCE				1	Onset and Death
		ner		500 (	o (or as e c	orisequerice ory.					
60,	certificate be executed nding physician and use as the burial-transit	al Examiner	Sequentielly list conditions, if any, leeding to immadlete causa. Entar Underlying Cause (Disease or injury	b. — Due t	o (or es e c	onsequence of):				i	
ox 68760,	leath certificate attending physical for use as the last	<b>VMedical</b>	thet initiated events resulting in deeth) Last	Due to	o (or as a co	onsequence of):					
Box	ath or	clar	Dod II Othersian Massacra data	telle telle telle telle telle telle telle telle telle telle telle telle telle telle telle telle telle telle te				001 711	A. B. C. C. C. C. C. C. C. C. C. C. C. C. C.		a maranasa Maran
P.0.	es that the death igned by the atter be detached for u	Physician/	Part II. Other significant conditions con	ntributing to death but not	resulting in	tha undariying cause ç	Iven in Part I.			3 Pro	o the cause of death bably 4 Unknow
of Vital Records,	aw requires ts been sign 2 should be	Completed by							an autopsy rmed?	av	fere autopsy findings vailable prior to impletion of cause deeth?
<b>T</b>	0 - 6	PO						101	ras 2 XNo	1(	☐ Yes 2☐ No
Ita	ysician: The s certificate director, par	Be (	25. Wes case referred to medical exeminer?				28. Placa of Dea	th (Check only o	one)		
7	5 00 0	2	1 ☐ Yes 2 No	lospitei: 1 ☐ tnpatlent	2 ☐ ER/Out	patient 3LI DOA	ther: 4 Nursing H	ome 5 AResid	dence 8 Oth	er (Specil	fy)
Division	ath. r: After	Certification:	27. Manner of Death  1 Neturei 5 Pending 2 Accident investigation 3 Suicide 8 Could not be	28a. Dete of tnjury (Month, Dey Year		28b. Time of 28c. Injury et 28d. Describe how injury occurred					
<u> </u>	al or Attend s after death il Director: /	Sertifi	4 Homicide determined	28e. Pieca of Injury - A building, etc. (Sp	At home, fer <i>ecify)</i>	m, street, fectory, offici	1	28f. Location (S City or Tox	Street end Numb vn, Steta)	er or Run	al Route Number,
	To the Hospital or Atte within 24 hours after de To the Funeral Directo completely filled in by th	edical	29a. Certifier (Check only one) 1 Certifying Physical Exami	etclan: To the best of my ner: On the basis of exam end mannar stated.	knowledge, ninetion end	deeth occurred et the /or investigetion, in my	time, dete end pleca, opinion, deeth occur	end due to the red et the time,	cause(s) and me dete end plece,	anner as s and due to	oteted. o the cause(s)
	withir To the	Me	29b. Signetura and title of certifiar			29c. Licar	ise number		29d. Data aigne	d (Month,	Day, Year)
)			Monunh	ach me	)	D2	3867		August	22,	1996
,			30. Neme end eddress of person who co	empleted cause of deeth (	item 23e) (	Type, Print)					
			Thomas M. Walsh, M			a Farm Rd.	Arnold, M	D 21012	(410-6	47-86	500)
	Sta Registi	- 1	31. Dete filed (Month, Dey, Year) AUG 2 7 199	32. Registrar's Si	onetura cuidan	Pandelle					



State of Maryland / Department of Health and Mental Hygiene

27148 Certificate of Death 1. Decedent's Neme (First, Middle, Lest) 2. Dete of Deeth 3. Time of Deeth Dey 1996 July **Physician** Allie Messer 30 1920 /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** Kent & Queen Anne's Co. Hospital Chestertown Kent 7. Age (In yrs. last birthday) if Under 1 Year Months Devs 5. Sociei Security Number If Under 24 Hrs. Birthpiece (State or Foreign Country) 8. Dete of Birth (Month, Dev. Yeer) **Funeral** Deys 11☑ M 2□ F Hours 217-36-6734 82 Director June 29, 1914 Oklahoma Usuel Residence of Decedent 10e. State 10b. County 10c. City. Town or Location 28a-f show 10d. Inside City Limits tem 27 is marked other than "natural", or items 23a or 28a-f st other traumatic event, the Medical Examiner must be nothined 1 Yes 2 No Director Maryland Queen Annes Chestertown 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 176 McGinnis Road 21620 U.S.A. Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No II Yes, Give 11. Maritel Status Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indien Bleck, White, etc. Pages 1 and 2 should be filed within 72 hours after 1 Never Married 2 Married 21215-0020 1 ☐ Yes 2 No Specify: þ 3 ☐ Widowed 4 ☐ Divorced White Year or Detes: 'netural' Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry I Hygiene. Eiementery/Secondary (0-12) College (1-4or 5+) Agricultural Farmer Maryland 17. Fether's Name (First, Middle, Lest) 18. Mother's Neme (First, Middle, Maiden Surneme) Be If Health end Mental Sylvester Messer Rachel Smith 0 19e. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) Patricia Stabler/Daughter 5210 Damascus Road, Gaithersburg, Maryland 20882 Baltimore, 20b. Plece of Disposition (Neme of cemetery, crematory or other plece) 20e. Method of Disposition 20c. Location - City or Town, State permit. Pages Depertment of H Important: If ite any injury or of t Burial 2 ☐ Cremation 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Pauls Kent/August 3, 1996 Chestertown, Maryland 21. Signeture of Funeral Service Licenses Fellows Addres Fellowin & Newnam Funeral Home P.A. 130 Speer Road, Chestertown, Maryland 21620 23e. Pert f. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feilure. List only on ceuse on each line. Approximate Intervel Between Onset end Deeth **Physiclan** Immediate Cause (Final disease or condition resulting in death) /Medical ms. **Examiner** Due to (or es e consequence ol) Examiner or Attending Physician: The law requires that the death certificate be executed Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest and Due to (or es e consequence ol): P.O. Box 68760, attending physician Physician/Medical Due to (or as e consequence ol) ned by the attent deteched for u Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yas 2 ☑ No 3 ☐ Probably 4 ☐ Unknown oper signed b þ Division of Vital Records, 24b. Were autopsy lindings aveilable prior to completion of cause of death? Completed 24e. Wes en eutopsy performed? peed has 2 100 certificate 1 ☐ Yes 1 □ Yes 2 □ No 25. Wes case referred to medical exeminer? Be 26. Plece of Deeth (Check only one) 1 Yes 2 No Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 DInpetient 2 ER/Outpetient 3 DOA this 28e. Dete of Injury (Month, Day Year) 27. Menner of Deeth 28b. Time of Injury 28d. Describe how Injury occurred Certification: 28c. Injury et Work? After 5 Pending investigation 1 Weturel efter death. Director: Aft 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28e. Plece of Injury - At home, larm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, State) 4 Homicide To the Hospital of within 24 hours en To the Funeral Discompletely filled in 29e. Certifier I Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the cause(s) end menner es steted. Medical (Check only one) 2 Medical Examinar: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signature and title of certifier 29c. License number MD 29d. Date signed (Month, Day, Year) 30. Name and address of passon who completed cause of death (Item 23e) (Type. Print) KENT L QUEEN GEORGE YOUNG CHESTERTOWN 31. Dete filed (Month, Dey, Year) 32. Registrar's Signature State relia Davidson-Randoll AUG 0 1 Registrar



purh -

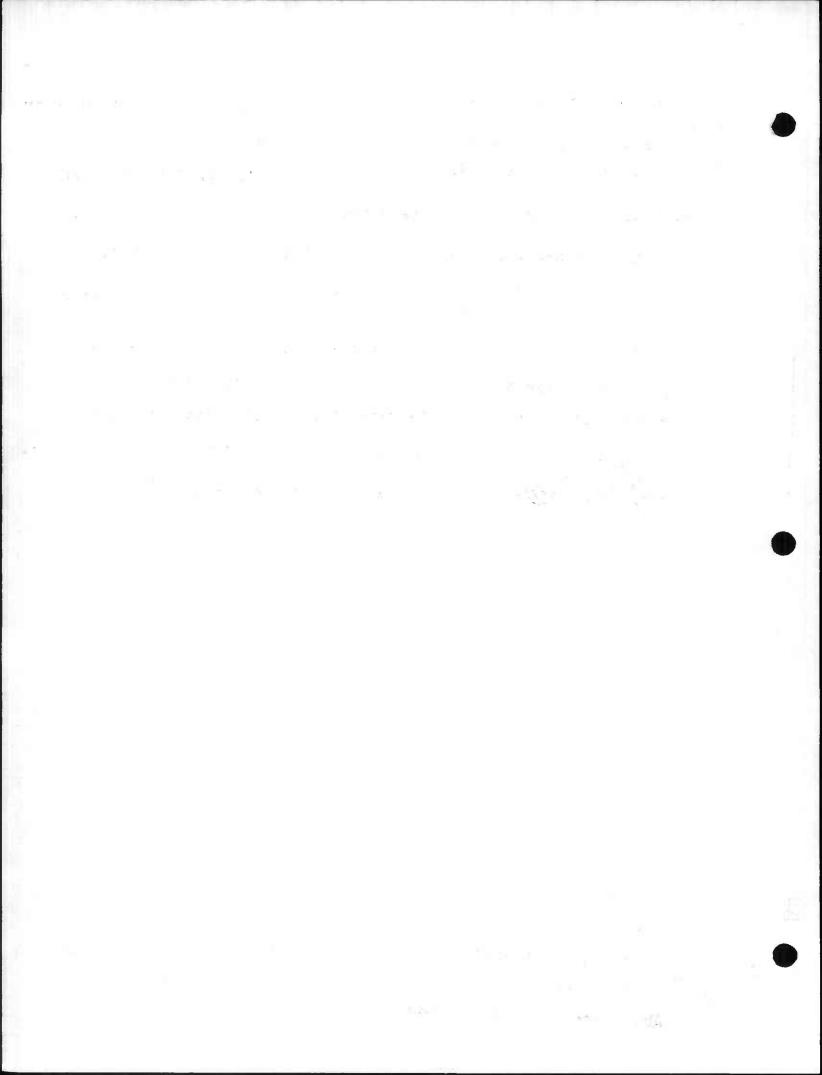
## Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene

ene 96

27149

							Cen	tificate	e of	Death			Reg. No.		
	Diam'r.		1. Decedent's Nama (First, Middle, L			17						2. Data of De Month	_	V	3. Time of Death
ш	Physic /Medi		Betty A. Bry	son Ma	artı	n						Augus	t 26,	1996	9:30 PM
	Exami		4a. Facility Nema (If not institution, g. Medpointe Cal								wn, or b	ocation of Deal		y of Death Ceci	1
-	Funeral			Sex	T	(In yrs. last bir	thday)	If Under	1 Year					-	
	Director		220-18-5582 Usuai Rasidence of Dacedant	1□M 2∏ F			Yrs.	Months	Days	Hours	Min.	8. Deta of Bi (Month, Di	1924	Del	place (State or Foreign ntry) aware
	Pand Mand		10a. Stata 10b. County		1	IOc. City, Town	n or Loc	ation						1.	10d. Inside City Limits
	Sa-f eh	Director	Florida Mana	tee		Br	ade	ntor							1 X Yes 2 □ No
	vith th	눔	10e. Street end Number					10f. Zip	Coda	2420			10g. Citizen of	What Cou	ntry?
	# 23	era	6125 14th S	12. Was Dec			40.14	. D		3420					
020	filed within 72 hours after deeth with the Maryland hygiene. ther than "naturel", or itema 23a or 28a-f ehow brt, the Medical Examiner must be notified at	by Funeral	11. Marital Status  1 □ Navar Married 2 □ Married  3 □ Widowed 4 □ Wivorced	Armed F	orces?			Yas, spec			gin r (Sp i, Puerto	ecify Yas or No Ricen, etc.)	o- 14. Race - American Indian, Black, White, etc. Specify: White		
Ö	2 hou	Pe	15. Decedent's 8	Education			Decede	ent's Usua	Occu	pation			16b. Kind of B	lusinass/in	dustry
215	hin 7.	Completed	(Specify only highast gi	rada completed) College (			(Give k	ind of wor O NOT us	k dona e retire	during most d)	t of work	ing			
7	filed with Hygiene. other than	Com	12	4	(1-401-54)			Dri	ver	-Bus			Trans	port	ation
Maryland 21215-0020	m = 0 =	To Be (	17. Fathar's Nama <i>(First, Middla, Las</i> Sylvester B	•						18. Motha		a (First, Middla len Br	yson	ma)	
Man	ind 2 sho eith and 8 27 ie ma ir treume		19a. Informant's Neme/Ralationship Glenn R. Culle			19b 3 2	Malling Fa	Addrass	(Street R C	and Number	or or Aur Nor	th Eas	er, City or Town	, Stata Zii	36°(a)
Baltimore,	permit. Pages 1 and 2 should by Dopartment of Heelth and Menta Important: If them 27 is marked may infury or other treumatic events.		20a. Mathod of Disposition  1 Buriel 2 Cramation 3 4 Donation 5 Other (Spec	□Ramovei from	State	20b. Piace of cemetar	Disposi y, cremi F E	Ition (Name atory or of PTT1	a of har pla	Co.	, 8	Dete /28/96	20c. Location West		
Balti	Departm Importa		21. Signatura Punkral Service Nov	ansee Do						eral	•		E. Mai		
Y	- I		23s. Part1. Enter the disease, or con shock, or heart failure. List only	nplications that	ceused th	ne daath. Do r	not enter	the mode	of dyl	ng, such as	cardiac	or respiretory e	rrest,		Approximeta
Y	Physician		arrock, or magnitudes, cist one	y ona cause on	eech line.	/								1	Interval Between Onset and Deeth
H	/Medical		Immedieta Causa (Final disease or condition	CI	SIN	10 14	0 1)-	1 71-	4					1	57 V/
	Examiner	ner	rasulting In deeth)	a	2 /	10 Mg	consequ	ance of):	/						J-yVI
	and I-frans	Examiner	Sequentially list conditions, if any, laading to immediate	b	DI DI	a to (or as a c	onsequ	ence of):	7					Ī	
68760,	sloien burie		ceuse. Entar Underlying Causa (Diseasa or Injury thet Initiated events	c	1900	N ales	4	ma	1					i	3 701
89 xo	certificate be executed nding physicien and use es the buriel-transit	n/Medical	resulting in deeth) Lest	d		e to (or es e c	onsaque	ence of):							
Ď	deeth se atten ed for u	Physician	Part II. Other significant conditions	contributing to d	leath but i	not resulting fo	the unc	tarking or	uea ci	van in Part I		23h D(d	tohacco usa co	antribute t	o the cause of death?
o.	es that the deeth igned by the atte be deteched for	hys	1		outil but i	not resenting in	tiva onic	anying oc	usa y	van wij ait i	•		Tes 2□ No		bably 4 Unknow
s,	gned be de	by F	1)2604)	מטונ											
Vital Records,	been s should	Completed										24a. Was perf	an eutopsy ormed?	ev	era autopsy findings vallabla prior to empletion of causa death?
ř	The law ite hes page 2	E										10	Yas Catho	1[	□Yas 2□No
Ta	ysicien: The L s certificate he director, page	Be	25. Was casa referred to medical axaminer?							26. Place	of Deat	h (Check only	ona)		
		ဂ္	1□ Yas 2□ No	Hospital: 1	Inpatient	2□ER/Ou	tpatient	3 DO	A Otl	har: 4521Nu	rsing Ho	me 5 Res	dence 6 🗆 Oti	nar (Specia	(y)
Division of	a the		27. Mannar of Death  1 ☑ Netural 5 ☐ Panding 2 ☐ Accidant Investigation		of Injury oth, Day Y	(ear) 28b. T	Ima of njury	M 28	Sc. Inju Wo 1	ryat ⊮rk? ]Yes 2⊡I	No	28d. Describe	how injury occu	rred	
DIVIS	오류중도	Certification:	3 Suicide 8 Could not l 4 Homicida datarmined	20a. Place	e of Injury ling, etc. (	- At homa, fai (Specify)	rm, stree	et, factory,	office				Straat and Num wn, Stata)	ber or Run	al Route Number,
	To the Hospital within 24 hours a To the Funeral I completely filled	edical	29a. Certifiar (Check only one) Certifying P	miner; On the b	a best of r easis of ex nar stete	camination and	, death o	occurred a estigation,	t tha ti	ma, deta and opinion, daat	d place, th occur	and dua to tha red at tha tima,	causa(s) and m data and place,	annar as s and dua t	stated. the cause(s)
	within To th	M	29b. Signations and title of certifier		111			29c.	Licens	se number	70		29d. Date signs	ed (Month,	Day, Year)
,	61VA		30. Name and address of person who	1)	//	th (Itemy 23a) (	Type, P	rint)	<u></u>	De la		R.,	64.	111	170
	Sta	te	31. Dete filed (Month, Day, Year)	1) ONN F	Registrer's	s Signature	/_	2 (	-("	eyy	(	4 EA	000	1606	2 1/4
	Registr		AUG 2 8 1996	Julia A	widson	Signature Mondal	L								



B.K.S ITEMS: 23 PART I. II. 27.

		u ,	, PER MEO F					С	ertific	ate c	of L	Death		Date of D	Reg. N			0.71	Desil
п	Physic		FRANCE		ora, Lasi,	,	MARI	E	MA	Y				Month	D	ay 1	Yaar	3. Time of	
	/Med Exami		4a. Facility Nama	(If not instituti			um <i>ber)</i>				4	b. City, Town, o	r Locati	UG . on of Deal	22 th 4	c. County	996 of Death	103	3 AM
L			5. Social Sacurity		6. Se:		7 Age //	n yrs. last birthda	a) If Ur	nder 1 Ye	ar	ELKTO		Data of Bi	i ab		CIL		
	Funeral Director	_	214-22-9 Usuai Residanca	880		јм җГ		76 Yrs.	Mont			Hours Mi	n.	Date of Bi (Month, Di 11-28		')	9. Birth	place (Stete contry) MD	or Foreign
	Maryland I-f show	tor	10a. State	10b. Coun	y ecil		10	C. City, Town or Elkton	Location								1	0d. Insida Ci	
	ath with the Marylan 23a or 28a-f show	Funeral Director	10e. Street and N 12 Mapl		t				10f.	Zip Cod		21921			_	itizan of V	What Cour	ntry?	
020	urs after dea al', or itame	by	11. Marital Status 1 Never Ma 3 Widowed	rried 2 Ma		12. Was Dec Armad F 1  Yes If Yes, G Year or I	orces?	r in U,S. 1:	If Yas,	acedent of specify Co	uba	spanic Origin? n, Mexican, Pue Specify:	(Specify erto Rice	Yas or Nan, etc.)	14. Race - American India Black, Whita, etc. Specify: Black		etc.		
Maryland 21215-0020	permit. Pages 1 end 2 should be filed within 72 hours Depertment of Heelth and Mantel Hygiene. Important: if Item 27 is marked other than "natural", any Injury or other traumetic event, the Medical Exp. 800.8.	Completed	(Spe	15. Decede ecify only high condary (0-12)	est gradi	a completed,	) (1-4or 5+)	(Gi		work do Tuse rei	ne d tired,	luring most of w )	orking		16b. Kind of Business				
121	led will have the	S	12					00	mest	ic W	or							11165	
/lanc	Antel Hartel Hrkad ott	To Be	17. Father's Name	v. Mat		s, Sr.						Viola							
Baltimore, Mary	nd 2 sho sith and h 27 is ma r trauma		19e. Informent's I				nter	19b. Ma	iling Addi Bet	ress (Stri	eet e	and Number or I	Rurel Ro	oute Numb	City.	P51247	Stete, Zip	Code)	
	Pages 1 eent of Heent: If Itam			Cremation		lemoval from	State	20b. Place of Dis cemetery, co	emetory	or other	pleci	*	1	ate 30/96			City or To		
Balt	permit. Depertri	1   Burial 2   Cremation 3 4   Donation 5   Other (See 21. Signature of Fusion Sec. Ce 23a. Part f. Enter the disease, or co		ex	cations that	Causedon	AI	The 208	hous E. 3	e 15t	s of Facility of Wrig h stree g, such as cardi	et W	ilm.,	DE	1980	oz	Approximat	8	
	Physician /Medical Examiner		Immediete Cause diseasa or conditi resulting in death	(Finel	it only or	a. ANAPHYLACTIC SHOCK									Interval Bet Onset and I	ween Death			
	81.	ner	resulting in death	,		Due to (or es e consequence of):													
,	certificata be executed rding physiclen and use as the bunal-transit	i Examiner	Sequentially list of any, leeding to i causa. Enter Und Cause (Disease of	onditions, immediate lerlying	S "	b. — Due to (or es e consequence of):													
x 68760,	entificata b ling physic e as the b	Medical	that initiated even resulting in death)	(8			Due	to (or as a cons	quenca	of):							1		
Box	atter for (	clan/M																	
, P.O.	that the ned by th detache	by Physi	Part II. Other sign	IC REWAL				ot resulting in tha	underlyir	ig cause	give	n in Pert i.			Yes			the cause of the c	
ords,	been s	Completed b												24a. Was	s an auto ormed?	opsy	avi	ere autopsy f aliable prior to apletion of co death?	0
Œ	9 4 9	Com												1,10	Yes 2	.□ No	18	₫Yes 2□	No
Vita	sician: The cartificate irector, pa	o Be	25. Was case refe exeminer? XXYes 2			lospitel:		VAX			Othe	26. Place of De							
ō	Physi or this c eral dir	<del> </del>				28a. Dete	of Injury			DUA		4 Li Nursing	1	5 Resi	-			1)	
Division	the the	cation	1 □ Naturel 201 Accident 3 □ Sulcide	invest	igation	8-22-	oth, Day Ye	9:55	A M	1	O Y	? ′es 2∭No	ALL	ERGIC	REAC	TION	TO IV	CONTRAS	
Div	after d Direction by	28a. Dete of Injury  28b. Time of Injury  28c. Injury at Work?  28c. Injury at Work?  28c. Injury at Work?  28c. Injury at Work?  28c. Injury at Work?  28c. Injury at Work?  28c. Injury at Work?  28c. Injury at Work?  28c. Injury at Work?  28c. Injury at Work?							City or To	wn, Stet	e)	er or Rura KTON -	/ Route Num	ber,					

To the Hospital or Attending Physician: The law requir within 24 hours after death.

To the Funeral Director: After this cartificate has been s completely filled in by the luneral director, page 2 should Completed Be 2 Certification:

28f. Location (Street and Number or Rural Route Number, City or Town, State) UNION HOSPITAL, ELKTON, MD. HOSPITAL

O.C.M.E

29a. Certifier (Check only one) 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) and manner as steted.

\*\*Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signatura and title of certifier 29c. License number 29d. Data signed (Month, Dey, Year)

30. Name and address of person and completed cause of death (item 23e) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201 MD

AUG. 24, 1996

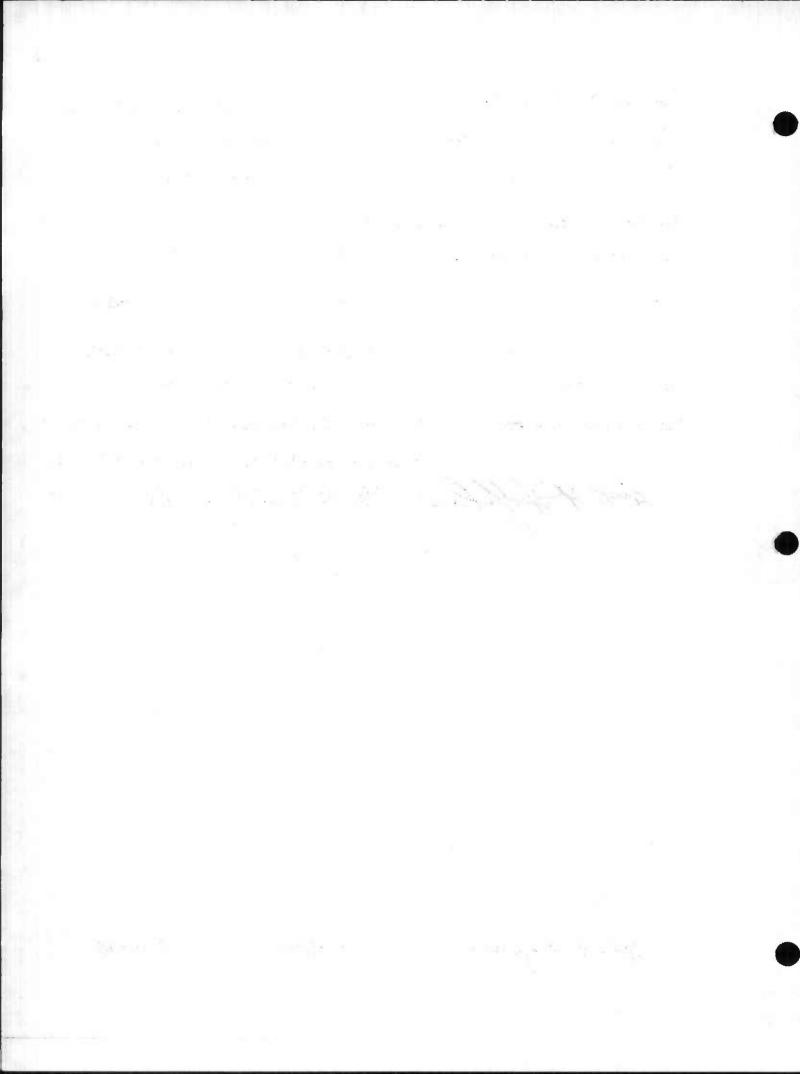
State Registrar

Medical

Rnnis 31. Date filed (Month, Dey, Yeer) AUG 2 9 1996 te 32. Bogistrars Stanture

		Decedent's Name (First, Middle, Last)	tate of Marylan		artment of F tificate of			Reg. No.	6	2 / 1 5 I
Physic /Med		Martha Ellen Maz					August	23,19	Year 96	11:12PM
Exam Funera Directo		4a. Facility Name (If not institution, give stree Magnolia Hall Num  5. Social Security Number  351-20-3327  6. Sex	rsing Home			4b. City, Town, or I Chestert If Under 24 Hrs. Hours Min.		Kent		lace (Stete or Foreign try)
ō		Usual Rasidence of Decedent 10a. State 10b. County Maryland Kent	10c. City	y, Town or Lo			Aug 10	,1727		0d. Inside City Limits 1 ☐ Yes 2 ☐ No
th with the 23a or 28	al Director	10e. Streat and Number 21172 Wyoming Ave			10f. Zip Coda 2162(	)		10g. Citizen of V	/hat Cour	
and 21215-0020 be filed within 72 hours effer death with the Maryland stal Hygiene. Id other than "natural", or items 23a or 28e-f show event, the Medical Evantines must be inclined.	by Funeral	1 Nevar Married 2 Married	Vas Dacedant Evar in U, Armed Forces? ☐ Yes 2 2 No I Yes, Give /ear or Dates:	ŀ	Vas Decedent of I I Yes, specify Cub I ☐ Yes 2 1 No	dispanic Orlgin? (Span, Mexican, Puerto Specify:	pecify Yes or No- o Rican, atc.)	Blac	e - Americ k, White, White	
within 72 horane.	Completed	15. Decedent's Educatio (Specify only highest grede cor  Elementary/Secondary (0-12) 1 2	nnpleted) Collega (1-4or 5+)	(Give life. L	OO NOT use retire	during most of world)	king	16b. Kind of Bu	sinass/Inc	lustry
E ed la la	To Be Co	17. Father's Nama (First, Middle, Last)  John F Trimpey	0	2061	al Worl	18. Mother's Nam Bertha			-	·
こうだっ		19a. Informant's Name/Ralationship (Type, F Linda Susan Mahor				en <i>d Number or Ru</i>				
Baltimore, permit. Pages 1 ar Department of Hea Important: If New 3 any Injury or other		20a. Method of Disposition  1  Burial 2 Coremation 3 Ramo 4 Donation 5 Other (Specify)	vai from Stata	emetery, cren	sition (Name of netory or other ple ike Crei	nation 8	Date 3 / 2 4	20c. Location - Steven		
Departing any in		21. Signature of Funeral Service Licansee	Alle	>	Name and Address Fellows Home Cl	s,Helfer	nbein,&	Newna ryland	m Fu	ineral
Physician /Medical Examine		23a. Part1. Enter the disaase, or complication shock, or heart failura. List only one of the shock of heart failura. List only one of the shock of t	PAMERINA		meyer		or raspiratory an	est,		Approximate Intervel Batween Onsat and Death
58/60, icete be executed physician and s the buriel-transit	ai Examiner	Sequantially list conditions, if any, laading to immediate causa. Enter Undarlying Cause (Disease or Injury c.	Due to (or	as a conseq	uence of):				1	
	an/Medical	that initiated events rasulting in death) Last	Due to (or	as a consequ	uence of):				1	
d by the	/ Physician/M	Part II. Other eignificant conditions contributed	ting to death but not rasu	iting in the un	derlying cause giv	en In Part I.	23b. Did to	-		the cause of death?
required should	Completed by						24a. Was a	an autopsy med?	ava	ra autopsy findings aliabla prior to appletion of cause death?
		25. Was casa referred to medical				00 Division 1	1 🗆 Y		1 🗆	Yas 2□ No
ng Phys fler this	ation: To Be	examiner? 1 Yes 2 No Hospit	tal: 1 Inpatient 2	ER/Outpatient 28b. Time of Injury	28c. Injur Wor	Nursing H	ome 5 Resid	ence 6 Othe		)
To the Hospital or Attending Within 24 hours efter death. To the Funeral Director: After completely filled in by the fune	Certification:	4   Homicide	e. Placa of Injury - At ho building, etc. (Specify	)			28f. Location (S City or Tow	n, Stete)		
ne Hosp n 24 ho ne Fune pletely fi	edical	29a. Certifier (Check only one)  1 Certifying Physician 2 Medical Examiner; (a	<ul> <li>To the best of my know On the basis of examinations of the basis of examinations.</li> </ul>	vledge, death ion and/or Inv	occurred at the tir estigation, in my o	ne, date and placa, pinion, death occur	and dua to the c red at tha tima, o	ause(s) and mai lata and place, a	nnar as st ind due to	ated. tha causa(s)
To the To the complet	Σ	29b. Signature and title of certifier			29c. Licans		2	9d. Date signed		
		30. Name and addrass of person who compla	ted cause of death (Itam	23a) (Type F		13824		8-20	1-96	
- 6	5	John C. Seymour, 122	Speer Road	, Ches	tertown,	Maryland	1 21620			
St Regist	ate rar	31. Date filed (Month, Pay: Year) 96	32. Registrar's Signat Juna Dav	idson-Pa	ndell					

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Dey 1996 Month **Physician** Ruth S. McCool 28, 3 PM Aug. /Medical 4e. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Calvert Manor Health Care Center Rising Sun Hours Min. B. Dete of Birth (Month, Day, Year)

Dec • 21, 1912 5. Sociel Security Number 7. Age (In vrs. last birthday) If Under 1 Yeer Birthplece (State or Foreign Country)
 Md . **Funeral** 1 M 2 J Months 83 213-05-6168 Director Usuel Residence of Decedent with the Maryland 10e Stete 10b. County 10c. City. Town or Location 10d. Inside City Limits show r than "natural", or flams 23s or 28s-f show Md. Ceci1 Elkton Yas 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 202 Parkway 21921 U.S.A. death 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 10 No If Yes, Give Yeer or Detes: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indian. 11 Marital Status Bleck, White, etc. filed within 72 hours after 1 Never Merried 2 Merried Baltimore, Maryland 21215-0020 1 ☐ Yes 25 No Specify: White 20 3 ☐ Widowed 4 Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry al Hygiene. Elementery/Secondary (0-12) College (1-4or 5+) Office Worker Telephone Co. 17. Fether's Neme (First, Middle, Last) permit. Pages 1 and 2 should be file.
Department of Health and Mental Hy important: if Nem 27 is marked oth any injury or other traumatic event state. 18. Mother's Neme (First, Middle, Maiden Surname) Be George W. McCool Marion L. Smith 2 19e. Informant's Neme/Raletionship (Type, Print) 19b. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) J. Victor McCool, Brother 107 Hermitage Dr., Elkton, Md. 21921 20a. Method of Disposition 20b. Piece of Disposition (Name of cemetery, cremetory or other place) Dete 20c. Location - City or Town, Stete Buriel 2 Cremetion 3 Removel from Stete Bethel Cemetery 9/3/96 Chesapeake City, Md. 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funerel Service Licensee 22. Neme end Address of Fecility 259 E. Main St., Gee Funeral Home Elkton, Md. han 1/aswor 21921 23a. Part1. Enter the disease, of complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or hear feiture. List only one cause on each line. Approximete Intarval Between Onset and Death **Physician** Immediate Cause (Final disease or condition resulting in death) /Medical MULTIPLE ISCHEMIC + EMBOLIC STROKES G-8 WKS Examiner Due to (or as a consequence of): CHRONIC ATRICHE FIBRUMERON Sequentielly list conditions, if any, leeding to immediate cause. Entar Underlying Cause (Diseese or Injury that initiated events resulting in deeth) Lest Due to (or es e consequence of) and Physician/Medical 100 Due to (or es e consequence of): 8 attending Pert II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert i. 90 23b. Did tobacco use contribute to the cause of death? signed by d be detact 1 Yes 2 10 3 Probably 4 Unknown P Completed 24e. Wes an autopsy performed? 24b. Were autopsy findings available prior to Deen completion of cause of death? page 2 this certificate 1 ☐ Yes 2 ☐ No 1 ☐ Yas 2 ☐ No Division of Vital 25. Wes case referred to medical examiner? Be 28. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 1 Yes 2 No 1 | Inpatient 2 | ER/Outpatient 3 | DOA 27. Menner of Death 28c. Injury at Work? 28b. Time of 28d. Describe how Injury occurred Certification: Athan 5 Pending investigation 1 Natural 1 ☐ Yas 2 ☐ No 2 Accident after death Director: 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 ☐ Homicida To the Hospital o within 24 hours at To the Funeral Di 1 Certifying Physician: To the best of my knowledge, daeth occurred et the time, dete and piece, and due to the ceuse(s) end manner as steted.

2 Medical Examinar: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred et the time, dete end piece, and due to the cause(s) end menner steted. 29a. Certifier Medical 29b. Signeture end title of confiden 29c. License number 29d. Date signed (Month, Day, Year) 94102 30. Name and address of person who or pleted cause of deeth (Item 23a) (Type, Print) 901 WARbueton Rd EIKTON, 0 MIAM

State Registrar

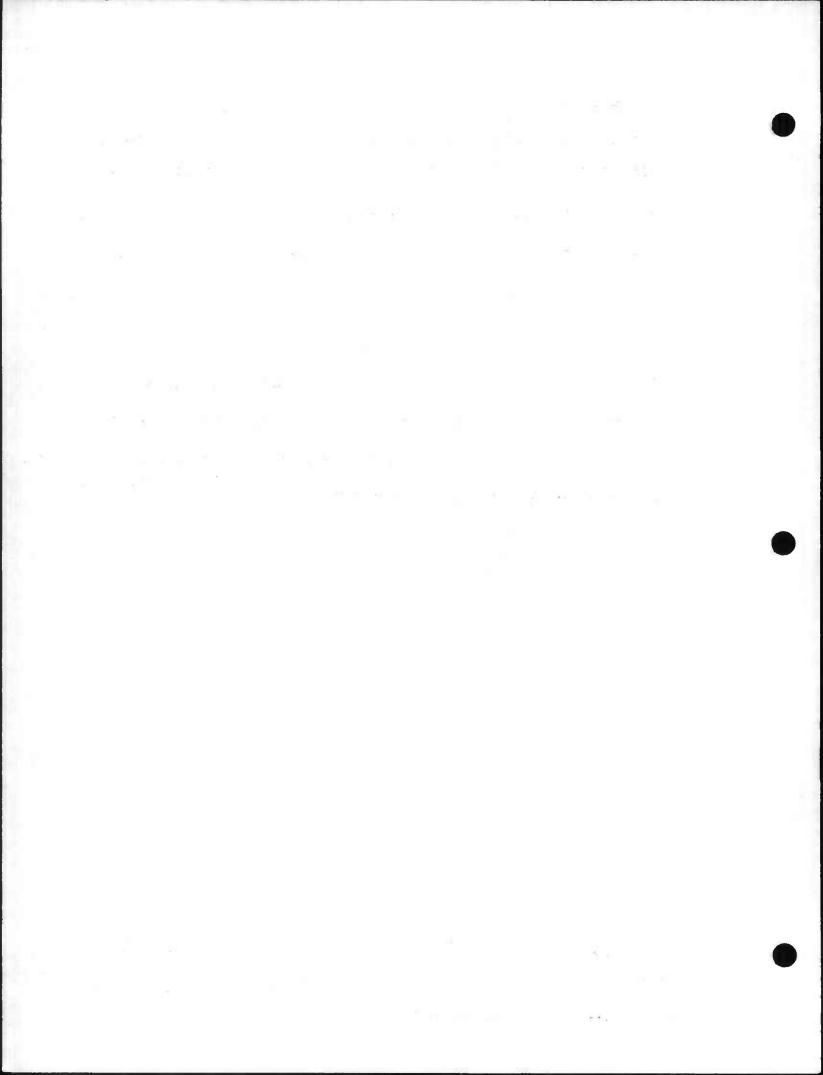
e 31. Dete filad (Month, Day, Year)

SEP 0 1 1996

32. Registrer's Signetura

Fulia Dauthon-Rindson

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3 Time of Death Elizabeth MOODY Madaust 27. 1996 11:40 PM **Physician** /Medical 4a. Facility Nama (If not Institution, giva street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) Prince Georges Doctors Community Hospital 5. Social Security Number 027-24-7741 If Under 1 Year 9. Birthplaca (State or Foreign Country) Georgia 7. Age (In yrs. last birthday) **Funeral** 1□ M 201 F Months Days 64 Yrs Director 08-04-32 Usual Rasidence of Decedant the Maryland 10a. Stata 10b. County 10c. City. Town or Location worke 10d. Insida City Limits "natural", or items 23s or 28s-f show adical Examiner must be notified at Laurel Maryland Prince George's Director 1 X Yas 2 □ No 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 12707 Dicketown Road 20708 USA Funeral deeth 11. Marital Status 12. Was Decedant Evar In U,S. Armed Forces? 1 Yas 2XXNo Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - American Indien, Black, Whita, etc. Pages 1 end 2 should be filed within 72 hours efter of or of Health and Mental Hyglene.
Int: If from 27 Is marked other than "natural", or flei inty or other traumatic event, the Medical Exporter inty or other traumatic event, the Medical Exporter. 1 Navar Married 2 Married Black Baltimore, Maryland 21215-0020 If Yes, Give Yaar or Datas: 1 ☐ Yas 2 No Specify: þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedant's Usual Occupation (Give kind of work dona during most of working lifa. DO NOT usa retired) 16b. Kind of Business/Industry 15 Decedent's Education (Specify only highest grada completed) Elamentary/Secondary (0-12) Collega (1-4or 5+) 12th Homemaker Private 17. Father's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maiden Surname) Be David King Cole Gertrude Bynum 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, State, Zip Code) 12707 Dicketown Road, Laurel, Maryland 20708 19a. Informant's Name/Raiationship (Type, Print) George Moody/Husband 20b. Place of Disposition (Nama of camatary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 Burlai 2 □ Cramation 3 □ Ramoval from Stata permit. Page Department of Important: If any Injury or once. Maryland National Cem. 8/31/96 Laurel, Maryland 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signature of Funarai Sarvice Licansae 22. Name and Address of Facility
J. B. Jenkins Funeral Home Nancy A. Percentie 7474 Landover Road, Landov 23a. Part 1. Enter the disease, or complications that ceused the death. Do not antar the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. 7474 Landover Road, Landover MD 20785 Approximata Intarvai Batween Onset and Death **Physician** /Medical Immediata Causa (Final disease or condition resulting in death) **Examiner** Physician/Medical Examiner iclan and burial-transit that the death certificate be axecuted Sequantially list conditions, if any, laading to immadiata ceusa. Entar Undarlying Cause (Disaasa or injury that Initiated evants rasulting in daath) Last physician s the burial Box 68760, 80 esn P.O. Part It. Other eignificant conditions contributing to death but not resulting in the underlying ceusa givan in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably Unknown Records, ģ The law requires 24b. Wara autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy page 2 s 2 No 1 ☐ Yes 1 TYas 2 No Division of Vital 25. Was cesa rafarrad to madicel axaminar? Be 26. Piaca of Death (Check only ona) Hospitai: 1 Yes 2 No Othar: 4 Nursing Home 5 Rasidence 6 Othar (Specify) Certification: To 1 Inpatiant 2 ER/Outpatient 3 DOA this funeral 27. Mannar of Death 28c. Injury et Work? 28d. Dascribe how injury occurred or Attending 5 Panding investigation 1 Natural aftar death. Director: Al 1 Yas 2 No 2 Accident the f 6 Could not be determined 3 ☐ Suicida 28f. Location (Streat and Number or Rural Route Number, City or Town, Stata) 28a. Piace of Injury - At homa, farm, streat, factory, office building, atc. (Specify) filled in by 4 - Homlcide 24 hours a Funeral C Hospital Cartifying Physician: To the bast of my knowledge, death occurred at the time, date and place, and due to the ceuse(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and manner stated. Medical 29a. Cartifiar (Check only one) within 2 29b. Signatura and title and 29d. Date signed (Month, Day, Year) 0 Physi cray 30. Name and address of person who completed cause of death (Itam 23a) (Type, Print)
NO TAKE ALOURTS ANAKES 3450 Fort Meade Rd, Laurel MD 20724

32 Registrar's Signature

**DHMH 16 Rev 6/95** 

State

Registrar

31. Data filed (Month, Day, Year)

AUG 29

# Please Type or Print in Black Indelible ink. Assure All Copies Are Legible. State of Marvland / Department of Health and Mental Hygiene

						Ce	rtificate of	Death		Reg. No.		
			1. Decedent's Name (First, Midd	dia, Last)					2. Date of Do	eath	Visa	3. Time of Death
	Physic /Medi		Sa	allie	Mal	loy	M	litter	Augus	t 18, 19	Yaar 996	1:33 P.M.
	Exami		4a. Facility Name (If not institution	on, give street and num	nber)			4b. City, Town, or I			-	
			Prince George	es General	Hospit	al		Cheverly		Princ	e Ge	orges
	Funeral Director		5. Social Security Number 577-42-8957	6. Sax 1 □ M 2XXF	7. Age (In yrs. 83	last birthday) Yrs.	If Undar 1 Yea Months Days		8. Date of Bi (Month, D	irth Yeal 913	9. Birth	piace (State or Foreign ntry) h Carolina
	_		Usual Residence of Decedent							, ,	11010	T OUL OLL ING
	death with the Maryland ms 23a or 28a-f show r must be notified at		10a. State 10b. Count	У	10c. Cit	ty, Town or L	ocation				1	10d. Inside City Limits
	with the Marylar a or 28a-f show Le notified at	cto	District of (	Columbia		Was	hington					1 XYas 2 No
	# # 28	Fre	10e. Street and Number		,		10f. Zip Coda			10g. Citizen of 1	What Cour	ntry?
	th wi	aic	461 "H" Stree	et, N. W.;	Apt. 2	18	200	01		Unite	ed St	ates
	hems intermet	ner	11. Marital Status	12. Was Dece	dent Evar In U	,S. 13.	Was Decedent of	Hispanic Origin? (S ban, Maxican, Puert	pecify Yes or N	o- 14. Rac		can Indian,
21215-0020	9 9 E	by Funeral Director	1 ☐ Never Married 2 ☐ Ma 3 ☐ Widowed 4 ☐ Divorce	If Yes Give	2 TXNo		1 Yes 2 XNo		o Hicen, atc.)	Specify	ck, Whita,  V: B1	ack
0-10	72 hours natural', dical Exp	be de		nt's Education		16a. Dece	dent'a Usuai Occu	upation		16b. Kind of B	usinass/In	dustry
215	hin 7	Be Completed	(Specify only high) Elemantary/Secondary (0-12)	ast grade completed) College (1-	40r 5±1	(Giva life.	kind of work done DO NOT use retir	e during most of world)	king			
21	d with	E O	12thgrade	College (1	401 34)		Hotel M	aid		Но	tels	
P	should be filed nd Mental Hygi marked other imatic event, I	9	17. Father's Name (First, Middle	, Last)				18. Mother's Nan	ne (First, Middle	e, Meiden Suman	10)	
Maryland	Mental Mental Mrked o	ToE	Hector		M	alloy		Katie			McEa	chin
ary	s mar		19a. Informant's Neme/Relation	nship (Type, Print)		19b. Maili	ng Address (Stree	et and Number or Flu	ral Route Numb	ber, City or Town,	Stete, Zij	Code) 20747
			JoAnn Mitter K	Kyler (daug	hter)							ts,Marylan
Baltimore,	permit. Pages 1 and Department of Health mportant: if itam 27 any injury or other tr anse.		20a. Method of Disposition		20b. F	Place of Dispo	osition (Name of	ace) Aug. 23	1 Rate	20c. Location -		
JOE TO	ages ant of rt: If it y or o		1 ⊠ Buriai 2 ☐ Cremation 4 ☐ Donation 5 ☐ Othar (					1 Cemeter		Sui+1a	nd	Maryland
=	permit. Pag Department mportant: I any Injury o		21. Signatura of Funarai Service		2							
Ba	Departi Departi Importa any Inje		Buch	D. + 1	10	-		rass of Facility La	tney's	Funeral	Home	, Inc.
	~		Carof O	July-C	recome			gia Avenu			on, D	
			23a. Part 1. Enter the disease, of shock, or heart failure. Lis	or complications that ca st only ona cause on ea	lused the deat ach line.	h. Do not en	ter the mode of dy	ring, such as cardiac	or respiratory	arrest,	i	Approximate Intervei Between
	Physician		U TOVING WELLOW									Onset and Death
4	/Medical Examiner		immediate Couse (Finel disease or condition rasulting in death)	A	SYS	TON	E				į,	8-18-66.
н		_	rasulting in death)		Due to (c	or as a conse	quence of):				Ï	0 11 -1
-	D #	ine		CA	P-DIF	+C	ARRY	MITHW	LA		1	8-18-96.
	icate be asscuted physician and s the burial-transit	Examiner	Sequentially list conditions,	1	Due to (c	or as a conse	quanca of):					
90	san sian surial		Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury	SIP.	- Ri	GHT	BEL	100 K	NEE	AMPITTE	WITH	8-13-96.
68760,	deeth certificate be axecul e attending physician and of for use as the burial-trar	Medical	that initiated events rasuiting in death) Last	. 10		r as a consec	juance of):			4 -11	1	- 48
9	Die o		31 100 • 12 24 10 4 10 10 10 10 10 10 10 10 10 10 10 10 10	SEVI	ERE	PE	RIPHE	PAL 1	A-SCU	LAR		
Box	attendii	an		0.		0 -	a dil	V 1 10 1	111200	DISE	ASF!	
	the at	sic	Part ii. Other eignificant conditi	ions contributing to dea	eth but not ras	uiting in the u	nderlying cause g	iven in Part i.	23b. Did	tobacco uee co	ntribute t	o the cause of death?
P.0	es that the deeth ce igned by the attendi be detached for us	Phy	HUPOTENT	H. WIT	U DE	RTE	MITIM	. ANEW	1A 10	Yee 2 No	3 □ Pro	bably 4 Unknow
	gned be d	by	WHOLLIN	10 1	100	0 1 1 0	10110	1110011	1/1/2			,
Records,	The lew requires that the ste has been signed by th page 2 should be detache	Completed by Physician/	RENAD F	AILURF	•				24a. Was	s an autopsy formed?		ere eutopay findings vallable prior to
S	ew ra	pie	12(10.00)	11.							of	mpletion of cause death?
Œ	he he he he he he	E							10	Yes 2 No	1[	☐ Yes 2☐ No
tal		Bec	25. Was case referred to medical	ai				28. Place of Dea				
of Vital	ysician: The I is certificate he director, pege	To B	examiner? 1 ☐ Yas 2⊠No	Hospitai:	patient 2	ER/Outpatie	nt 3 DOA O	ther		sidence 8 Oth	er /Sneci	6v)
0	Attending Physician: If death.  ector: After this certific by the funerel director,		27. Manner of Death			28b. Time o				how injury occur		<i>y</i> /
lo	offing th.	27. Manner of Death 1										
Division	Atter dea ctor	fice	3 ☐ Suicida 6 ☐ Could	mined 288. Place	of Injury - At he	ome, farm, st	eet, factory, office	•		(Street and Numb	er or Run	al Routa Number,
Š	afta Dire	ert	4 Homicide	buildin	g, etc. (Specif	y)			City or To	own, State)		
	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After th completely filled in by the funerel	edical C	29e. Certifier (Check only one) 2 Medical	ng Physician: To the base and mann	sis of examina	wiedge, deet tion end/or in	n occurred at the t vestigation, in my	time, dete and piace opinion, deeth occu	, end due to the rred et the time,	ceuse(s) and ma , dete end piece,	inner as s	itated. o the cause(s)
	ithin mpk	Š.	29b. Signature and title of certific	200	O SIGNAU.		29c. Licar	nse number		29d. Data signe	d (Month	Dav. Year)
	F ≱ F 8			X/XX	UK,	$\sim 0$	1-5	21450		00-	10	-9 h.
	(7)	-		00/	- ( V	<i>Y</i>	ر لا	2470	7	08	17	, 10,
	(5)		30. Name and address of person	who completed cause	of death (Item	1 23a) (Type,	Pring TIL	Road =	# 220	RAIN	0-1	10-20711
			7.7. Vrao	, my A	100-1	MICH	MILLER	1 soms	1000	Spoon		2

DHMH 16 Rev 6/95

Registrar

Salar and the salar salar

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middla, Lest) 2. Date of Deeth 3. Time of Death Yaar 90 **Physician** 3:15 Am omingo orales /Medical 4e. Facility Nama (If not Institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** 300-18th ave lakoma If Undar 24 Hrs. If Undar 1 Year 8. Date of Birth (Month, Day, Year) 10-27-0 9. Birthplace (State or Foreign Country)
Mariacao, P.R. 5. Sociel Security Number 7. Aga (In yrs. last birthday) **Funeral** 094-22-4160 100M 2□ F Months Days Hours CI Director Usuai Residence of Decedent deeth with the Manyland 10a. Steta 10b. County 10c. City, Town or Location if item 27 is marked other than "natural", or itema 23a or 28a-f ahow or other traumatic event, the Medical Examinar must be notified at 10d. Insida City Limits akoma 1 Yes 2 No Director 10e. Streat and Number 10f. Zip Code 10g. Citizen of What Country? ISA JAENNE 2 Funeral Was Decedent Evar In U.S. Armed Forcas? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Maritel Status 14. Race - Amarican Indian, Black, White, etc. 1 ☐ Yes 2 12 No If Yes, Give filed within 72 hours efter 1 Never Married 2 Married 1 Ves 2□ No Baltimore, Maryland 21215-0020 Specify: à 3 Widowed 4 □ Divorced Year or Dates: Completed 16a. Decedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede complated) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed within Department of Health and Mentel Hygiene. Important: if item 27 is marked other than any injury or other traumatic event, tra Me any injury or other traumatic event, tra Me any olines. Elementery/Secondary (0-12) 5<sup>th</sup> Coilege (1-4or 5+) Shoreman 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surneme) Be Juan mora Kodriques EONOR 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19e. Informent's Name/Relationship (Type, Print) EVELYN 7300-18th Que, Takoma t . 20783 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20a. Method of Disposition Dete 20c. Location - City or Town, Stete 1 ☐ Burial 2 ☐ Cramation 3 ☐ Removal from Stete 8-30-96 Ponce, P.R. Laya Cemetery 4 ☐ Donation 5 ☐ Other (Specify) 22, Nama and Address of Facility
B.K. HENRY FUNERAL Chapel, INC
420-HST-N.E. Wash-, D.C. 20002 21. Signature of Funeral Service Licenses name 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feilure. List only one ceuse on each line. Approximata Interval Between Onsat and Death **Physician** Bronchogenic Cancer Immediate Cause (Final disease or condition resulting in death) Examiner Examiner lalignant physician and s the burief-transit Sequentielly list conditions, if any, leading to immediata cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lest Division of Vital Records, P.O. Box 68760. Physician/Medical Due to (or es e consequance of): USB as signed by the ettending d be detached for use as Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributs to the cause of death? 1 Pres 2 No 3 Probably 4 Unknown þ 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? 1 Yes 2 No 1 ☐ Yes 2 ☐ No certificate I or Attending Physician: after death. Director: After this certific 25. Was case referred to medical examiner?
1 ☐ Yes 2 ☑ No funeral director, 28. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Dete of Injury (Month, Dey Year) Certification: 27. Manner of Death 28b. Time of 28c. Injury st Work? 28d. Dascribe how Injury occurred 5 Pending 1 Neturel 1 ☐ Yas 2 ☐ No 2 Accident investigation 3 Sulcide 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, streat, factory, office building, etc. (Specify) 4 ☐ Homicide To the Hospital or within 24 hours at To the Funeral D 11 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, end due to the cause(s) and mannar as stated. 29a. Certifier pletely (Check only one) 2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated. 29b. Signatura and titla of certifier 29d. Data signed (Month, Day, Year) 29c. Licansa number it Falm 2 30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print) FARAHIFAR . 4000 Mitchelle ville road B216 Bowie MD 20716 31. Dete filed (Month, Dey, Year) 32. Registrer's Signeture Jahr Studior Redell State AUG 27 1996

Registrar DHMH 16 Rsv 6/95

AUG 27 1996 Juli Studier Revolt

special to see

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

27156

Physician
/Medical
Examiner

**Funeral** Director works

the Maryland r than "natural", or items 23s or 28a-f show the Medical Examiner must be notified at death filed within 72 hours efter Pages 1 and 2 should be nent of Heelth end Mental 27 is marked or traumatic ever nt of Heelth e If Item 27 is or other tra

21215-0020

Baltimore, Maryland

**Physician** /Medical Examiner

permit. Page Department of Important: If any Injury or

The law requires that the death certificate be executed pug P.O. Box 68760, the ate nes been signed by page 2 should be detec Records, certificate Division of Vital Attending Physician: this funeral After ours after deeth. Neral Director: Af filled in by the fu or A efter To the Hospital within 24 hours e Hospital 6

1. Decedent's Nema (First, Middle, Last) 2. Dete of Deeth 3 Time of Death WILLIAM MURPHY SR.AUGUST 25 1996 9:15A.M 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth 1836 METZEROTT ROAD #609 ADELPHI PRINCE GEORGES If Under 1 Yaar if Under 24 Hrs. 5. Sociel Security Number 7. Age (In yrs. lest birthday) 8. Date of Birth (Month, Dey, Yaar) Birthplece (State or Foreign Country) 1⊠M 2□ F Months Deys Hours Min 579-22-4988 88 1908 Clinton, N.C. Mar. 10, Usual Residence of Decedent 10e. Stete 10b. County 10c. City. Town or Location 10d. Inside City Limits Director 1 X Yes 2 No Maryland Prince George's Adelphia 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 1836 Metzerott Road, #609 20783 United States Funeral 12. Wes Decedant Ever In U,S. Armed Forces? 1 ☐ Yes 2 ☑ No if Yes, Give 11. Marital Status Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Maxican, Puerto Rican, atc.) 14. Raca - American Indian, Black, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 No Specify: Be Completed by Specify. 3 X Widowed 4 □ Divorcad Yeer or Dates: Black 16a. Decedant's Usuel Occupetion
(Give kind of work done during most of working
life. DO NOT usa retired) Retired 15. Decedant's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Government/Maryland Elamantery/Secondary (0-12) College (1-4or 5+) 5+ U.S.Marshall/Teacher/Professor Public School 17. Father's Nema (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) 10 Walter Murphy Luvenia Edwards 19a. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Numbar or Rurel Route Number, City or Town, State, Zip Code) Lois Murphy - Daughter-in-Law 1836 Metzerott Road, #609, Adelphi, Maryland 20783 20b. Piece of Disposition (Name of cametery, cremetory or other plece) 20c. Location - City or Town, Stete 20e. Method of Disposition 1 ☑ Burlei 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Othar (Spacify) Lincoln Memorial Cemetery 8/30/96 Suitland, Maryland 22. Name end Address of Fecility STEWART FUNERAL HOME, Inc. 4001 Benning Road, N.E., Washington, C. Enter the diseasa, or complications that caused the deeth. Do not antar the mode of dying, such as cardiac or respiretory arrast, or heart feilura. List only one causa on each line. Approximata Intervel Between Onsat end Deeth Immediate Cause (Final disease or condition resulting in death) Hypertensive Arteriosclerotic Cardiovascular Disease Due to (or es e consequence of) Physician/Medical Examiner Sequentielly list conditions, if eny, leeding to Immediata cause. Entar Underlying Cause (Diseese or injury that initiated events resulting in deeth) Last Due to (or es a consaguence of) Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown à 24e. Wes en eutopsy performed? 24b. Were autopsy findings available prior to completion of cause of daath? Completed INSPECTION 1 Yes 2 No 1 ☐ Yes 2 ☐ No Be 25. Wes case rafarred to medical 26. Plece of Deeth (Check only ona) 1 XYes 2 No Othar: 4 Nursing Home 5 Residence 8 Other (Specify) 2 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Certification: 27. Menner of Death 28d. Dascribe how Injury occurred 28e. Deta of Injury (Month, Dey Year) 28b. Tima of 28c. Injury et Work? 1 Naturel 5 Panding invastigation 1 Yas 2 No 2 Accident 3 Suicide 6 Could not be 28e. Pleca of Injury - At home, ferm, street, factory, offica building, atc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide 1 Certifying Physician: To the bast of my knowledge, daeth occurred et tha tima, data end pleca, end dua to tha cause(s) end mannar ss stated.

2 Medical Examiner: On the basts of exeminetion end/or investigation, in my opinion, deeth occurred et the time, date end pleca, and due to the cause(s) Medical 29a. Certifler and menner stated. 29b. Signeture and titla of certifier 29c. License number 29d. Data signed (Month, Day, Yeer) AUGUST 26,1996 O.C.M.E. 30. Neme and eddress of person who complated cause of daeth (Itam 23a) (Type, Print)

111

32. Registrer's Signeture

Penn Street, Baltimore, Maryland 21201

Registrar **DHMH 16 Rev 6/95** 

State

Dennis Chute M.D.

31. Dete filed (Month, Dey, Yaar) AUG 2 9

Mary 17 country of 12 to 

file the western of "

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Deta of Death 3. Time of Death **Physician** Month William Walter Mason 1996 August 16 21:55 /Medical 4a. Facility Name (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner Memorial Hospital at Easton Easton Talbot If Undar 1 Year If Under 24 Hrs. Hours Min. 5. Social Security Number 7. Aga (In yrs. last birthday) 8. Data of Birth (Month, Day, Yaar) Birthplece (State or Foreign Country) **Funeral** Deys 1∭ M 2□ F 79 Yrs. 216-14-2716 Director Feb. 26,1917 Maryland Usuel Residence of Decedent filed within 72 hours after death with the Maryland Hygiene. 10b. County 10c. City, Town or Location 10d. Inside City Limits rat, or items 23a or 28a-f shore Examiner must be notified at 1 X Yas 2 □ No Directo Maryland Caroline Denton 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 407 Lincoln Street 21629 USA Funeral 12. Was Decedent Ever in U,S. Armed Forcas? Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American indlan, Black, Whita, atc. 1 ☐ Yas 2XXNo ff Yes, Give Year or Detas: 1 ☐ Never Merried 2 X Married Baltimore, Maryland 21215-0020 "natural", or 1 ☐ Yes 3 No Specify: 2 Specify: Black 3 ☐ Widowed 4 ☐ Divorced Completed The Medical Decedent's Usuei Occupetion (Give kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grads completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) marked other than Coilege (1-4or 5+) 12th Custodian Factory Work 17. Father's Neme (First, Middle, Last) 18. Mothar's Nama (First, Middle, Malden Sumama) Be Pages 1 and 2 should be finent of Heelth and Mental Int: If item 27 is marked of Samuel Mason 2 Bessie Viola Prattis 19a. informant's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) Catherine Mason 407 Lincoln Street, Denton, Maryland If item 27 or other t 21629 20b. Place of Disposition (Nama of cemetery, crematory or other place) 20e. Method of Disposition Data 20c. Location - City or Town, Stete 1 XBurial 2 Cremetion 3 Removal from Stata 4 □ Donetion 5 □ Other (Specify) 8/24/96 Spring Grove Cemetery Denton, Md. 21. Signature of Funaral Service Doenses 22. Name and Address of Fecility Bennie Smith Funeral Home P.O. Box 1687, Easton, Maryland 21601 The disease, or complications thet caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, earl failure. List only one cause on each line. Approximete fntervel Between Onset and Death **Physician** /Medical immediate Cause (Finei diseese or condition resulting in death) Examiner Examiner The law requires that the death certificate be executed attending physician and for use es the bunal-transit Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initieted events resulting in deeth) Last Division of Vital Records, P.O. Box 68760. Physician/Medical signed by the aid be detached for Part il. Other algnificant conditione contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Onknown ð 24b. Ware autopsy findings avellable prior to 24a. Was an autopsy performed? completion of causa of death? page 2 1 Yes 2 No 1 ☐ Yas 2 ☐ No certificate Hospital or Attending Physician: 25. Was case referred to medical axaminer? Be 26. Place of Deeth (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 inpatient 2 ER/Outpetient 3 DOA After this 28a. Dete of injury (Month, Day Year) funeral 27. Menner of Death 28d. Describe how Injury occurred 28b. Time of 28c, injury at Work? 1 Netural 5 Pending investigation after death. 1 Yes 2 No 2 Accident 3 ☐ Sulcide 6 Could not be 28e. Piece of injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Streat and Number or Rural Routa Number, City or Town, State) 4 Homicide 24 hours edical 1 Certifying Phyelcian: To the best of my knowledge, deeth occurred at the time, dete end place, and due to the cause(s) and menner as steted.

| Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, dete and place, and due to the cause(s) and manner stated. To the Hospi within 24 hou To the Funer completely fil 29a. Certifier 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) Word 30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print) William Woods, Jr., MD, 506 Idlewild, Ave, Easton, Maryland 21601

Registra

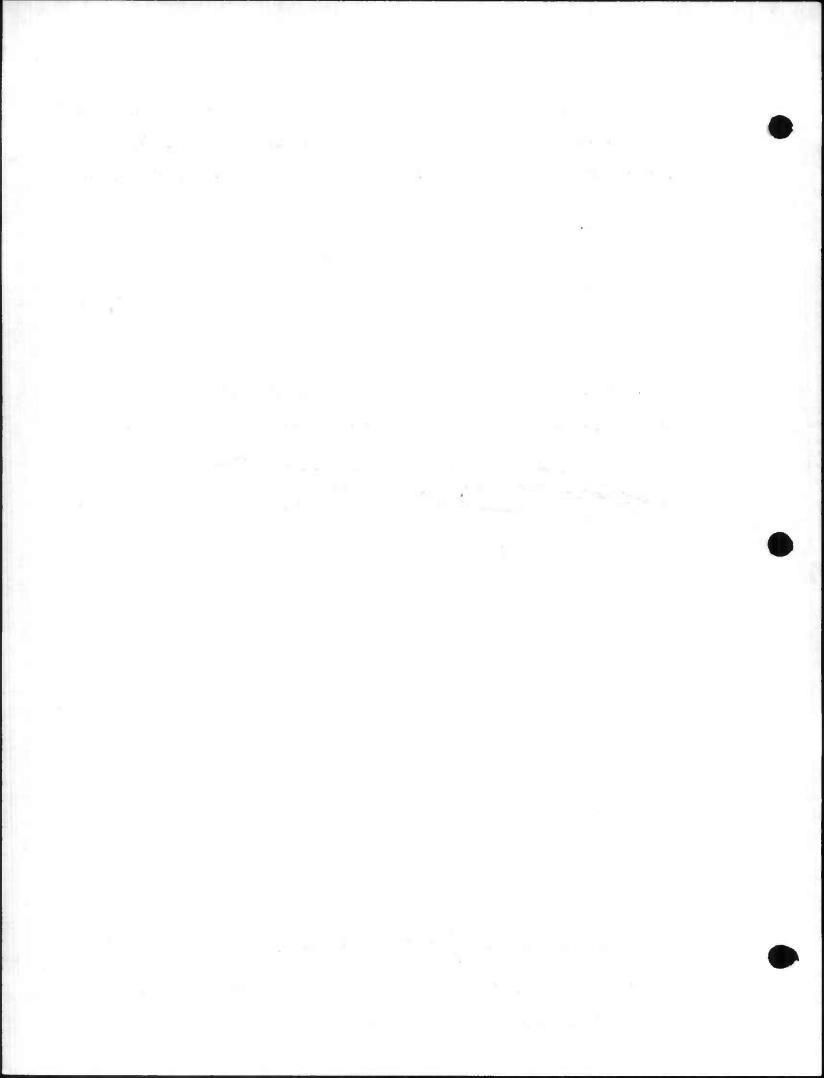
State

31. Dete filed (Month, Day, Year)

AUG 271996

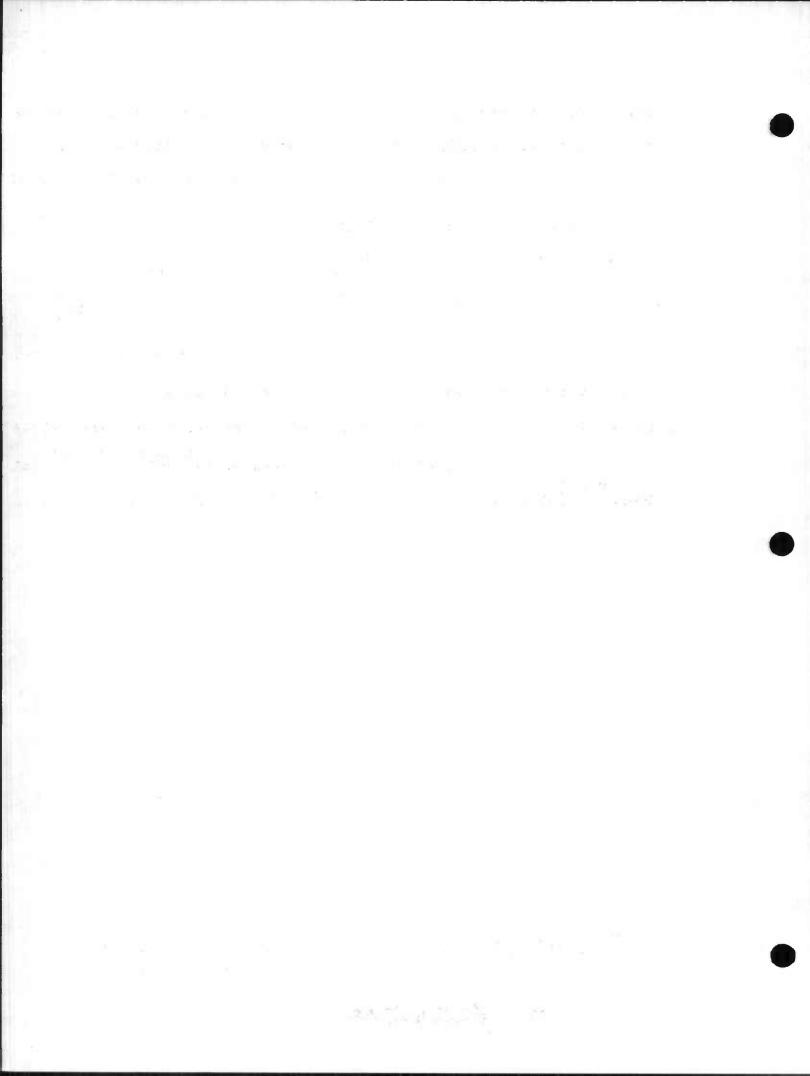
32. Registrer's Signature

relia Davidson



# Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene O.C.

			State of Marylai	Certific				Reg. No.	21130
Physic	ian	1. Decedant's Nama (First, Middle, Las	t)				2. Date of Dea		3. Time of Death
/Medi Exami	cai	Amadeu S. 4a. Facility Nama (If not Institution, give	Moreira street end number)			4b. City, Town, or	Augus Location of Death	t 29 19 4c. County of	
Funerai Director		118 34 8033	7. Aga (In yrs	last birthday) If U	ndar 1 Yaar ths Days	Arnold If Undar 24 Hrs. Hours Min.	(Month, Day	h v, Year) 9.	Arundel Birthplece (State or Forei Country) 914 Portug
yland		Usuel Residence of Dacedent  10a. Stete 10b. County	10c. C	ity, Town or Location					10d. Inside City Limit
Sa-fat	Director	MD Anne An	undel S	everna P					1 ☐ Yes 27 ☐ N
with the or 2		10e. Street and Number 345 Marba Road			. Zip Code 1146			10g. Citizen of Wha	
n 72 hours after death with the Meryland "natural", or frams 23a or 28a-f show accel Examiner must be notified at	by Funeral	11. Marital Status  1 Nevar Merried 2 Merried  3 X Widowed 4 Divorced	12. Was Decedent Ever in U Armed Forces? 1 ☐ Yes 2 ☑ No If Yes. Give	J,S. 13. Wes D If Yes,	ecedent of I	dispanic Origin? (S an, Mexican, Puert Specify:	specify Yes or No- to Rican, etc.)	Portug:	American Indian, Whita, etc.
- 46	Completed b	15. Decedent's Ed (Specify only highast grade Elementary/Secondery (0-12)	Yaer or Detes: ucation de completed) College (1-4or 5+)	`life. DO NO	f work done IT use retire	during most of wor	rking	16b. Kind of Busin	
ifiled with I Hyglene. other than	Be Co	17. Father's Nema (First, Middla, Last)		Machin	ist	18. Mother's Ner	me (First, Middle,	Great r Meiden Sumama)	leck Saw C
should be filed within and Mentel Hyglene. marked other than umatic avant, the M	To B	Amadeu Simoe	s DeLemos			Maria	More	ira	
12 should the and Meni		19a. Informent's Neme/Relationship (7	ype, Print)		,			or, City or Town, Ste	
permit. Pages 1 and 2 should be filed within Department of Health and Mentel Hyglene. Important: If itam 27 is marked other than any injury or other traumatic avant, the Magnets.		John Moreira  20e. Method of Disposition  10 Buriel 2 Cremetion 3 4 Donetion 5 Other (Specify	Removel from Stete	Plece of Disposition cemetery, cremetory	(Neme of or other ple	ce)	Dete	20c. Location - Cit Conselho	cyland 211 yorTown, Stete DeAveiro La Portug
permit. Pa Departmen Important: any injury		21. Signeture of Furnitral Service License	100	22. Nem Barra	e end Addre	& Sons	Funera	1 HOme	ark MD2114
/Medicale be executed by single by single but and single but and single but a	Examiner	Immediate Cause (Final disease or condition resulting in deeth)  Sequentially list conditions, if any, laeding to immediate cause. Enter Underlying	b. —————	or es e consequence	ol):	oma z	the	Colon	6 Marking
death certificate be executed e attending physician and of for use as the burle-transit	edical	Cause (Disease or Injury thet initiated events resulting in deeth) Last	cDua to (d	or as a consequence	of):				
0 0 %	Physician/M	Part II. Other significant conditions co	ntributing to death but not re-	suiting in the underlyi	ng cause gh	ven in Pert I.	23b. Díd t	obacco usa contri	buta to the cause of deat
signed by the	by Phy						10	rea 20 No 3	Probably 4 Unkno
aw requ	Completed b						24e. Wes	an autopsy med?	4b. Were autopsy findings available prior to completion of cause of death?
ate h							101	as 2 No	1 ☐ Yes 2 ☐ No
Physician: The this certificate ral director, pag	o Be	25. Wes case referred to medical examiner?	Hospitel:	TER/Outretton 2F	DOA OH		ath (Check only o	ne) lence 8 🗆 Other (	Canali d
D 5 5	ition: To	27. Menner of Deeth  1 Natural 5 Pending 2 Accident Invastigation	1 ☐ Inpatient 2 ☐ 28e. Dete of Injury (Month, Dey Year)	28b. Tima of Injury	28c. Inju Wo		T .	now Injury occurred	Specify)
- + - c	Certification:	3 Sulcide 6 Could not be determined	28e. Plece of Injury - At h building, etc. (Spaci		ctory, office		28f. Location (S City or Ton	Street and Number on, Stete)	or Rural Route Number,
To the Hospital within 24 hours e To the Funeral Completely filled	edical	29a, Cartiflar 1 ☐ Certifying Phy (Check only one)	sician: To the best of my known and the basis of examine end menner steted.	owledge, deeth occur etion and/or investiga	red et the ti	me, dete end place opinion, death occu	o, and dua to the curred at tha tima,	cause(s) end manne data and place, and	er as stated. I dua to tha ceusa(s)
To the Hospital of within 24 hours elfours elfo the Funeral Discompletely filled is	Mec	29b. Signature and title of certifiar		Docter	29c. Licans	2168		29d. Data signed (A	
		30. Neme and eddress of person who c	ompleted cause of deeth (Ite	m 23a) (Type, Print)	NUT	GLE,			21061.
Sta	ate ar	31. Deta Illed (Month, Dey, Year)	32. Registrer's Sign	eture	•				



State of Maryland / Department of Health and Mental Hygiene

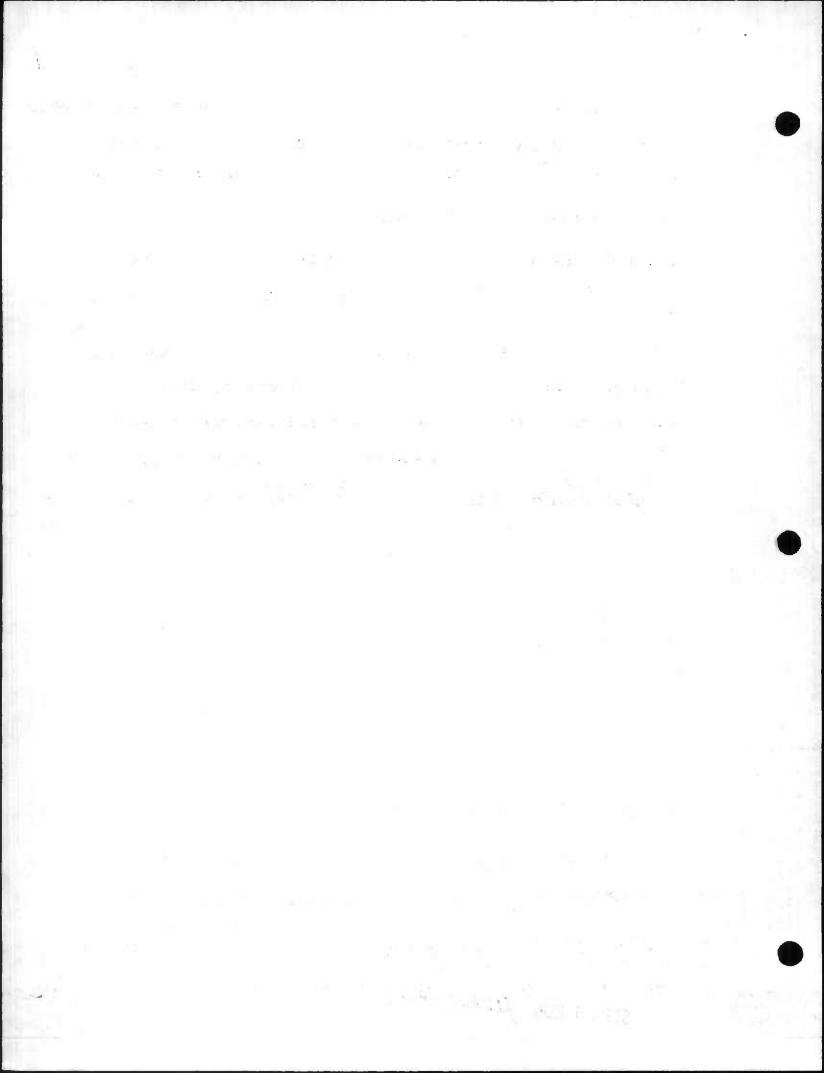
	Physic / Medicard physical phy
Baltimore, Maryland 21215-0020	permit. Pages 1 end 2 should be filed within 72 hours efter death with the Maryland Depertment of Health end Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23a or 28a-f show eny injury or other traumatic event, the Modical Example must be notified at mose.

**Physiclan** /Medicai Examiner

physician and s the bunel-transit The law requires that the death certificete be executed P.O. Box 68760, 98 USB for u the been signed by t should be detech Division of Vital Records. page 2 certificate or Attending Physician: director, this 24 hours after death.
Funeral Director: After this etely filled in by the funeral of Hospital completely within 2 ŝ

Certificate of Death 1. Decedent's Name (First, Middla, Last) 2. Date of Death 3. Time of Death sician Month 3I, Jerry Earl Moore August 1996 11:40 pm dical 4a. Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death miner Garrett County Memorial Hospital-ER Oakland Garrett If Undar 1 Yaar If Undar 24 Hrs. Hours Min. 9. Birthplaca (Stata or Foreign Country)
Pa. 8. Data of Birth (Month, Day, Year May 19, 1 5. Social Security Number 6. Sex 7. Aga (In yrs. last birthday) ral 1**⊠**M 2□F Days Yrs 1941 55 168-30-6093 10a. State 10b. County 10c. City, Town or Location 10d. Insida City Limits 1 Yes 2 No Director Greene Rogersville 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? Funeral PO Box 453 First St. 15359 USA Was Decedant Evar in U,S. Armed Forcas? Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Race - American Indian, Biack, White, etc. 1 ☐ Yes 2 🕱 No If Yes, Give Yaar or Dates: 1 Never Married 27 Married 1 ☐ Yes 2 ☑ No Specify: NO Specify: White þ 3 Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highast grada completed) 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Barber Barber Shop 17. Father's Name (First, Middla, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be Ralph Eugene Moore Mildred Spragg Shultz 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stata, Zip Coda) Carol Ann Moore - Wife PO Box 453 First St. Rogersville, Pa. 15359 20a. Mathod of Disposition 20b. Place of Disposition (Nama of camatary, cramatory or other place) 20c. Location - City or Town, State Date 1X Buriai 2 ☐ Cremation 3 ☐ Removal from Stata 4 ☐ Donation 5 ☐ Other (Specify) Rosemont Cemetery 9/4/96 Rogersville, Pa. 21. Signature of Funeral Service Ocensee 22. Name and Address of Facility
Rush Funeral Home, Inc. FD-011604-L PO Box 388 First St. Rogersville, Pa. 15359 and Inter the disaase, or complications that causad the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, hoch, or heart failure. List only one cause on each line. Approximata Interval Between Onset and Death Immediate Cause (Final 5 HOURS disease or condition resulting in death) sudden death/myocardial infarction Due to (or as a consequence of): Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): Physician/Medical Due to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in tha underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 15 Yes 2 No 3 Probably 4 Unknown þ 24b. Ware autopsy findings available prior to completion of ceusa of death? Completed 24a. Was an autopsy performed? 1 🗆 Yes 2 No 1 ☐ Yes 2 ☐ No Be 25. Was case referred to medicel examiner? 28. Place of Death (Check only ona) Hospital: 2 20 No Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 1 Yes 2 ER/Outpatient 3 DOA 27. Manner of Death Date of Injury (Month, Day Year) Certification: 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred Natural 2 Accident 5 Pending investigation 1 Yes 2 No 6 Could not be determined 3 Suicide 28e. Piace of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata) 4 Homicide Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and dua to tha cause(s) and manner stated. Medicai 29a. Certifier (Check only one) 29b. Signature and title of certifier 29c. Licansa number 29d. Date signed (Month, Day, Year) 08-31-96 unny D26650 30. Name and address of person who completed ceuse of death (Item 23a) (Type, Print) Margaret Kaiser, M.D. 13079 Garrett Hawy Oakland, Md 21550 Registers Signature 31. Date filed (Month, Day, Year) State 1 SEP 1 Registrar



State of Maryland / Department of Health and Mental Hygiene 96

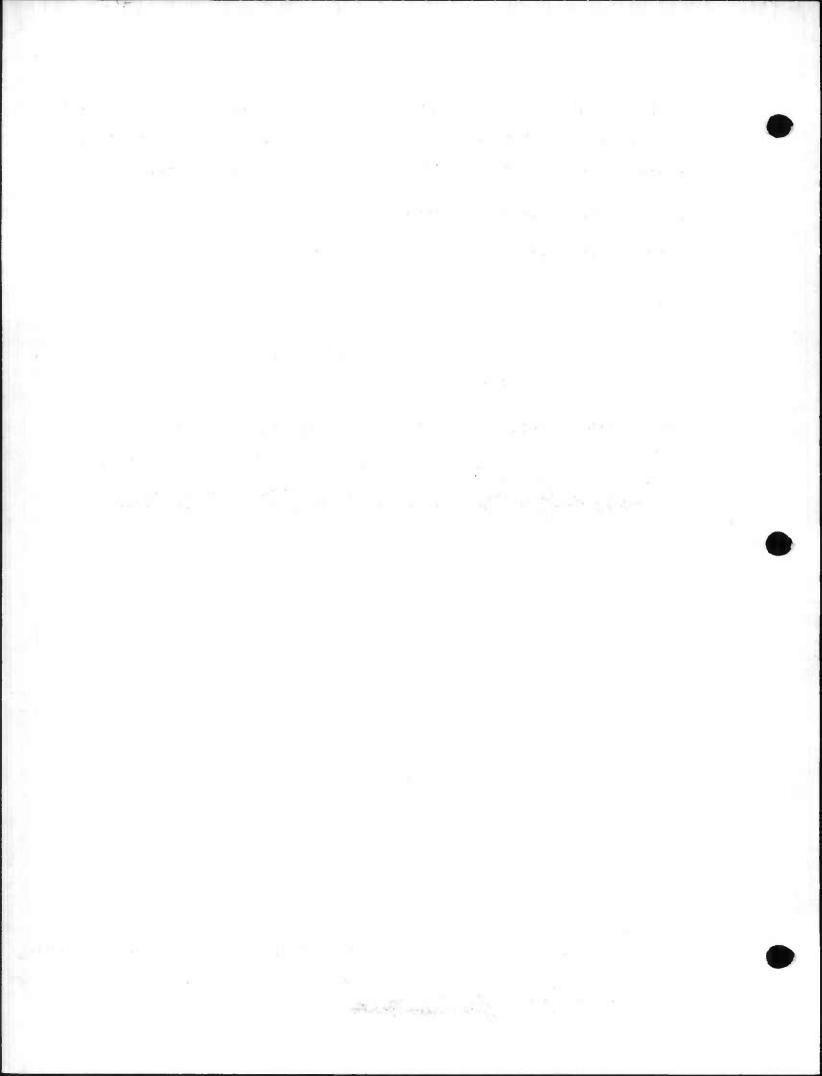
						Certific	cate of	Death		Reg. No.		14,
	Dhusis		1. Decedent's Name (First, Middla, La						2. Data of De Month	ath Dey	Yaer	3. Time of Death
	Physic /Medi		Harry Ada	n	Mille	er			August	23, 19	96	1627
j.	Examir		4a. Facility Name (If not institution, given	re street end number)				4b. City, Town, or	Location of Death	4c. Count	y of Death	
			Calvert Memorial					Prince F	_	Calv	ert	
	Funeral Director		5. Social Security Number 6. S 578 10 2113  Usuel Residence of Decadent	Sex 7. Aga 1⊠ M 2□ F 79	(In yrs. last bi		Indar 1 Yaar hths Days	If Under 24 Hrs Hours Min.		th y, Year) 1916	Counti	ace (State or Foreign ny) / Land
	yend was		10a. Stete 10b. County		10c. City, Tow	vn or Location					10	d. Inside City Limits
	Mar	tor	MD Anne Aru	ındel	Lothia	an						1 ☐ Yes 2 🖾 No
	h with the	al Director	10e. Street end Number 75 Edward Lane			101	f. Zip Code 20711			10g. Citizen of USA	Whet Count	17?
21215-0020	hours efter death with the Marylend urel; or items 23s or 28s-f show	by Funeral	11. Marital Status  1 Never Merried 25 Married 3 Widowed 4 Divorced	12. Was Decedent E Armed Forcas? 1 M Yas 2 No If Yes, Give Yeer or Dates:	0		ecedent of the specify Cub	Hispanic Origin? (Sen, Mexican, Puer Specify:	Specify Yes or No to Rican, etc.)	- 14. Re Bie Speci	ce - Americe ock, Whita, a	itc.
5-0	"naturel",	etec	15. Decedent's E (Specify only highest gra		16e	Decedent's	Usuel Occup	petion during most of wo d)	rking	16b. Kind of E	Business/Indi	ustry
121		Completed	Elementery/Secondery (0-12)	College (1-4or 5+				d)				
7			12 17. Father's Neme (First, Middle, Last		Dı	raftsma	an	10 Mathada Na	me (First, Middle,	US Gov		nt
Maryland	2 0 0 A	Be C	Harry Frank Mil						erbe Yin		110)	
Z	2 should be and Mentel Is marked of sumatic average	To	19e. Informent's Neme/Relationship (		191	h Mailing Add	dress (Street	end Number or R			State Zin i	Code)
			Louise Miller (v					ane/Loth			, otato, zip	5000,
ore,	of Health of Health Item 27 I		20e. Method of Disposition	10	20b. Plece o	of Disposition	(Neme of or other ple	ce)	Dete	20c. Location	- Cify or Tov	vn, Stete
Ĭ	Pag ment ant: M		1 ☑ Burlet 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Special		MD Ve	eterans	s Ceme	tery	8/28	Chelte	nham N	MD
Baltimore,	permit. Pages 1 Department of F Important: If ite eny Injury or ot		21. Signeture of Funeral Service Lice	med mas	Men-			neral & 0		n Servi	ces	
	-		23a. Part1. Enter tha disaase, or comshock, or heart feilure. List only	plicetions that caused t	ha death. Do					rrest,		Approximete Intervel Between
	Physician /Medical Examiner	er	Immediate Cause (Finel diseasa or condition resulting in death)	· acus	L M	1.						Onsat and Deeth
	secuted end Il-transit	Examiner	Sequantially list conditions, if env. leeding to immadiate	b. Jersp	ue to (or es e	consequence	of):					
68760,	certificata be axecuted ording physician end use as the buriel-transit	edical E	Sequantially list conditions, if eny, leeding to immadiate cause. Enter Underlying Cause (Disease or Injury that initieted events resulting in deeth) Last	· CHD	ue to (or as a	consequence	of):					
Box 6	n certif	2	C	· to ·	tit	>						
O. E	e death the atter hed for u	Physician/	Pert It. Other significant conditions of	ontributing to death but	not resulting i	in the underly	Ing cause gi	ven in Pert I.	23b. Did	lobacco uss co	ontribute to	the causs of death?
P.	that the	/ Phy							10	Yss 2□ No	3 Prob	ably 4 Unknown
Records	sw requires s been sign 2 should be	Completed by								en eutopsy rmed?	avai	re autopsy findings ilable prior to apletion of causa eath?
	The after	Cou							101	res 2 No	10	Yes 2□ No
Viita	ysiclen: The s certificate director, pag	Be	25. Wes case referred to medical exeminer?	Managhai			Line		eth (Check only o	ine)		
of	5 00	To	1 Yas 2 No	Hospital: 1 Z Inpatien			DOA O	4 □ Nursing F	tome 5 ☐ Resid			)
Division	Attending For death.  Control After by the funer	Certification:	27. Menner of Death  1 Meturel 5 Pending 2 Accident investigation			Time of Injury M	28c. Injui Wo	nyat nk?  Yas 2 □ No	28d. Describe	now Injury occu	rred	
DIX	al or Attences effectors	Certifi	3 Sulcide 6 Could not b 4 Homicide determined	28e. Plece of Injur building, etc.		arm, street, fe	ctory, office		28f. Location (S City or Tox		ber or Rural	Route Number,
	To the Hospital or Attending Ph within 24 hours efter deeth.  To the Funeral Director: After thi complately filled in by the funeral	edicai	29e. Certifier   1 Certifying Ph (Check only one)   2 Medical Example	ysician: To the best of niner: On the besis of a and menner state	examinetion en	e, deeth occu nd/or trivestige	rred et the tie	me, date end place opinion, deeth occu	a, and due to the urred at the time,	cause(s) and m date end piece,	enner es ste	eted. the ceuse(s)
	To the To the Comp	×	29b. Signeture end title of certifiar				29c. Licens	sa number		29d. Dete sign	ed (Month, D	Day Year)
			athe much	La Mor	dan	<u>~</u>	D17	7168		81	25	191,
			30. Neme end address of person who	completed cause of de	eth (Item 23e)	(Type, Print)				- 1	/	7
			Dr. K. Yazdar					539				
	Sta Registr		31. Dete filed (Month, Dey, Year) AUG 2 7 19	96 32. Registrar	's Signetura	-Randell	2					

# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

						Ce	rtificat	e of	Death		Re	g. No.			
	Dhusi		Decedent's Neme (First, Middle							2	2. Dete of Deetl Month	h	Veer		es of Death
	Physic /Med		HELEN MCKENNA							A	Wonth 9	21 l	Yeer 496	8	OPM
,	Exami		4a. Feoliity Nema (If not institution, give streat and number)  4b. City, Town, or Lo								ation of Deeth	4c. County		- d o '	1
-	Funeral	To Be Completed by Funeral Director	5. Sociel Sacurity Number	8. Sex 7. A	0.7 Months Dave House M				24 Hrs.   s	B. Data of Birth	Anne Arundel  th y, Year) 2 2 2 Sirthpleca (State or Foreign Country)				
	Director		220-03-1040	1 □ M 2 □ F	□M 25xF 87			Yrs. Volta Days Tiodis			Junii,	y, Year) 1909 Country) MD			
Baltimore, Maryland 21215-0020	Maryland of show		Usuel Residence of Decedent   10e. Stata   10b. County   10c. City, Town or Location   MD   Anne Arundel   Arnold								10		e City Limits		
	with the 3e or 28s		10e. Street end Number 305 College		10f. Zip Code 2 1 0 1 2					10	10g. Citizen of Whet Country? U • S • A •				
	s 1 and 2 should be filed within 72 hours after death with the Maryland Haath and Mental Hygiene. Item 27 is marked other than "naturel", or items 23s or 28a-f show other traumatic event, the Medical Examiner must be notified at		11. Maritai Stetus  1 Never Merried 2 Marrie  3 Widowed 4 Divorced	Armed Forces	12. Was Decedant Evar In U,S. Armed Forces? 1 □ Yes 2 ☑ No If Yes, Give Yaar or Detes:		13. Wes Decedent of Hispanic Origin? (Speci If Yes, specify Cuban, Mexican, Puerto Ric				acify Yas or No- Rican, atc.) 14. Rece - An Bleck, Wh Specify:			merican Indian, thite, etc. White	
	72 ho		15. Decedent's (Specify only highest	s Education	cation 16e.			Decedent's Usual Occupation (Give kind of work dona during most of working			_ 1	16b. Kind of Business/Industry			
	within ene.		Elamentery/Secondery (0-12)	1	College (1-4or 5+)			Sales Person  18. Mother's Neme (Fig. 1)			<b>'</b>				
	filed within Hygiene. ther then ent, the Mo		12+ 17. Fathar's Neme (First, Middle, L	anti										ment Store	
	d be i		Tr. Fattigi a realite (r mai, micore, E	•											
	and Men a marke sumatic		19a. Informent's Name/Relationsh	ip (Type, Print)	e, Print) 19b. Mailing Address (Street end A					un Known imber or Rurel Route Number, City or Town, State, Zip Coda)					
	is 1 and 2 of Health a litem 27 is		Elizabeth L. 20a. Method of Disposition	Bell	e 1 1			1084 River Bay Rd			Annapolis, M				1
			1 Buriel 2 □ Cramation 4 □ Donetion 5 □ Other (Sp.		COII	matary, crametory or other place)  Lorraine Park 8-2			i		Baltimore, MD				
a	permit. Paga Department of Important: If any Injury or price.		21. Signature of Foreign Service Licenses 22. Nama and Addrass of Facility										2	114	
8	88188	( Ju	Parranco & Sons Funeral Home 495 Ritchie Hwy. Severna Park, MD Approximate interval Between Onset and Deeth  Approximate price of condition of the condition of												
	Physician /Medical Examiner														
	LAMINIO		resulting in death)		Due to (or a	s e consec	quence of):				131564	ME	i		
	uted 5 ansit	Medical Certification: To Be Completed by Physician/Medical Examine		b			1 6								
68760,	ficeta be emouting the purishment of the burial-trans												1		
	leath certificeta be e e e e e e e e e e e e e e e e e e		Cause (Disease or Injury thet initiated events resulting in deeth) Last  Dua to (or es e consequenca of):												
×	certific ding p			d									i		
80	eath etten lor u														
P.O.	that the death led by the etter detached for u		Pert II. Other significant condition	ng in the u	g in the underlying cause given in Pert I. 23b					b. Did tobacco use contribute to the cause of death?  1 Yes 2 No 3 Probably 4 Withnown					
Rec	es that igned I be det										10 10	TO THE ZEINO SEPTEMBRY SEPTEMBRY			
	aw requir										24e. Wes an autopsy performed?  24b. Were autopsy findings available prior to completion of cause of death?				
	는 음물										1 ☐ Ye	s 2 10	1 🗆	Yes :	2□ No
Vita	Physicien: The this cartificate ral director, pag		25. Wes case referred to medical exeminar?	Manital				0.11			Check only one				
on of Vital	this ral di		1 Yes 2 No  27. Manner of Death	1 LI Inpati							Home 5 Residence 8 Other (Specify)				
	After fune		1 ☐ Naturei 5 ☐ Panding 2 ☐ Accident Investige		28e. Dete of Injury (Month, Dey Year)			8c. Injur Wor	liury et Vork? ☐ Yas 2 ☐ No		28d. Dascribe how injury occurred				
Division	F # E C		3 Sulcide 4 Homicide 6 Could not be determined 28e. Pleca of Injury - At home, ferm, straet, fectory, office building, etc. (Specify)								28f. Location (Street and Number or Rural Routa Number, City or Town, State)				
	To the Hospital or within 24 hours afte To the Funeral Dir complataly filled in		29e. Certifier (Check only one)  1. Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, and dua to the cause(s) and menner as stated.  2. Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, deta and piece, end due to the cause(s) and manner stated.												
	Within To th		29b. Signeture and file of certifier 29c. License number 29d. Dete signed (Month)									i (Month, E	Day, Yea	7)	
			> Anu	ere My	)		0	2	1770	0	A	ugust	1 23	3	1996
			30. Neme and address of person w	ho completed cause of			Print)		221	200	CO B	A 7.	Mand	45	2/225
	CAO	10	31. Dete filed (Months Day, Mean)	1000 32 Regist	ar's Minatur	203	94	7. (	1171	1TY 3	0 0	10000	NON	-	1-9
	Sta	ie.	AUG 27	1330 SW	a David	1	MARC								

DHMH 16 Rev 6/95

Registrar



27162

3. Tima of Death

10d. Inside City Limits

**Approximate** interval Between Onset and Deeth

AUGUST 29, 1996

2 days

1 ☐ Yes XXNo

5:38 AM

ate	of	Mar	yland /	Dep	artme	ent o	fŀ	lealt	h and	Mental	Hygiene		
				-				-					

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death Dey **Physician** Year JAMES GRAHAM MURDOCK AUGUST 29, 1996 /Medical 4a. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner PHYSICIANS MEMORIAL HOSPITAL LA PLATA CHARLES If Under 1 Year if Under 24 Hrs. 8. Dete of Birth
Hours Min. (Month, Day, Year) 5. Sociel Security Number 6. Sex XXM 2□ F 7. Age (In yrs. last birthday) Birthpiece (State or Foreign Country) **Funeral** Deys Yrs. Director 212-14-5285 SEPTEMBER 18, 1917 MARYLAND Usuel Residence of Decedent death with the Maryland 10e State 10h County 10c. City. Town or Location 7 is marked other than "natural", or flams 23s or 28s-f show traumatic event, the Medical Examinat must be notified at Director MARYLAND CHARLES MARBURY 10a. Street and Numbe 10f. Zip Code 10g. Citizen of What Country? 5255 BICKNELL ROAD 20658 U.S.A. 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 (T)No If Yes, Give X Yeer or Detes: 11. Maritai Status 13. Was Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Bieck, White, etc. permit. Pages 1 and 2 should be filed within 72 hours after to Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural", or ther any Injury or other traumatic event, the Meutest Ensure 1 Never Merried Merried Baltimore, Maryland 21215-0020 1 ☐ Yes 2/10/No Specify: WHITE þ 3 ☐ Widowed 4 ☐ Divorced Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) U. S. FEDERAL Elementary/Secondery (0-12) Coilege (1-4or 5+) GOVERNMENT 10 PAINTER 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Surneme) JAMES ALBERT MURDOCK RUTH MAY MILLARD 19e. Informant's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5255 BICKNELL ROAD, MARBURY, MARYLAND 20658 VALETTA C. MURDOCK/SPOUSE 20b. Piece of Disposition (Neme of cametery, crematory or other piece) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 Burial 2 Cremetion 3 Removel from Stete
4 Donetion 5 Other (Specify) TRINITY MEMORIAL GARDENS 8/31/1996 WALDORF, MARYLAND 21. Signature of Funeral Stance Licensee 22. Neme end Address of Facility THE HUNTT FUNERAL HOME, INC. KNISLEY 3 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heert feilure. List only one cause on each line.

**Physician** /Medical Examiner

USB as

signed by d be detacl

certificata

To the Hospital or Attending Phyalcian: within 24 hours after death.

To the Funeral Director: After this certifical completely filled in by the funeral director,

P.O. Box 68760,

Division of Vital Records.

Immediate Cause (Finei diseese or condition resulting in death) Examiner physician and s the burial-transit

Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initieted events resulting in deeth) Last

Acute Sepsis Pancreatitis Due to (or es e consequence of): - Choudochouthiosis Due to (or es e consequence of):

Physician/Medical Part II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Malnutrition þ 24b. Were autopsy findings available prior to completion of cause of death? 24e. Wes en autopsy performed? Completed 1 ☐ Yes 2 No 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical Be 28. Plece of Deeth (Check only one) exeminer? Hospitei: 1 Inpatient 2 □ ER/Outpetient 3 □ DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify) 27. Menner of Death 28a. Dete of Injury (Month, Dey Year) 28b. Time of 28d. Describe how injury occurred Certification: 28c. Injury et Work? 1 Netural 5 Pending 1 Yes 2 No investigetion 2 Accident 6 Could not be determined 3 Sulcide Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) and manner as steted.

Madical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) manner, stated. 29e, Cartifier Medical 29b. Signature an 29c. License number 29d. Dete signed (Month, Day, Year)

State Registrar 30. Neme and address of person who completed cause of deeth (Item 23a) (Type, Print)

CHARLENE A. LETCHFORD, M.D., 700 OLD LINE CTR.,#100, WALDORF, MARYLAND 20602 31. Dete filed (Month, Dey, Year)

D46419

32. Registrar's Signature. AUG3

Alberta de per acel 

State of Maryland / Department of Health and Mental Hygiene

27163

						Certificate of	of Death		Reg. No.		top 2 8	0
	Physici	an	1. Decedant's Nama (First, Middla, L					2. Data of Dea	ath Day	Yaar	3. Time of	
	Physici /Medio		WILLIAM ANDR	EW MECUM				AUGUST	28, 199	6	4:45	PM
	Examir		4a. Facility Nama (If not institution, gi				4b. City, Town, or I	Location of Death				
			294 Main Stre				Lothian		Anne			
	Funeral Director			1 DAY OFF	(In yrs. last birl	hday) If Undar 1 Ya Months Da		8. Data of Birt (Month, Da Aug. 29	y, Year) 9, 1922	9. Birthp Coun Ohi	olaca (Steta o otry)	ir Foraign
	and dand		10a. Stata 10b. County		10c. City, Towr	or Location				1	0d. Insida CI	Ity Limits
	ha Mary 28a-f sh offied	Director	Maryland Anne A	rundel	Lothia						1 🗆 Yas	2 🔀 No
	ath with t		10e. Street and Number 294 Main Street,	_		. 2	0711		10g. Citizen ot V	A		
0050	72 hours after death with the Maryland *natural", or flems 23a or 28a-f show edical Examiner must be notitied at	by Funeral	11. Marital Status  1 □ Navar Married 2 ◯ Married  3 □ Widowad 4 □ Divorced	12. Was Decedant Ev Armed Forcas? 1 □ Yas 2 □ No if Yas, Giva Yaar or Datas:		13. Was Dacedant of It Yas, specify C	of Hispanic Origin? (Suban, Maxican, Puart No Specify:	pecify Yas or No o Rican, atc.)	Specify	e - Amaric ck, Whita,		
5-0	i within 72 ho jene. r than *natur the Medical	Completed	15. Decedant's E (Specify only highast gi	ducation ada compiated)	16a.	Decedant's Usual Oc (Giva kind of work do lifa. DO NOT usa re	cupation na during most of wor	rking	16b. Kind of Bi	usinass/in	dustry	
121		du	Eiamantary/Secondary (0-12)	Collega (1-4or 5+	)				Chann	na M	-11	
7	e filed withing the Hygiene. other than		17. Father's Nama (First, Middia, Las	<i>*</i>	5	team Engin	1	na (First, Middle,	Shoppi		all	
Maryland 21215-0020	S ta b >	To Be	Alfred Mecum	y 				Andrew:		10./		
	d 2 sh ith and it is m treum		19a. Informant's Name/Ralationship Helen C. Mecum -			Mailing Addrass (Str. 94 Main St						2071 1, MD
ore	Pages 1 and mant of Haalt ant: If Itam 2: ury or other		20a. Mathod of Disposition  1 D Burial 2 D Cramation 3	Ramoval from Stata	20b. Place of cematar	Disposition (Nama of y, crematory or other	piace)	Data	20c. Location -	City or To	own, Stata	
Ë	mant ant: l		4 □ Donation 5 □ Other (Space	(y)	Huntt	Crematory	9	1-96 T	Waldorf,	, Mar	yland	
Baltimore,	pemit. Pages Department of Important: If It eny injury or once.		21. Signature of Funaral Service (Ico	Durksen		22. Nama and Ad Huntt Fu	noral Homo	, Inc.	20604	03.56		
			Mark G. Broh 23a. Pert1. Entar tha disaasa, or con shock, or haart fallura. List only	plications that caused t	ha daath. Dor	ot antar tha moda ot	x 156, Wall dying, such as cardiac	or respiratory a	D 20604- rrest,	-0156	Approximate Interval Bet	8
	Physician /Medical Examiner		Immediata Causa (Final disaasa or condition rasulting in daath)	a Caro							Onset and I	Death
		Jer		1.1	da to (or as a c	onsequanca or):	1 man of	nota	11:	1		
	icata be axecuted physician and s tha burial-fransit	Examiner	Sequentially list conditions	b	ua to (or as	onsequance of):	111000			1		
oʻ	an ar		Sequentially list conditions, if any, laading to immadiata causa. Entar Undarlying Cause (Disaasa or injury							i		
68760,	ata bu hysici	Medical	that initiated avants rasulting in daath) Last	c	ua to (or as a c	onsequence of):						
	들 모르	Mec		d						1		
Вох	ath	lcian/		<b>U</b> .								
	t the d by the tached	Physic	Part II. Other significant conditions	contributing to death but	not rasulting In	tha undarlying cause	givan in Part I.		tobacco use co Yes 2□ No		the cause of bably 4 -	
S	8 50	b								T		
of Vital Record	been shoul	Completed							an autopsy med?	av	ere autopsy t allabla prior t mplation of c death?	to
œ e	a - 6	E						101	Yas 20 No	10	□Yas 2□	No
ta	ysician: The s cartificate director, par	Be	25. Was casa reterred to medical axaminer?				26. Pleca of Dae	oth (Check only o	ona)			
<u>&gt;</u>	0 0	2	1 Yas 25 No	Hospital: 1 Inpatian	2 □ ER/Ou	patient 3 DOA	Othar: 4 ☐ Nursing H	loma 5 Rasid	danca 8 🗆 Oth	ar (Specif	y)	
ion	Attending Ph ir daath. sctor: After thi by the funeral	ertification:	27. Mannar of Death  1 Netural 5 Panding 2 Accidant Invastigation		Year) 28b. T		njuryat Vork? □ Yas 2 □ No	28d. Describe I	now Injury occur	red		
Division	il or Attendi safter death I Director: A d in by the f	Certific	3 ☐ Suicida 6 ☐ Could not I 4 ☐ Homicida datarminad	28a. Place of Injur building, atc.		m, straat, factory, offi	ca	28f. Location (S City or Tox	Straat and Numb vn, Stata)	per or Rura	al Routa Num	ber,
	To the Hospital or Attending I within 24 hours after death.  To the Funeral Director: After completely filled in by the fune	edical C	29a. Certifiar CertifyIng Pl	nysician: To the bast of miner: On the basis of a and mannar state	xamination and	death occurred et the l/or investigetion, in m	time, deta and place y opinion, death occu	, and dua to tha irred at tha tima,	causa(s) and ma data and place,	annar as si and due to	tated. the cause(s	1)
	within 2 To the compla	Me	29b. Signatura and titla of certifiar	-		29c, Lic	ansa number		29d. Data signe	d (Month,	Day, Yaar)	
			MITA	pellip	en-	D	08/08		8129	19,	/	
			30. Nama and address of person who	complete cause of das	th (Itam 23e) (		00			, . (	,	to via failure
			Dr. Mohammad Tale	ghani, 446	7 Old B	ranch Aven	ue, Suite	201, Te	mple Hi	lls,	MD 207	748
	Sta Registr		31. Data filed (Month, Day, Yaar) 0 1	996 32. Registrar	s Signatura	Revolati						

				State of M		Department of Certificate	of Health and N			16 27164
			Decedent's Name (First, Middla, Last)			<del>oortinoato</del>	0.000	2. Date of Dea	Reg. No. ath	3. Tima of Death
	Physici		GW POV		010			Month AUGUST	Day	Year 11:00pm
1	/Medic Examir		SHARON 4a. Facility Name (If not institution, giva st	reet and number)	O'SUI	LIVAN	4b. City, Town, or L	-		20
	- LAWIIII		GREATER BALTIMORE	MEDICAL	CENTER		TOWSON		BALTI	MORE
	Funeral Director		5. Social Security Number  047-34-1459  Usual Residence of Decedent	7. Ag	a (In yrs. last bir	thday) If Under 1 Yrs. Months D	faar If Under 24 Hrs. Pays Hours Min.	8. Data of Birt (Month, Day AUG • 5	y, Year)	9. Birthplaca (Stata or Foreig Country) NEW HAVEN, CT
	M M		10a. State 10b. County		10c. City, Town	n or Location				10d. Inaide City Limit
	with the Man a or 28a-f sh the notified.	Director	MARYLAND BALTIMOR	Ξ	BAL/	TIMORE				1√2 Yes 2□ N
	Milh I		10e. Street and Number			10f. Zip Co			10g. Citizen of \	What Country?
	mag 23	era	604 CLOVER CREST I			12 Was Dasadan	21030	analti Van an Na	USA	a. American Indian
020	rs after de C, or Nem Karrifoer	by Funeral	11. Marital Status  1 Nevar Married 2 Married  3 Widowed 4 Normal Widowed	. Was Decedant Armed Forces? 1 Yas 24 If Yas, Give Yaar or Dates:		If Yas, specify	t of Hispanic Origin? (Si Cuben, Mexican, Puerto KNo Specify:	Decity Yes of No- Dican, atc.)	Specify	e - Amarican Indian, ck, White, atc.
Š	72 hou vatura fical E		15. Decedent's Educa	tion	16a.	Decedent's Usual O	ccupation		16b. Kind of B	usiness/Industry
Maryland 21215-0020	within 7, ione. than 'nu the Medi	Completed	(Specify only highast grada ( Elementary/Secondary (0-12)	com <i>plated)</i> College (1-4or !	5+)	(Giva kind of work of lifa. DO NOT usa r	lona during most of work etired)	king		PVT.
P	Hyg Other	Bec	12th 17. Father'a Name (First, Middla, Last)			MEDICAL SI	18. Mother's Nam	ne (First, Middla,		
/ar	Alenta riced dic ev	ToB	KENNETH O'SULLIV	AN			LILL	IE GARY		
ar)	and A		19e. tnforment's Neme/Relationship (Type	, Print)	19b	. Mailing Address (S	treet end Number or Ru	ral Routa Numbe	er, City or Town,	Stete, Zip Code) 20866
	and 2		KENNY O'SULLIVAN/	BROTHER	39	04 GREENC	ASTLE RIDGE	DRIVE :	#202 BU	RTONSVILLE, MD
Baltimore,	Pages 1 ent of He nt: If her ry or oth		20a. Method of Disposition 1 ☐ Burlal 2 (XCremation 3 ☐ Rat 4 ☐ Donation 5 ☐ Other (Specify)	moval from State		Disposition (Nama of the control of		Date 3-26-96		City or Town, Stata
書	mit partm		21. Signature of Funeral Sarvice Licensee	1	1 IIIII		14 15 15	RSHALL'		
m	Dep per gang		M MANNIN	Bla	Whon	4308 SU	ITLAND RD.	SUITLAN	D, MD	20746
	Physician /Medical Examiner	-	23a. Part T. Enter the disease, or compiler shock, or heart failure. List only one timedate Ceuse (Finel disease or condition resulting in death)	itions that caused cause on each li	luci	Longequence of):	taclace	1	`	Approximate interval Between Onsat and Death
Box 68760,	that the death certificate be executed by the attending physician and detached for use as the burial-transit	n/Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Undarlying Cause (Disease or injury that initiated events resulting in death) Last	J.s.	Due to (or as a c	consequence of):	eat d	halon		
	the atter	Sicia	Part II. Other aignificant conditions contr	buting to death b	ut not rasulting in	the underlying caus	se given in Part i.	23b. Did t	tobacco una co	ntribute to the cause of death
, P.O		by Physician/M	athereles	In c	adro	vacal	lien		Yea 2 No	3 Probably 4 Nonknow
Records,	s been s 2 should	Completed b	Diabete	mel	Dite			24a. Was perfo	an autopsy med?	24b. Were autopsy findings available prior to completion of causa of death?
<u>a</u>	는 음점							101	res 2000	1 ☐ Yes 2 ☐ No
Vital	ysician: The	Be	25. Was case referred to medical examiner?	spitel:			26. Place of Dee			
ō	2 00	- To	1 ☐ Yes 2 No	28a. Date of Inju			ALI Nursing H	ome 5 Resid	dence 8 Oth	
on	After fune	tion	Natural 5 ☐ Panding	(Month, Da		njury M	Injury at Work? 1 Yas 2 No	200. 2000/1201	low injury occur	100
Division	or Attending after death. Director: Afte I in by the fune	Certification:	2 Accident Invastigation 3 Suicide 6 Could not be determined	28e. Placa of tnj building, et	ury - At home, fa	rm, street, factory, of		28f. Location (S City or Tox	Street and Numb vn, Stata)	er or Rural Routa Number,
5	To the Neepital or Attending Phy within 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral	edical C	29a. Certifier (Check only one) Certifying Physic 2 Medical Examine	lan: To the best of r: On the basis of and manner sta	examinetion and	, death occurred at to d/or investigation, in	he time, date and place my opinion, deeth occur	, and due to the orred at the tima,	cause(s) end madate and place,	anner as steted. and due to the cause(s)
	To the within 2 To the comple	Me	29b. Signature and title of cartifiar			29c. Li	cense number		29d. Date signe	d (Month, Day, Year)
	1		1 de la T	NQ		IMM D	21230		8/18/	96

7505 Osle Dr. Towso

State Registrar 31. Dete filed (Month, Day, Year)
AUG 2 9 1996

DHMH 16 Rev 6/95

white winds it was a first

State of Maryland / Department of Health and Mental Hygiene

								Cer	tificate of	Death		Reg. No.	90	4/100
	Physic	ion	1. Decedant's Name (First, Mid	dle, La:	st)						2. Dete of De Month	_	Year	3. Time of Death
	Physic /Medi		ROBERT LEE OU	ITLA	W, JR.						AUGUST		996	0440
	Exami		4a. Fecility Neme (If not instituti			im <i>ber)</i>				4b. City, Town, or			ty of Deeth	1
		ш	3627 DUNLAP	-	REET					TEMPLE				EORGES
	Funerai Director		5. Social Security Number 241-64-4460 Usual Residence of Decedent	6. S	ex ☐XM 2□ F	7. Age 52	(In yrs. lest i	Yrs.	Months Dey		(Month, D	rth ey, Yeer) , 1943	9. Birth Cou WINI	npleca (Stete or Foreign untry) DSOR, N.CAR.
15 4	/1E *=		10a. Stete 10b. Coun	ty		Т	10c. City, To	wn or Loc	ation					10d. Inside City Limits
	the Marylaff 28a-f show	ţ	Maryland Princ	ce G	eorges		Temp:	le Hi	11s					1 □XYes 2 □ No
	r 286	Director	10e. Street end Number						10f. Zlp Code			10g. Citizen of	Whet Cou	untry?
	h with		3627 Dunlap St	ree	t				20748			United	Stat	res
	deat	Funeral	11. Marital Stetus		12. Was Dec Armed Fo	edent E	ver in U,S.	13. W		Hispenic Origin? (S ben, Mexican, Puert	pecify Yas or N		ca - Amar	ican Indien,
15 4	DESIGNMOYE, MATYIBING Z1Z15-UUZU  permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryla Department of Health and Mental Hygiene. Department of Health and Mental Hygiene Important: If item 27 is marked other than "natural", or items 23s or 28e-1 show any injury or other traumatic event, its Medical Examinat must be nothed at once.	þ	1 Never Married 2 Ma 3 Widowed 4 Divorce		1 Z-Yes	2 T N	。 ietnam		Yes 2 No		o rican, etc.)	Spec	ack, White <sup>ify:</sup> B1a	
ì	72 h	etec	15. Decade (Specify only high	nt's Ed	ucation de completed)		16	e. Decede	ent's Usuai Occu	ipetion during most of wor ed)	rkina	16b, Kind of	Business/i	ndustry
	Mithin Mi	Completed	Elementery/Secondary (0-12)		College (		F)					D.C. C		
	Hygie d'	ပိ	17. Fether's Neme (First, Middle	lost)	44		I	'olic	e Offic	18. Mothar's Nar	ma (Cinat Adidala	D.C. G		iment
	d be in the control of the control o	Be C	ROBERT L. OUT		SR					POLLIE	HOLLY	i, Maideri Sume	me)	
	M Me Me	To	19e. informent's Name/Reletion		_		10	h Mailine	Address (Street	et end Number or Ru		or City or Town	o State 7	(n Code)
	MG 2 and 2 a		CLARA OUTLAW		IFE)					St., Temp			0748	<i>p</i> 000e)
	othe othe		20e. Method of Disposition						ition (Neme of etory or other pl		Dete	20c. Location		Town, Stete
	Pege ent o nt: If		1 ☐ Burial 2 ☐ Cremetion 4 ☐ Donetion 5 ☐ Other (			Stata					8/31/96	Windso	r Mo	. Carolina
=	mit. mait.		21. Signeture of Euneral Service						Name and Addi		0/31/70	WINGSO	I , INC	o. Caloiina
0	Depa Impo Impo		D ///	1	(Vace)	D	M859			R S. POPE				
CKI			23a. Pert1. Enter the diseese, of shock, or heert failure. Lis	or comp	olications that	aused t	the death. Do	not enter	r the mode of dy	lboro Pik	e, Fore or respiratory a	stville mest,	, Md.	Approximete
4	Physician		Shock, of neer landre. Lis	st only t	one ceuse on e	ecn line	Э.							Intervel Batween Onset and Death
	/Medical		immediete Cause (Finei disease or condition		SQUAN	10US	(T3N1	M1)	CELL CA	NCER OF V	OCAL CO	RD		15 MONTHS
	Examiner	Į,	resulting in deeth)		θ	C	Due to (or es				00112 00			15 110111115
	D it	ine			METAS	STAT	IC CAN	CERS	OF LUN	GS				5 MONTHS
	rificate be executed ng physician and set the burial-transit	Examiner	Sequentially list conditions,		0.	D	ue to (or es	consequ	ence of):					
00700	be e) ician bunia	a E	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events	Z	C									
0	phys s the	Medical	resulting in deeth) Lest			D	ue to (or as e	conseque	enca of):					
		2			d									
		Icia	Pert ii. Other significant condit	one co	atributing to de	nath hut	not reculting	In the use	dodulas asusa a	ivan la Bast i	02h DI4	10hanna		to the cause of death?
9	the the death ceed by the attend	Physician/	Total agrinosit condit	OTTS CO	intributing to de	balli bul	not rasulting	in the unc	benying cause g	iven in Pert I.				obably 4 Unknown
	se the defined be det	by P										2010		, and a second
C C C C C C C C C C C C C C C C C C C	Attending Physician: The law requires that the death ce rideath.  scrota: After this certificate has been signed by the attendiby the funeral director, page 2 should be detached for use	ped									24e. Was	en eutopsy omed?	24b. W	Vere eutopsy findings vaileble prior to
	2 sh	pie				_					Pom		0	ompletion of causa f death?
0	The la	Completed									10	Yes 2 No	1	□ Yas 2□ No
	ysician: The lysicate he director, page	Be (	25. Was case refarred to medical examiner?	al						26. Pleca of Das	ith (Check only	one)		11
5	physic this ce	To	1 ☐ Yes 2 🛣 No				1 2 ER/C	utpetient	3 DOA	her: 4 D Nursing H	ome 5 🗓 Resi	denca 6 □Ot	her (Speci	ify)
	Affer th funeral	on:	27. Mennar of Death 1 ☑Neturei 5 ☐ Pendi	ing	28a. Dete	of Injury th, Dey	Year) 28b.	Time of injury	28c. Inju	iry et ork?	28d. Describe	how injury occu	rred	
- 0	death ctor: / y the f	cat	3 Sulcida 6 Could	not be	-	4				Yes 2□No				
	or Attendate deat	Certification:	4 ☐ Homicide determined	nined	28e. Pieca buildi	ng, etc.	y - At home, i (Specify)	erm, stree	et, fectory, office		City or To	street and tvum wn, Stete)	ber or Hur	ral Route Number,
	Hospital 24 hours : Funeral tely filled	C	29e. Certifler 1 X Certifyi	na Phy	sicien: To the	hest of	my knowledo	e death	occurred at the t	me, dete end plece	and due to the	nauca(s) and m	200001 00	etatod
	Hod 124 h Fur letely	edicai		Exami	ner: On the be	esis of e	xeminetion e	nd/or Inve	stigetion, in my	opinion, deeth occu	rred et the time,	dete end pleca	, end due i	to the cause(s)
	To the Hospital or A within 24 hours after To the Funeral Dire completely filled in b	Me	29b. Signeture end title of certific	er	0	/	7		29c. Licen	se number		29d. Date sign	ed (Month,	, Day, Year)
			1	2	/				D	20782		August	27. 1	1996
	(15)		30. Neme and eddress of person	who o	oppleted caus	e of dee	eth (item 23e)	(Type, P	-			0-0-	, _	
	( )		Dr. DA1 You		-					N.E. Wash	. D.C.	20017		
Service of	Sta	-	31. Dete filed (Month, Dey, Year	)	32 P	egistrar	s Signature				., ., .,			- In Ve
	Registr	ar	AUG 2 8	199	24	w, affi	market. N	Mark.						

DHMH 16 Rev 6/95

Pride and for survive

n and the an

State of Maryland / Department of Health and Mental Hygiene

Phy	sician
	edical
Exa	miner

**Funeral** 

28a-f ahow 6 filed within 72 hours after death with items 23a 6 "natural". permit. Pages 1 end 2 should be filed within 7. Department of Health end Mental Hyglene. Important: if item 27 ia marked other than "na any injury or other traumatic event, ma Media.

21215-0020

Baltimore, Maryland

**Physician** /Medicai **Examiner** 

The law requires that the death certificate be executed Box 68760, Division of Vital Records, P.O. signed by or Attending Physician: this After to To the Hospital or Attendin within 24 hours after death.
To the Funeral Director: Af completely filled in by the fu death.

Certificate of Death 1. Decedant's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Death Day August 20, 1996 Melva Grace Parrish 4:00 p.m. 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Queen Annes 402 Pine Tree Road (At Home) Chestertown 5. Social Sacurity Number If Under 1 Yaar If Under 24 Hrs. 6 Sex 7. Age (In yrs. lest birthday) 8. Data of Birth (Month, Dey, Yeer) Birthplace (Steta or Foreign Country) Months Days Hours 1 M 2 STF Yrs. Director 69 147-20-7210 September 2, 1926 South Carolina Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits the Medical Examiner must be notified at **Funeral Director** 1 ☐ Yes 2X No Maryland Queen Annes Chestertown 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 402 Pine Tree Road 21620 U.S.A. 12. Was Decadent Ever in U,S. Armed Forces? 1 ☐ Yas 2 ②XNo if Yes, Give Year or Dates: 13. Was Decedent of Hispanic Origin? (Specify Yas or No-if Yes, specify Cuban, Mexican, Puarto Rican, etc.) 14. Reca - American Indian, Biack, Whita, etc. 11 Marital Status 1 Naver Married 2 Married 1 ☐ Yes 2 No Specify: by Specify: 3 ☐ Widowed 4 ☐ Divorced Black Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Dacadent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Coilege (1-4or 5+) 9 Domestic Work/Child Care Someone else's home 17. Father's Nama (First, Middle, Last) 18. Mothar's Name (First, Middle, Maiden Surname) Be Noah Langley 2 Carrie Moore 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Street end Number or Rurel Route Number, City or Town, Stata, Zip Code) Karen A. Downes / Friend 402 Pine Tree Road, Chestertown, Maryland 21620 Date 20c. Location - City or Town, State 20b. Place of Disposition (Neme of cemetery, cremetory or other pleca) 20a. Method of Disposition 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Chesapeake Cremation Center, LIC/August 22, 1996 Stevensville, Maryland 21. Signatura of Funeral Sarvice Licansee 22. Name and Address of Facility Fellows, Helfenbein & Newnam Funeral Home, P.A. 23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dylng, such as cardiac or raspiratory arrest, Approximate shock, or has failure. List only one cause on each line. Approximata Interval Betw Onsat and Death Immediate Cause (Final or dio pulmanon arest disaase or condition resulting in death) Examiner Sequentially list conditions, if any, leading to immediata cause. Entar Underlying Cause (Disease or Injury that Initiated events rasulting In death) Last Cardie Vasculer Jeremi Physician/Medical Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 | Yes 2 No 3 | Probably 4 | Unknown þ 24b. Wara autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? 1 Yes 2 No 1 ☐ Yes 2 ☐ No Be 25. Was case referred to medical examiner? 26. Place of Death (Check only ona) Other: 4 Nursing Homa 5 Residence 8 Other (Specify) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 2 1 Yes 2 No 27. Manner of Death 28c. Injury at Work? 28b. Time of 28d. Describe how injury occurred Certification: 5 Pending Investigation 1 Natural nory 1 Yes 2 No 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Piace of Injury - At home, farm, streat, factory, offica building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 Homicida 12 Certifying Physicien: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Madical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical 29a. Cartifier (Check only one) 29b. Signatura and titla of certified 29c. License number 29d. Date aigned (Month, Day, Year) WIL 30. Nama and address of person who complated cause of death (Item 23a) (Type, Print) John C. Annowing mis 948 Washington Ave, Clarkentown Wed 21620

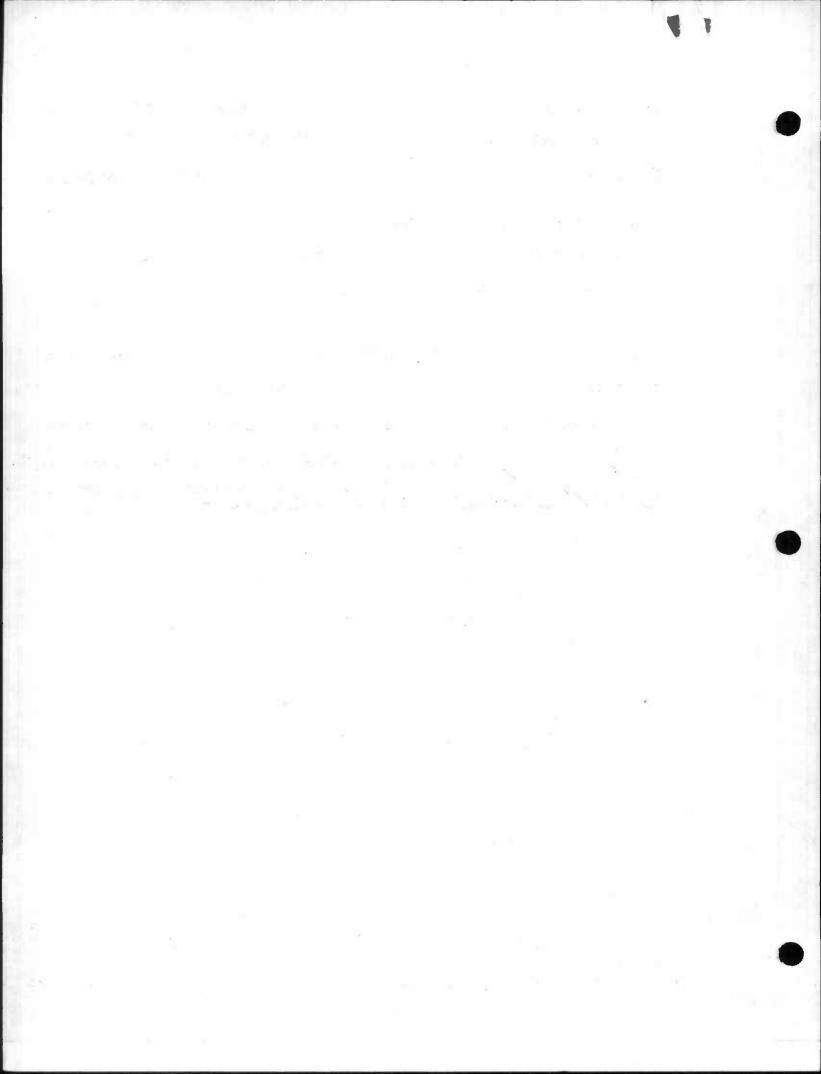
32. Registrar's Signatura

whi Davidson-Randalle

DHMH 16 Ray 6/95

Registrar

31. Date filed (Month, Dey, Year)
AUG 22'96

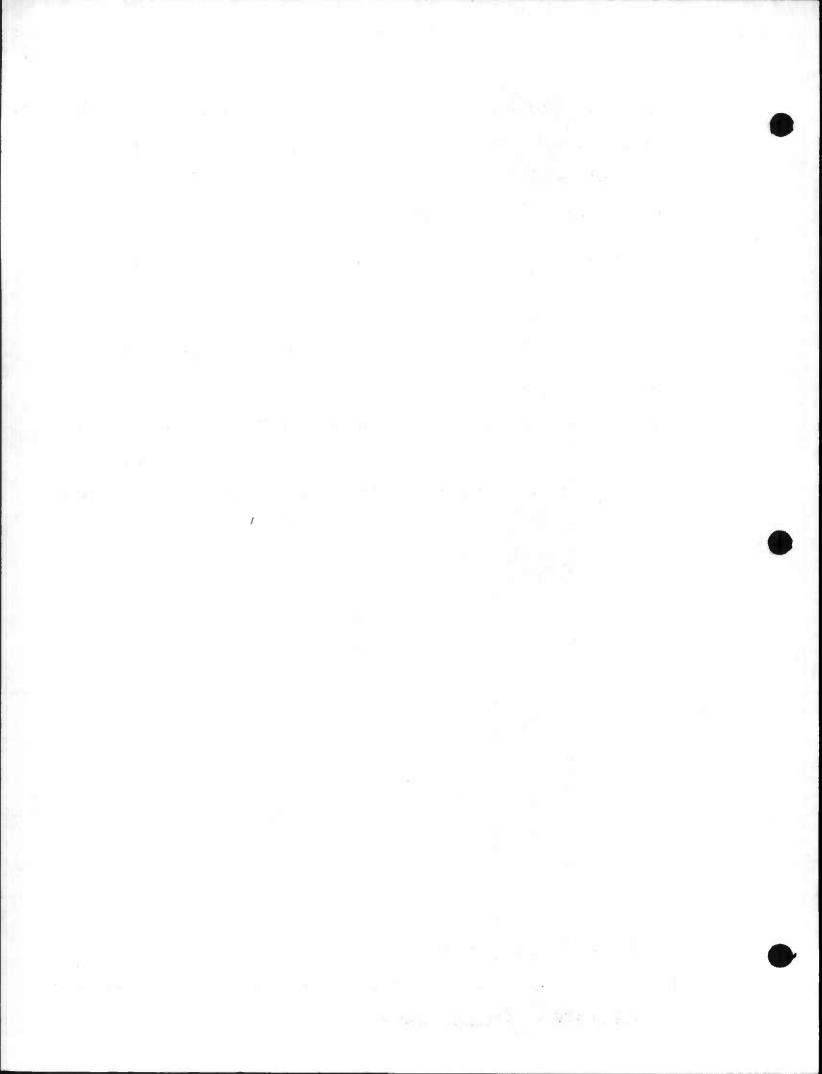


Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Marvland / Department of Health and Mental Hygiene

Director    Comparison of Comparison of Decoder   10c. Clay, Town or Location   10c. Clay, Town	
Modified Examiner  Examine	3. Time of Death
## Special Name of first hand for or handless give and number?  ## Special Security Number of Location Certain  ## Special Security Number of Location  ## Special Sec	7:10 000
B   Main St   Scotal Socied Social Social Social Socied Social Social Social Social Socied Social Socied Social Socied	70
Social Security Number   Social Security Num	
21. E. So. 5.35.3   X	Birthpiaca (Stata or Foreign Country)
100. System and Numbers  100. Covery  100. Styles and Numbers  100. Covery  100. Styles and Numbers  100. Covery  100. Styles and Numbers  100. Covery  100. Styles and Numbers  100. Covery  100. Styles and Numbers  100. S	Delaware
Elamentary/Secondary (0-12) Collega (1-4or 5+) General Manager Retail Lumber & H.  The property of the propert	10d. Inside City Limits
Elementary/Secondary (0-12) College (1-4or 5+) General Manager Retail Lumber & H.  The property of the propert	1 Yas 2 □ No
Elamentary/Secondary (0-12) Collega (1-4or 5+) General Manager Retail Lumber & H.  The property of the propert	at Country?
Elamentary/Secondary (0-12) Collega (1-4or 5+) General Manager Retail Lumber & H.  The property of the propert	
Elamaniany/Geocondary (0-12) College (1-for 5+) General Manager Retail Lumber & H.  The property of the proper	
Elamaniany/Geocondary (0-12) College (1-for 5+) General Manager Retail Lumber & H.  The property of the proper	White
Privilia   Privilia	lass/industry
Privilia   Privilia	
Benjamin I. Price  Betty Stidham  19a. Informent's Name/Ralationship (Typa, Print)  19b. Malling Address (Streat and Number or Rural Route Number, City or Town, Steta, Zp Dorothy Price (Wife)  20b. Marcol Olsposition 10purial 2   Cremation 3   Ramoval from Stata 4   Docaton S   Coher (Specify) 21b. Sequencially information   Coher (Specify) 22b. Name and Address of Facility 22b	nardware
20. Main of of Disposition  20. Place of Deposition (Name of centality, committed) or centality, committed) or centality, committed or centality, committed or centality, committed or centality, committed or centality, committed or centality, committed or centality, committed or centality, committed or centality, committed or centality, committed or centality. Called the centality. Called the centality committed or centality. Called the	
20. Main of of Disposition  20. Place of Deposition (Name of centality, committed) or centality, committed) or centality, committed or centality, committed or centality, committed or centality, committed or centality, committed or centality, committed or centality, committed or centality, committed or centality, committed or centality, committed or centality. Called the centality. Called the centality committed or centality. Called the	ata Zia Cadal
20. Main of of Disposition  20. Place of Deposition (Name of centality, committed) or centality, committed) or centality, committed or centality, committed or centality, committed or centality, committed or centality, committed or centality, committed or centality, committed or centality, committed or centality, committed or centality, committed or centality. Called the centality. Called the centality committed or centality. Called the	
Physician   Phys	. 21912 N or Town State
Physician Modelical Examinary  Physician Modelical Examinary  Physician Modelical Examinary  Due to (or as a consequence of):  a. Hopatic Canaca  Due to (or as a consequence of):  a. Hopatic	
Physician Modelical Examinary  Physician Modelical Examinary  Physician Modelical Examinary  Due to (or as a consequence of):  a. Hopatic Canaca  Due to (or as a consequence of):  a. Hopatic	n,MD.
Physician   Medical   Examiner	en Schaech
Immediate Ceuse (Final disease or condition resulting in death)   Due to (or as a consequence of):	Approximata Interval Batwean Onsat and Deeth
Socientially list conditions, if any, leading to immediate cause. Enter Undarlying  Co. Dua to (or as a consequence of):  If any, leading to immediate cause. Enter Undarlying  Co. Dua to (or as a consequence of):  If any, leading to immediate cause. Enter Undarlying  Co. Dua to (or as a consequence of):  If any, leading to immediate cause. Enter Undarlying  Co. Dua to (or as a consequence of):  If any, leading to immediate cause. Enter Undarlying  Co. Dua to (or as a consequence of):  If any, leading to immediate cause. Enter Undarlying  Co. Dua to (or as a consequence of):  If any, leading to immediate cause. Enter Undarlying  Co. Dua to (or as a consequence of):  If any, leading to immediate cause. Enter Undarlying  Co. Dua to (or as a consequence of):  If any, leading to immediate cause. Enter Undarlying  Co. Dua to (or as a consequence of):  If any, leading to immediate cause. Enter Undarlying  Co. Dua to (or as a consequence of):  If any, leading to immediate cause. Enter Undarlying  Co. Dua to (or as a consequence of):  If any, leading to immediate cause. Enter Undarlying  Co. Dua to (or as a consequence of):  If any, leading to immediate cause. Enter Undarlying  Co. Dua to (or as a consequence of):  If any, leading to immediate cause. Enter Undarlying  Co. Dua to (or as a consequence of):  If any, leading to immediate cause. Enter Undarlying  Co. Dua to (or as a consequence of):  If any, leading to immediate cause. Enter Undarlying  Co. Dual to (or as a consequence of):  If any, leading to immediate cause. Enter Undarlying  Co. Dual to (or as a consequence of):  If any, leading to immediate cause. Enter Undarlying  Co. Dual to (or as a consequence of):  If any, leading to immediate cause. Enter Undarlying  Co. Dual to (or as a consequence of):  If any, leading to immediate cause. Enter Undarlying  Co. Dual to (or as a consequence of):  If any, leading to immediate cause. Enter Undarlying  Co. Dual to (or as a consequence of):  If any, leading to immediate cause. Enter Undarlying  Co. Dual to (or as a con	2 months
Course (Disease or Injury has been been been been been been been bee	
Course (Disease or Injury has been been been been been been been bee	1
The state of the s	
The state of the s	
24e. Was an autopsy performed?  24b. Was an autopsy performed?  24c. Was an autopsy performed?  24c. Was an autopsy performed?  25c. Was casa rafarred to medical axaminar?  1	bute to the cause of death?
24e. Was an autopsy performed?  24b. Was an autopsy performed?  24c. Was an autopsy performed?  24d. Was an autopsy performed?  25. Was casa rafarred to medical axaminar?  1	□ Probably 4 □ Unknown
Comparison of Death   Continuous   Continu	24b. Were autopsy findings
Comparison of Death   Continuous   Continu	available prior to completion of cause
Comparison of Death   Continuous   Continu	of death?
Comparison of Death   Continuous   Continu	1 ☐ Yas 2 ☐ No
27. Manner of Deeth 1 Relevant 2 Accident 3 Suicida 4 Homicide 4 Homicide 28a. Data of Injury 28b. Tima of Injury 3 Suicida 4 Homicide 28a. Data of Injury 3 Suicida 4 Homicide 28a. Place of injury - At home, farm, streat, factory, office 28b. Tima of Injury at Work? 1 Yas 2 No 28b. Tima of Injury at Work? 1 Yas 2 No 28c. Injury at Work? 1 Yas 2 No 28c. Linjury at Work? 1 Yas 2 No 28c. Linjury at Work? 28c. Injury at Work? 28c	
1 BNetural   2 Accident   3 Suicida   4 Homicide   5 Pending invastigation   6 Could not be detarmined   28a. Place of injury - At home, farm, streat, factory, office   28f. Location (Street and Number or Rura building, atc. (Specify)   1 Pas 2 No   2 Post of the post	
29a. Certifiar (Check only one)  29a. Certifiar (Check only one)  29a. Certifiar (Check only one)  29b. Signature and titla of certifiar (Street and Number of Rural and mannar stated)  29b. Signature and titla of certifiar (Check only one)  20b. Signature and data of person who completed cause of death (Itam 23a) (Type, Print)  20c. Certifiar (Check only one)  28f. Location (Street and Number of Rural City of Town, Steta)  28f. Location (Street and Number of Rural City of Town, Steta)  28f. Location (Street and Number of Rural City of Town, Steta)  28f. Location (Street and Number of Rural City of Town, Steta)  28f. Location (Street and Number of Rural City of Town, Steta)  29c. Certifiar (Check only one)  29d. Data signed (Month, Italy one)  29d. Data signed (Month, Italy one)  30 Name and addrass of person who completed cause of death (Itam 23a) (Type, Print)  30 Name and addrass of person who completed cause of death (Itam 23a) (Type, Print)	
4 Homicide  4 Homi	or Rural Route Number
29a. Certifilar (Check only one)  29a. Certifilar (Check only one)  29b. Signature and titla of certifilar  29b. Signature and dual of certifilar  29c. Licensa number  29d. Data signed (Month, one)  29d. Data signed (Month, one)  30. Name and addrass of person who completed cause of death (Itam 23a) (Type, Print)	A Floral Floora Pullibor,
and manner stated.  29b. Signature and title of certifier  29c. Licensa number  29d. Data signed (Month, policy)  30. Name and address of person who completed cause of death (Itam 23a) (Type, Print)  30. Name and address of person who completed cause of death (Itam 23a) (Type, Print)  30. Name and address of person who completed cause of death (Itam 23a) (Type, Print)	ar as stated.
290. Signature and title of certifier  29d. Data signed (Month, 1)  29d. Data signed (Month, 1)  29d. Data signed (Month, 1)  8/30/96  30. Name and addrage of person who completed cause of death (Itam 23a) (Type, Print)  TOSE ON WEIDNER JR. MD. 101 Colonial Way Rising Sun	
10 SEPH WEIDNER JR. MD. 101 COLONIAL WAY RISING SUN	
10 Seph WEIDNER JR. MD. 101 Colonial Way Rising Sun	
LOSEPH WEIDNER JR. MD. 101 COLONIAL WAY RISING SUN	21911
	N MD.
State 31. Data filed (Month, Day, Year) 32. Registrar's Signatura 32. Registrar's Signatura 33. Registrar's Signatura	

DHMH 16 Ray 6/95



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** PARGARE O7 Am August 24 /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Suburban Hospital Silver Spring Montgomery If Under 1 Year | If Under 24 Hrs. Months | Deys | Hours | Min. 8. Dete of Birth (Month, Dey, Year) June 12, 1911 7. Age (In yrs. lest birthday) 5. Sociei Security Number Birthplece (Stete or Foreign Country) **Funeral** 1□ M 2 F 112-07-3641 Yrs. 85 Director Missouri Usuel Residence of Decedent the Maryland 10e. Stete 10b. County 10c. City, Town or Location tem 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Medical Examiner must be notified at 10d. Inside City LlmIts Maryland Prince George's Bladensburg Director 1 X Yes 2 No 10e. Street and Number 10f. Zip Code 10g. Citlzen of Whet Country? with 4105 53rd Avenue Apt. #2 20710 U.S.A. death Was Decadent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 12. Wes Decedent Ever In U,S. Armed Forces? 11. Maritel Stetus 14. Rece - American Indien, permit. Pages 1 and 2 should be filed within 72 hours effer c Department of Health and Mental Hygiene. Important: If Item 27 Ia marked other than "natural", or Iten any Injury or other traumatic event. Its Merical Exerci-Bleck, White, etc. ☐ Yes 2 No f Yes, Give 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 1□ Yas 2₺No Specify: by Specify: White 3 ☐ Widowed 4 NDivorcad Yeer or Dates Completed 15. Decedent's Education (Spacify only highest grede completed) 16e. Decedant's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Collaga (1-4or 5+) 5+ Elementery/Secondary (0-12) Distribution Secretary Walt Disney Industries 17. Fether's Neme (First, Middla, Last) 18. Mother's Neme (First, Middla, Meiden Sumeme) Be Andrew J. Newman Mary Sweeney 2 19e. Informent's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Straet end Number or Rural Route Number, City or Town, Stete, Zip Code) Marylou Bradley 3012 N.E. 111 Circle, Vancouver, Washington 98686 20b. Plece of Disposition (Neme of cametery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Buriet 2 X Cremetion 3 ☐ Removel from State 8/29/96 Alexandria, Virginia 4 ☐ Donation 5 ☐ Other (Specify) Metropolitan Crematory 21. Signature of Funerel Service Licenses 22. Name end Address of Facility
Francis Gasch's Sons Funeral Home, P.A. 23e. Perti. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart hallure. List only one cause on each line. 4739 Baltimore Ave., Hyattsville, Maryland 20781 Approximete Intervel Between Onset end Death **Physician** Immediete Ceuse (Finel diseese or condition resulting in daath) /Medical woods wer Examiner Due to (or es e consequença of) Examiner **bunal-transit** Sequentially list conditions, if eny, leeding to Immediate causa. Enter Undarlying Ceuse (Disaase or Injury thet initieted evants resulting in deeth) Lest and Due to (or as a consequence of) physician the burial Box 68760 Physician/Medical Due to (or es a consequence of): attending esn or P.O. Pert II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Pert I. the 23b. Did tobacco use contribute to the cause of death? signed by 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown pholor Division of Vital Records, ð Completed 24e. Wes en eutopsy performed? 24b. Were autopsy findings peen aveileble prior to completion of cause of death? has page 2 certificate 1 Yas 2 No 1 ☐ Yas 2 ☐ No Hospital or Attending Physicien: 24 hours efter death. Funerel Director: Atter this certific 25. Was case referred to medical exeminer? Be 26. Plece of Deeth (Check only one) Hospital: Othar: 4 Nursing Home 5 Residence 6 Other (Specify) 1□ Yes 2□ No Certification: To 1 Inpatient 2 ER/Outpetient 3 DOA 28a. Dete of Injury (Month, Dey Year) 27. Mannar of Death 28c. Injury et Work? 28d. Describe how Injury occurred Neturel 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accidant 6 Could not be dataminad 3 ☐ Suicide 28e. Plece of Injury - At home, ferm, etreet, factory, office building, atc. (Specify) 28f. Location, Street end Number or Rural Route Number, own, Steta) 4 - Homleide To the Hospital within 24 hours e Dertifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated. 29e. Cartifier Medical (Check only one) 29b. Signeture end title of certifier 29d. Dete signed (Month, Day, Year) 203581 30. Nama and eddress of parson ceuse of deeth (Item 23e) (Typa, Print) 9410 OLD GEURGETOWN JOSI4 14207

State Registrar

31. Dete filad (Month, Dey, Year)

AUG 281

32 Registrar's Signeture

on the light is the street some

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 2. Date of Death Month 3. Time of Death Putnam, Jr. August 25. 1996 1:36 A.M.

**Physician** 

1. Decedant's Name (First, Middle, Last)

Wade

Eulie

Baltimore, Maryland 21215-0020

Division of Vital Records, P.O. Box 68760,

iner	4a. Facility Name (If not i			nber)			4b. City, Town, or Lo	ocation of Death	4c. Coun	ty of Death	
	7605 Livi		Road				Oxon Hi	11	Princ	e Geo	rge's
	5. Social Security Number	7.0-	M 2□F	7. Aga (In yrs.		If Undar 1 Yaar Months Days	if Undar 24 Hrs.	8. Date of Birth (Month, Day	Year)	9. Birth	place (State or For
1	245-52-6665	)	M 2LIF	58	Yrs.		110010	May 14,	1938	North	Carolin
	Usual Residence of Dece 10a. State 10b.	County		10o Cit	y, Town or Lo	nation					
-		•									10d. inside City Li
cto	Maryland F	rince G	eorge'	s (	Oxon Hi	111					1 XYes 2
Director	10e. Street and Number					10f. Zip Code		1	0g. Citizan of		ntry?
100	7605 Livir	gston K	oad			207	45		U.S.	Α.	
Funeral	11. Marital Status	1:	Armed For	dant Evar in U,		Vas Decedent of Yes, specify Cub	Hispanic Origin? (Span, Mexican, Puerto	ecify Yas or No- Rican, etc.)		aca - Amari	
	1 □ Never Married 2	_	1 🗗 Yes If Yes, Give	0		☐ Yes 2☐ No				i⁄y: Whi	
d by	3 □ Widowed 4 🕅		Year or Da	ites: 1956		71			Орес	. WILL	te
ete	15. [ (Specify on	lecedent's Educi ly highast grada	ation completed)		(Give	ent's Usual Occu kind of work done	during most of work	ing	16b. Kind of I	3usiness/In	dustry
Completed	Elementary/Secondary	(0-12)	College (1-	-4or 5+)		OO NOT use retire					
	9th	Adjuste Local	_		Me	eat Cutte			Groce		ores
Be	17. Fether's Name (First,			0			18. Mother's Name		Maiden Surne	me)	
10		Wade P		Sr.				Bessie			ackson
	19a. Informant's Neme/R						end Number or Run				
	Ernest W. F		Son	1			and Ln. Me				
	20a. Method of Disposition 1 □ Burial 2 ☒ Cre		movel from S		taca of Dispos emetery, crem	sition (Name of natory or other pla	ce)	Date	20c. Location	- City or To	own, Stata
	4 Donation 5 D	ther (Specify)		Md.	Veter	an's Cen	etery 8+2	.8-96 C	helten	ham,	Maryland
	21. Signature of Fungral	engo ylcenser	8			Name and Addre					
	► U//01///	111/15					Kalas Fun			00=	
	23a. Pert1. Enter the dis	ase, or complic	ations that ca	used the death	n. Do not ente	or the mode of dyi	Hill Rd.	or respiratory arr	est, Md	207	Approximate
	shock, or heert failu	e. List only one	e cause on ee	ech line.							Interval Between Onset and Dear
	Immediate Cause (Final		1	. a al	0 0	00:010					(1100
	disaasa or condition resulting in death)	a.		ny	CAI	2 CiNO uence of):	MA.			1	6 year
Jer			Cli	Due to (o	Ras a consequ	bica ka	nu f	1		18	Cum
Examiner	Commentally that are about	b.		Due to for	Mes	010000	ny tai	love -	_	1	6 year
Exa	Sequentially list condition if any, leading to immadia cause. Enter Undarlying Cause (Disease or Injury	te	Aluna	Due (0 (0)	las a consequ	al. 700	1	Dicas	0		72000
cal	Cause (Disease or Injury that Initiated events	C.	Cuo		as a consagu		(oug	autus			20 900
edical	resulting in death) Last			D08 10 (01	as a consaqu	iarice oi);					
2		d.									
icia	Part II Other elections	anditions costs	dhudina ta daa	ath hut and some	this make a second	de de la constant		001 0144			
Physician/M	Part II. Other significant			1		Am					the cause of de
	iusulino	dep	ende	it C	diabe	re n	lellitus	. 1U Y	es 2 No	3 A Pro	bably 4 Unk
Q P			_	0.1	0			24e. Wes e	n eutopsv	24b. W	ere autopsy findir
lete	Chrome	pai	u	5440	Mome	2-		perform	ned?	CO	allable prior to mpletion of cause
Completed	Chuowic Smok			t					10		death?
1 - r								1□ Ye		10	Yes 2□ No
Be	25. Was case raferred to axaminer?		spital:	27-11			26. Plece of Death				
2	1 ☐ Yes 2 No 27. Manner of Death	710	1 LJ In		ER/Outpetient	3LI DOA		ma 5 10 Reside	-		y)
Certification:	1,X Natural 5 □	Panding	28a. Date of (Month	njury , Day Year)	28b. Time of Injury	28c. Inju		28d. Describe ho	w injury occu	rred	
cat	2 Accident	Investigation Could not be					Yes 2 No				
ŧ	4 ☐ Homicide	determined	28e. Place of building	of Injury - At ho g, etc. (Specify	me, farm, stre )	et, factory, office		28f. Location (St City or Town		ber or Rura	I Routa Number,
edicai	(Check only 2 N	ertifying Physic edical Examine	clan: To the b	est of my know	vledge, death	occurred at the tig	me, date and placa, a	and due to the ca	use(s) and m	anner as s	teted.
Med	unaj		and manne	er stated.							rannana va
~	29b. Signature and title of	- ///		~ O ~ 1	MO	29c. Licens		2	9d. Date sign	ed (Month,	Day, Year)
	- Alden	o- Ule	remp	ave i	1		2049		8/2	6 1	446
	30. Name and address of	person who com	pieted cause	of deeth (Item	23a) (Type, F	rint)	pper M	. 1/	1	1101	2077
	Alain. G.	CHA	MPA	LOUX	. MI	J. U	pper MM	an 160	10. 1	viel.	2011
te	31. Data filed (Month, De)	, Year)	32. Re	gistrar's Signat	ure		-				
ar		AUG 27	1000	dali:	Hundran	Rodall					
5		MUU H. I.	1030	James							

DHMH 16 Rev 6/95



A 10 400

LESSEE BUTTE NO.

				Cen	ificate of	Death			Reg. No.			
	1. Decedent's Name (First, Middle, L.	ast)	126	1				2. Date of Dee	oth		3. Time	of De
an :al	Don	Calvin		Pa	rker			Month August	26	1996	4:58	Δ
er	4a. Facility Name (If not institution, gi	ive street and number)				4b. City, To		ation of Death		nty of Deat		
	Doctors Comm	unity Hosp	rital				anham		Pri	nce G	eorges	
		Sex 7. Ag 1∏M 2□F	e (In yrs. las 76	st birthdey) Yrs.	Months Deys		24 Hrs. Min.	8. Dete of Birth (Month, Day lug • 29	, Year)	9. Birt	hpiece (Stete	or Fo
	Usual Residence of Decedent	74	70	118.			F	lug. 29	,1919	Ken	tučky	
	10a. Stete 10b. County		10c. City,	Town or Loc	ation						10d. Inside (	City Li
tor	Maryland Prince	George's	H	Bowie							1 💢 Ye	2 [
Funeral Director	10e. Street and Number				10f. Zip Code				10g. Citizen o	of What Co	ountry?	
aiD	2706 Noblewood	Court			207:	16			U.S	S.A.		
Iner	11. Marital Status	12. Was Decedent Armed Forces?		. 13. W	es Decedent of Yes, specify Cui	Hispanic Original	gin? (Spec	ify Yes or No-	14. R	laca - Ame	rican Indien,	
	1 Never Married 2 Married	1 XYes 2 If Yes, Give			□Yes 2 No			,		city: Wh		
d by	3 Widowed 4 Divorced	Yeer or Dates:		10. 0. 1								
iete	15. Decedent's E (Specify only highest gr	ducation rade completed)		(Give k	nt's Usual Occu ind of work done O NOT use retin	upation e du <i>ring m</i> ost ed)	t of workin	9	16b. Kind of	Business/	Industry	
Completed	Elementery/Secondery (0-12)	College (1-4or !	5+)	_	urity G				Federa	al Go	vernme	nt
Be C	17. Father's Neme (First, Middle, Las	t)					er's Neme	(First, Middle,				
To B	Wallace Parke	r				Sv1	vania	a Rache	1 Brun	nmett		
	19a. Informent's Name/Relationship	(Type, Print)		19b. Mailing	Address (Stree						Zip Code)	
	Marie Parker				Noblewo		irt, l	Bowie,	Mary1a	and 20	0716	
	20e. Method of Disposition 1 Disposition 3 D	Removal from State			tion (Name of story or other pla		i	Date	20c. Locatio			
	4 Donation 5 Other (Speci		Mair	ryland	Vetera	n Ceme	tery	3/30/96	Chelt	enhar	m,Md.	
	21. Signature of Funerel Service Lice	nsee			Neme and Addr			1 I	T			
	TROCKET 1	Yakes		6	eorge P 160 0xo	n Hill	Rd.	Oxon H	iII, M	1d.20	745	
	23a. Pert1. Enter the disease, or con shock, or her failure. List only	nplications thet caused one ceuse on each li	the death.	Do not enter	the mode of dy	ring, such es	cerdiac or	respiratory ar	rest,		Approxima Interval Be	twee
	U										Onset end	
	Immediate Cause (Finel disease or condition resulting In death)	aKe	spera	tory f	ailure						12 h	ow
ē		Sa	Due to (or e	es a consequ	ence of):					1	4 d	2118
												uys
훕		b								1	, 00	
Examir	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying	b		as a consequ								
icai Examiner	if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that Initiated events	b	Due to (or a		enca of):							
0000	if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury	b	Due to (or a	as a c <i>on</i> sequ	enca of):							
	if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that Initiated events	b	Due to (or a	as a c <i>on</i> sequ	enca of):							
0000	if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that Initiated events	c	Due to (or a	as a c <i>ons</i> equ	enca of):	iven in Part I.		23b. Did t	obacco use	contribute	to the cause	of de
Physician/Medical	if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Lest  Part II. Other significant conditions of	cdcontributing to death b	Due to (or a	as a consequise consequing in the unc	enca of): ence of): derlying cause g	iven in Part I.		23b. Did t				
by Physician/Medical	if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest  Part II. Other significant conditions of ACVD, LBRB,	cdcontributing to death b	Due to (or a	as a consequise consequing in the unc	enca of): ence of): derlying cause g	iven in Part I.		101	100 2DN	3 □ P(	to the cause	Unk
by Physician/Medical	if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Lest  Part II. Other significant conditions of	cdcontributing to death b	Due to (or a	as a consequise consequing in the unc	enca of): ence of): derlying cause g	iven in Part I.		1 🗆 1	100 2DN	3 Pi	to the cause robably 4 [ Were autopsy eveilible prior completion of	Unk
by Physician/Medical	if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest  Part II. Other significant conditions of ACVD, LBRB,	cdcontributing to death b	Due to (or a	as a consequise consequing in the unc	enca of): ence of): derlying cause g	iven in Part I.		1 1 1	en eutopsy med?	3 Pi	vote cause robably 4 [ Were autopsy eveileble prior completion of death?	findir to cause
Completed by Physician/Medical	if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest  Part II. Other significant conditione of ACVD, LBRB,  Parkinsonism	cdcontributing to death b	Due to (or a	as a consequise consequing in the unc	enca of): ence of): derlying cause g			24a. Wes of perior	en eutopsy med?	3 Pi	to the cause robably 4 [ Were autopsy eveilible prior completion of	findir to cause
o Be Completed by Physician/Medical	if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest  Part II. Other significant conditions of ACVD, LBRB,	d. contributing to death b	Due to (or a	as a consequise consequing in the unc	ence of): derlying cause g	26. Place	of Death	24a. Was of period	en eutopsy med?	24b.	vere autopsysvelleble prior completion of death?	findir to cause
To Be Completed by Physician/Medical	if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest  Part II. Other significant conditione of ACVD, LBRB,  Parkins onism  25. Was case referred to medical exeminer?  1 Yes 2 No  27. Manner of Death	d. contributing to death b  CHF, Multi  Hospital: 12 (npatic	Due to (or a  Due to (or a  ut not resulti  -infa	as a consequing in the unit rct De	ence of):  derlying cause g  mentia,	26. Place ther: 4 ☐ Nu	of Death	24a. Wes of perior	en eutopsymed?  (es 2 No	24b.	vere autopsysvelleble prior completion of death?	findir to cause
To Be Completed by Physician/Medical	if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Lest  Part II. Other significant conditione of ACVD, LBRB,  Parkinsonism  25. Was case referred to medical exeminer?  1 Yes 2 No  27. Manner of Death 12 Natural 5 Pending investigation	d	Due to (or a  Due to (or a  ut not resulti  -infa	as a consequence of the conseque	enca of):  ence of):  deriving cause g  mentia,  3 □ DOA   O·  28c. Inju.	26. Place ther: 4 ☐ Nu	of Death irsing Hom	24a. Wes a perior	en eutopsymed?  (es 2 No	24b.	vere autopsysvelleble prior completion of death?	findir to cause
To Be Completed by Physician/Medical	if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Lest  Part II. Other significant conditione of ACVD, LBRB,  Parkins onism  25. Was case referred to medical exeminer? 1 yes 2 No  27. Manner of Death Natural 5 Pending	d. CHF, Multi Hospital: 128a. Date of Inju (Month, Decompose)	Due to (or a  Due to (or a  ut not resulti  -inf(a)  ent 2 Effy y Year) 2  ury - At hom	ing in the unit of the proof of	ence of):  derlying cause g  mentia,  3□ DOA   O	26. Place ther: 4 □ Nu ury at ork? □ Yes 2 □ I	o of Death ursing Hom 28	24a. Wes a perior	en eutopsymed?  (es 2 None) ence 6 Cowinjury occ	24b.	Were autopsy evelleble prior completion of death?  1 Yes 2 cify)	findir to cause
Certification: To Be Completed by Physician/Medical	if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Lest  Part II. Other significant conditions of ACVD, LBRB,  Parkins on ism  25. Was case referred to medical exeminer? 1   Yes   2   No  27. Manner of Death 1   Natural   5   Pending investigation   2   Accident   Natural   2   Accident   Could not the procession of the process of the proce	d.  contributing to death b  CHF, Multi  Hospital: Deligating to death b  CHF, Multi  28a. Date of Inju (Month, Deligating to death b	Due to (or a  Due to (or a  ut not resulti  -inf(a)  ent 2 Effy y Year) 2  ury - At hom	ing in the unit of the proof of	ence of):  derlying cause g  mentia,  3□ DOA   O	26. Place ther: 4 □ Nu ury at ork? □ Yes 2 □ I	o of Death ursing Hom 28	24a. Wes perior  1 Y  (Check only or e 5 Resid and Describe has been seen as a second seed seen as a second seed seen as a second seed seen as a second seed seen as a second seed seed seed seed seed seed seed se	en eutopsymed?  (es 2 None) ence 6 Cowinjury occ	24b.	Were autopsy evelleble prior completion of death?  1 Yes 2 cify)	findir to cause No
Certification: To Be Completed by Physician/Medical	if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Lest  Part II. Other significant conditione of the condition of the condi	d.  contributing to death b  CHF, Multi  Hospital: 12 Inpatie  28a. Date of Inju (Month, De)  28e. Piece of Inju building, etc.	Due to (or a  Due to (or a  ut not resulti  -infa  y Year)  ury - At hom c. (Specify)  of my knowle examination	as a consequence of the conseque	ence of):  derlying cause g  mentia,  3 DOA 28c. Inju W  1 Dot, factory, office	26. Place ther: 4 Nu ury at ork? Yes 2 1	of Death ursing Hom 26 No 26 d placa, er	24a. Wes a perior  1 Y  (Check only or  e 5 Reside Bd. Describe h  Bt. Location (S City or Tow	en eutopsy med?  Yes 20 No ne)  Hence 6 Go ow injury occurrent and Num, State)	24b.  Other (Spectred mber or Rumanner as	were autopsy eveileble prior completion of of death?  1 Yes 2 Cify)	Unk findir to cause
edical Certification: To Be Completed by Physician/Medical	if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Lest  Part II. Other significant conditione of ACVD, LBRB,  Parkins onism  25. Was case referred to medical exeminer?  1 Yes 2 No  27. Manner of Death Natural 5 Pending investigatic 3 Suicide 6 Could not be determined.  29a. Certifier (Check only one)  1 Certifying Pl (Check only one)	d.  contributing to death b  CHF, Multi  Hospital: 12 Inpatie  28a. Date of Inju (Month, De	Due to (or a  Due to (or a  ut not resulti  -infa  y Year)  ury - At hom c. (Specify)  of my knowle examination	as a consequence of the conseque	ance of):  deriving cause g  mentia,  3 DOA 0  28c. Inju W  1 Dot, factory, office	26. Place ther: 4 Nu ury at ork? Yes 2 I	of Death ursing Hom 26 No 26 d placa, er	24a. Wes operior  1 Y  (Check only or  E 5 Resid  3d. Describe h  City or Tow	en eutopsymed?  Tes 22 No ne)  Tence 6 Co ow injury occ  Treet end Num n, Stete)  Teuse(s) end place	24b.  Other (Special red)  manner as e, and due	were autopsy to the cause or beautopsy to the cause or completion of death?  I Yes 2 cify)  ural Route Number of the cause	Unk findir to cause
Certification: To Be Completed by Physician/Medical	if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Lest  Part II. Other significant conditione of the condition of the condi	d.  contributing to death b  CHF, Multi  Hospital: 12 Inpatie  28a. Date of Inju (Month, De)  28e. Piece of Inju building, etc.	Due to (or a  Due to (or a  ut not resulti  -infa  y Year)  ury - At hom c. (Specify)  of my knowle examination	as a consequence of the conseque	enca of):  ence of):  derlying cause g  mentia,  3 DOA 0  28c. Inju W  M 1 E  st, factory, office  cocurred et the t stigetion, in my	26. Place ther: 4 Nu ury at ork? Yes 2 1	of Death ursing Hom 26 No 26 d placa, er	24a. Wes operior  1 Y  (Check only or  E 5 Resid  3d. Describe h  City or Tow	en eutopsymed?  Ses 2000  Sence 6 Cow injury occurrent and Num  The sence 6 Cow injury occurrent and Num  The sence occurrent and nu	24b.  Other (Specured  manner as e, and due	were autopsy eveileble prior completion of of death?  1 Yes 2 Cify)	Unk findinto cause No

Jalia Dhudson Rarlall

AUG 27 1996

State Registrar

**Funeral** Director

permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiens. Important: if them 27 is marked other than "natural", or items 23a or 25a-f show any injury or other traumatic event, the Medical Examinar must be notified at any injury or other traumatic event, the Medical Examinar must be notified at anges.

Physician /Medical Examiner

To the Hospital or Attending Physicien: The law requires that the death certificate be executed within 24 hours effer death.

To the Funeral Director: After this certificate hes been signed by the attending physician and completely filled in by the funeral director, page 2 should be detached for use as the burial-transit

Division of Vital Records, P.O. Box 68760.

Baltimore, Maryland 21215-0020

#### Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 2. Dete of Deeth Month Year 1996

3. Time of Deeth

Birthplace (State or Foreign Country)

IACK

Approximeta Intervai Between Onset end Death

. S. A

29d. Date signed (Month, Day, Year)

10d. Inside City Limits

1 Yes 12No

16:00 P.H

1. Decedent's Neme (First, Middle, Last) **Physician** HAROLD ALEXANDER RICHARDSON AUG 8 /Medical 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner hestertown NURSing Home ChesterTown KENT 7. Age (In yrs. lest birthdey) If Under 1 Yeer | If Under 24 Hrs. | 8. Dete of Birth (Month, Day, Year) 5. Sociel Security Number 6. Sex 1 M 2 ☐ F **Funeral** 217-09-04-08 Director Usual Residence of Decedent with the Maryland 10a. Stete 10b. Counti 10c. City, Town or Location treumetic event, the Medical Examiner must be notified at Chester lown Director 10f. Zlp Code 10e. Street end Number 10g. Citizen of What Country? 6 21620 8600 Items 23s Pages 1 and 2 should be filed within 72 hours after death went of Health and Mental Hygiene.
Int: If Item 27 ie marked other than "natural", or Items 23. Funeral 12. Wes Decedent Ever in U.S. Amed Forces? 1 Decedent Ever in U.S. 1 Decedent Ever in U.S. 1 Decedent Ever in U.S. 1 Decedent Ever in U.S. 1 Decedent Ever in U.S. 1 Decedent Ever in U.S. Wes Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bieck, White, etc. 11. Meritel Stetus 1 Never Merried 2 Married 1□Yes 2No Baltimore, Maryland 21215-0020 by 3 Widowed 4 □ Divorced Completed 16e. Decedent's Usuel Occupetion
(Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 4 . 9 MO LAbir ()-11 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) RICHARDSON HOMAS GEORGAI FRURMAN 19e. Informant's Name/Reletionship (Type, Print) 19b. Meiling Addrass (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Department of Health a Important: If Item 27 is eny injury or other tre once. Road Chestertown M SUT/ER CAUI field 20b. Plece of Disposition (Name of cametery, cremetory or other plece) 20e. Method of Disposition Deta 20c. Location - City or Town, Stete 1 Buriel 2 ☐ Cremetion 3 ☐ Removel from State 8/23/96 CEMETERT hestertoury ASBURY 4 Donetion 5 Dother (Specify) 21. Signeture of Funeral Service Licensee 22 Name end Address of Fecility WAILET FUNERI wallo hesterlown 21620 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiretory arrest, shock, or heart feilure. List only one cause on each line. **Physician** /Medical Immediete Causa (Finei disease or condition resulting in deeth) Examiner Examiner Sequentielly list conditions, if any, laading to immediata cause. Enter Underlying Cause (Disease or injury that initiated evants resulting in daeth) Last Due to (or es e consequence of): Physician/Medicai Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying Be Completed by

23b. Did tobacco use contribute to the cause of death? 1 Yss 2 No 3 Probably 4 Unknown 24b. Were autopsy findings aveilable prior to 24a. Wes an eutopsy performed? completion of cause of deeth? 1 ☐ Yes 2 ☐ No 25. Wes case referred to axaminar? Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 5 No 2 ER/Outpatient 3 DOA 1 Dinnation 28c. Injury et Work? 27. Manner of Death 28a. Deta of Injury (Month, Dey Year) 28b. Time of 28d. Describe how Injury occurred 1 Matural 5 Pending Invastigation 1 Yes 2 No 2 Accident 3 Suicide 6 Could not be determined Location (Street end Number or Rural Route Number, City or Town, Stete) 28a. Placa of injury - At home, ferm, street, factory, office building, etc. (Specify) 4 Homicida

112 Certifying Physician: To the best of my knowledga, daath occurred et the time, dete end piece, and due to the causa(s) and mannar as stated.
2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, daath occurred et the time, dete end pieca, and due to the causa(s) and manner stated.

29c. License number

To the Hospital or Attending Physician: The law requires that the death certificate be executed within 42 hours after death.
To the Funeral Director: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 2 should be detached for use as the burlansit Division of Vital Records, P.O. Box 68760,

> State Registrar

**DHMH 16 Rev 6/95** 

RORGE

29b. Signature and title of certifier

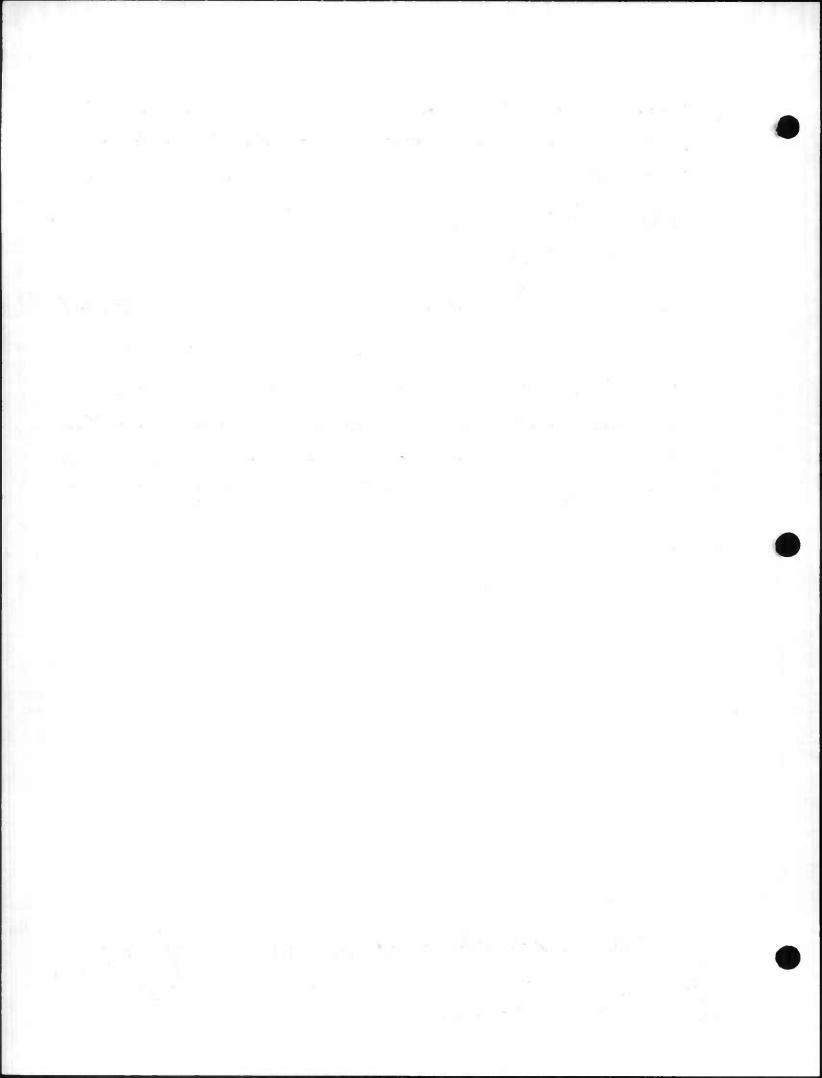
32. Registrar's Signature

wha Davidson

Certification: To

Medical

29a. Cartifiar



Please Type or Print in Black Indelible Ink. Assure Ali Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Deeth **Physician** 25 1996 4b. City, Town, or Location of Death lantha 1:23 AM /Medical 4a. Facility Name (If not institution, give street end number) 4c. County of Death Examiner PRINCE GEORGES HOSPITAL CENTER CHEVERLY PRINCE GEORGES 5. Social Security Number if Under 1 Year If Under 24 Hrs. Hours Min. 6. Sex 7. Age (In yrs. lest birthday) 8. Date of Birth (Month, Day, Year) Birthplace (Stete or Foreign Country) **Funeral** Deys Months 1 □ M 2 🗓 F 162-30-3207 Yrs Director 88 FEB 28, 1908 PENNSYLVANIA Usual Residence of Decedent 4 1/3 10a State 10b. County 10c. City, Town or Location 7 is marked other than "natural", or items 23a or 28a-f show traumstic event, the Meulcal Examiner must be notified at 10d, inside City Limits 1 Pyes 2 □ No Directo MARYLAND PRINCE GEORGES CAPITOL HEIGHTS 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 5707 Rollins Lane 20743 United States death Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ੴ No If Yes, Give Yeer or Dates: 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11 Maritel Status 14. Reca - American Indien, Black, White, etc. 72 hours aftar 1 Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: þ Specify: Black 3 Widowed 4 □ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 2 should be filed within and Mental Hygiene. Elementery/Secondary (0-12) Coilege (1-4or 5+) Housekeeper Private 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surname) Be JOSEPH BENSTON 20 ZELMA BENSON 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rurel Route Number, City or Town, State, Zip Code) permit. Pages 1 and 2:
Department of Haalth er
Important: If item 27 is
any injury or other trau ROBERT CURTIS (SON) 5707 Rollins Lane, Capitol Hts, .Md. 20e. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other plece) 20c. Location - City or Town, State Date 1 XBuriai 2 Cremation 3 Removel from State Resurrection Cemetery 8/30/96 CLINTON, MARYLAND 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Fugeral Service Licent 22. Name and Address of Facility ALEXANDER S. POPE FUNERAL HOMES M859 5538 Marlboro Pike, Forestville, MD. 20747 23a. Pert1. Enter the disease, or complications that paused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one ceuse on each line. Approximate Interval Between Onset and Death **Physician** /Medical immediete Ceuse (Final disease or condition resulting in death) Examiner year -transit pue Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of) Box 68760. physicien requires that the death certificete be Physician/Medical the Due to (or as a consequence of): P.O. Part il. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? · HyperChloremice Hyper natromia 1 Yss 2 No 3 Probably 4 Unknown signed by Records, à 8 Dely chalin. Completed 24b. Were eutopsy findings available prior to completion of ceuse of deeth? 24a. Was an autopsy performed? paga 2 cartificate has 2 No 1 Yes 1 Yes 2 No of Vital Hospital or Attending Physician: 24 hours efter death. Funeral Director: After this cartifica staly filled in by the funeral director, I Be 25. Was case referred to medical 26. Plece of Deeth (Check only one) Hospital: 1 Inpatient 2 ER/Outpetient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 10 1 Yes 2 No 28e. Dete of Injury (Month, Dey Year) 27. Manner of Death 28c. Injury at Work? 28d. Describe how injury occurred Certification: 28b. Time of Division 5 Pending investigation 1 Yes 2 No 2 Accident 6 Could not be determined 3 ☐ Sulcide 28e. Placa of injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide To the Hospital
within 24 hours e
To the Funeral C 1 Certifying Physician: To the best of my knowledge, death occurred et the time, date and place, end due to the cause(s) and menner es stated.
2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred et the time, date and piece, end due to the cause(s) end manner stated. 29a. Certifier Medical 29d. Date signed (Mooth, Day, Year) 29b. Signature and title of confision 29c. License number SURY MI)

State

Registrar

31. Date filed (Month, Dey, Year) AUG 2 8 1996

LANDOVER ROAD HE CHEVERLY MD20785. 6005

30. Name and address of person who completed cause of death (item 23e) (Type, Print)

in it is the form the same to see

State of Maryland / Department of Health and Mental Hygiene 0.5

				Certificate o	of Death		Reg. No.	61113
	Dhysiai	on.	Decedent's Neme (First, Middle, Last)			2. Dete of De Month	eth	3. Time of Death
1	Physici /Medio		PAUL LAWRENCE DUNBAR ROBERSON			8	22 9	6 8.00
į.	Examir	ner	4a. Fecility Name (If not Institution, give street end number)		4b. City, Town, or		THE STATE OF	Deeth
ŀ			1009 MONTEZUMA DR. 5. Social Security Number 6. Sex 7. Age (in yrs. le	ast hirthday) If Under 1 Ye	FT.WASHI			GEORGE'S
	Funeral Director		437 52 2692 1 M 2 □ F 55  Usuel Residenca of Decedent	Yrs. Months Dey		. (Month, De		Birthplece (State or Foreign Country)  IEW ORLEANS, LA
	yland		10a. Stete 10b. County 10c. City,	, Town or Location				10d. Inside City Limits
	e Ma	Director	MD PRINCE GEORGE'S FT.	WASHINGTON				1 XYes 2 No
	10 VIT	Dire	10e. Street end Number	10f. Zip Code	9		10g. Citizen of Wha	t Country?
	a 23	erai	1009 MONTEZUMA DR 11. Meritel Stetus 12. Wes Decedent Ever in U,S	20744		Coords Ven ex No	USA 14 Page	American Indien.
21215-0020	72 hours after death with the Maryland netural, or itama 23a or 28a-f show or all Examiner must be notified at	by Funeral	1 Never Merried 2 Married 1 Never Merried 2 Married 1 Yes 2 No If Yes, Give Yeer or Detes:	It Yes, specify C	of Hispenic Origin? (Suban, Mexican, Puer No Specify:	to Rican, etc.)	Specify:	White, etc.
5-0	72 hours "netural",	eted	15. Decedent's Education (Specify only highest grade completed)	18e. Decedent's Usuei Occ	cupetion	akina	16b. Kind of Busine	ess/industry
121	filed within Hygiena. ther than " int, the Mag	Completed	Elementary/Secondery (0-12) College (1-4or 5+)	(Give kind of work dor life. DO NOT use reti		(Ally		
	Hygie ther t		12 4	BRANCH C		me /First Middle	DC GOVE	RMENT
Maryland	d 2 should be filed h and Mental Hyg 7 Is marked other traumatic avant, I	To Be						
any	2 should be and Mental is marked o	-	PAUL ROBERSON, SR  19e. Interment's Neme/Reletionship (Type, Print)	19b. Meiling Address (Stre		MAE INGR ural Route Number		te, Zip Code)
	CHNL		JEAN ROBERSON/ EX-WIFE	5604 LIVINGS	TON TR.	302 WASH	INGTON.DC	20020
altimore,	8 5 2		20e. Method of Disposition  20b. Ple  20b. Ple  20c. Method of Disposition  20b. Ple  cer	ace of Disposition (Name of metery, cremetory or other p		Dete	20c. Location - City	
tim	tant:		4 Donation 5 Other (Specify) CED	DAR HILL Ceme		8/29/96	SUITLAND	, MD
Bai	permit. Pege Department of Important: If any injury or once.		21. Signature of Fyneral Service Licensee	22, Name end Add ROBERT	dress of Fecility G. MASON	FUNERAL :	HOME INC.	
_			Clin for Lay in	1661 GO	OD HOPE RI	D. WASHI	NGTON. D.	
	Physician		23a. Pert1. Enter the disease, or complications that caused the deeth. shock, or heart failure. List only one cause on each line.	Do not enter the mode of o	lying, such es cardie	c or respiretory a	rrest,	Approximate Interval Between Onset and Deeth
á	/Medical		Immediate Cause (Finel disease or condition resulting in death)  ENCE	abalit				2 . 1 . V
п	Examiner			es e consequence of):	٠.			3 weeks
	pe ji	iner	Joxan	laymon	us)			3 Weeks
	deeth certificate be executed e ettending physician and of for use as the burial-transit	Examiner	Sequentielly list conditions, If eny, leading to immediate	es e consequence of);	_			349
68760,	sician burie	_	Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events					
	rifficate ng phy as the	Medical	resulting in deeth) Last	as e con <i>s</i> equenca <i>o</i> f):				
Box	eeth cert ettendin		d					
	he ett	Physician/	Pert II. Other significant conditions contributing to death but not result	ting in the underlying cause	given in Pert I.	23b. Dld 1	tobacco use contrit	oute to the cause of death?
P.0	that the de ned by the a detached i	Phy				10	Yes 2□/No 3[	Probably 4 Unknown
ds,	signe d be	d by				04-146-		do More autonor findings
Records,	law requires as been sign 2 should be	Completed				perfo	en eutopsy med?	4b. Were autopsy tindings available prior to completion of cause
Re	0 - 0	фшо				10)	Vac 0 700	of death? 1 ☐ Yes 2 ☐ No
ta		BeC	25. Wes case reterred to medical		26 Place of De	eth (Check only, o		1 Yes 2 No
of Vital	5 00	ToE	examiner? 1 Yes 2 No Hospitei: 1 Inpatient 2 Ei	R/Outpatient 3□ DOA	Other		dence 6 Other (	Specify)
o uo	Ing After fune	Certification:	1 Pending (Month, Dey Year)	28b. Time ot Injury M	ijury et Vork? □ Yes 2 □ No	28d. Describe i	now injury occurred	
Division	i or Attanding after death. Director: After d in by the fune	fica	3 Suicide 8 Could not be 28e. Plece of Injury - At hom			28f. Location (5	Street end Number o	r Rural Route Number.
á	after a after	Sert	4 Homicide building, etc. (Specify)			City or Tov	vn, Stete)	
	To the Hospital or At within 24 hours after of To the Funeral Direct completely filled in by	edicai (	29e. Certifier (Check only 2 Medical Examiner: On the basis of examinetic	iedge, deeth occurred et the	time, dete end plece	a, end due to the	cause(s) end menne	r es stated.
	To the H within 24 To the F complete	Medi	one) end menner steted.					
	5 × 5 × 0	-	29b. Signeture and title of certifier	29c. Lice	ense number	01	29d. Date signed (N	ionth, Dey, Year)
	0		Judy & Heally	MW D	2246	8	8/2	2/96
	(0)	Ì	30. Nems and address of ferson who completed cause of deeth (Ne fine GLADYS W. HEATLEY, MD 12164 CEN		ጥሮሀር፤ የንንን ነ	E MD		
	Sta	te	31. Dete tiled (Month, Dey, Yeer) 32. Registrer's Signetu	NTRAL AVE. MI	TOUETATFF	C MD		
	Registr	ar	AUG 2 8 1996 Jaki Dhuiles	realit				

DHMH 16 Rev 6/95

anger gw ag - i i ea aga , g e e ii gag -

and with the way is not

State of Maryland / Department of Health and Mental Hygiene 96

					Cert	ificate of	Death		Reg. No.			
			1. Decedent's Nama (First, Middla, Last					2. Data of De	_	Voor	3. Tima of Death	
	Physic /Medi		Joseph Clement	Stevens				August	$= 6^{ay}, 19$	96	12:15 p.	, n
	Exami		4a. Facility Nama (If not Institution, giva	street and number)		1	4b. City, Town, or	Location of Deat	h 4c. County	of Death	1	
			411 Bell Avenu	le (at home)			Chest	ertown	K	ent		
	Funeral			7. Aga (In yrs. I		If Undar 1 Yaar Months Days	If Undar 24 Hrs Hours Min.		th ev. Year)	9. Birthr	placa (State or Foreign	7
	Director		183-16-/311	82	Yrs.		1.02.0	Februa	ry 5, 19	14 P	ennsylvani	a
	pue *_		Usual Rasidanca of Decedant  10a, Stata 10b, County	10c Cit	y, Town or Loca	ation				Τ,	10d. Insida City Limits	
	Aaryli Paho Pa	5	Maryland Ker			sterto	vrn				Nas 2 No	
	288-	Director	10e. Street and Number	10	OHC	10f. Zip Code	V 11		10g. Citizan of W	Part Cour		
	With Post					2162	20		U.S.		nay?	
	aeth 23	Funeral	411 Bell Avenu	12. Was Decedant Evar in U.	S. 13. W		lispanic Origin? (S	Specify Yas or No			can indian,	
	flar of the r	5	1 Navar Married 2 Married	Armed Forcas? NOVas 2 □ No		Yas, specify Cub	an, Maxican, Puar	to Rican, atc.)		k, Whita,		
020	filed within 72 hours after death with the Maryland Hyglene. ther than "natural", or flems 23a or 28a-f show int, the Medical Exercites rount be notified at	þ	3 ☐ Widowed 4 ☐ Divorced	If Yas, Giva Yaar or Datas: WWII	[ 11	☐ Yas 2 🛣 No	Specify:		Specify	Wh	ite	
0-10	2 ho	Completed	15, Decedant's Edu	cation	16a. Deceda	nt's Usuai Occup	pation	ula.	16b. Kind of Bu			
21	hin 7	pe	(Specify only highast grade Elementery/Secondary (0-12)	Collega (1-4or 5+)	lifa. Di	O NOT usa retire		7.	Marine			
2	filed wi Hygien ther th	Son	12	4	Supp	lies Sa	alesman		Suppli	es .	Manufactu	u
pu	0	Be	17. Fathar's Nama (First, Middla, Last)						, Maidan Sumam	a)		
yla	should be ind Mental marked o	2	John Stefanowi		1			Naresk			01 (20	
Maryland 21215-0020	2 sh and is m		19e. Informent's Name/Raiationship (Ty								Code) 21.620	
	s 1 and 2 should f Haalth and Mer tem 27 is marke other traumatic		Geneva Stevens	3/Wite			enue, C					
Jor	Pagas 1 and nant of Hae		20a. Mathod of Disposition 1 ☐ Buriai 2 ☐ Cramation 3 ☐ R	lamovai from Stata	amatary, cremi	atory or other pla	ce)	Data -	Stevensvil	le, N	aryland	
Baltimore,	pemit. Pagas Department of Important: If i any injury or once.	15	4 Donation 5 Other (Specify)	Ches	apeake C	remation (	center, LIC	August /,	1990			
Bal	permit. Pa Departman Important: any injury	l ti	21. Signature of Fuseral Service License	5/1/1	Fe1	lows. He	elfenbei:	n & Newn	am Funer	al E	Home, P.A.	
			Aux of	regarden	130	Speer 1	Road, Che	estertow	n, Maryl	and	21620	
			23a. Part1. Entar tha disaasa, or complesshock, or haart failura. List only or	na Grunn on aach iina.	n. Do not antai	tha moda of dyir	ng, such as cardia	c or raspiratory a	rrast,		Approximata intarval Between Onset and Death	
7	Physician /Medical		immediata Causa (Finai		- /	) / -				1	Onset and Death	
1	Examiner		disaasa or condition rasulting in deeth)		a Fo	- 65 CC	rddir			-	charg	
		ē		Dua to (or	r as a consequ							
	uted d ansit	Examiner	Commented to the state of the s	Due to le	r as a consequ	ance of:						-
o,	an an		Sequentially list conditions, if any, laeding to immadiata causa. Entar Undarlying	Dua to (or	as a consequ	ance oi).						
68760,	certificate be executed ding physician and sa as the burial-transit	Medical	causa. Entar Undarlying Cause (Diseasa or injury that initiated evants	Dua to (or	as a consequ	anca of):						_
	ntifica ng ph	Med	rasulting in daeth) Last							į		
Box				ł						1		_
	a deeth he atter	Physician	Part il. Other significant conditions con	itributing to death but not rase	Iting in the unc	darlying causa giv	an in Part I.	23b. Did	tobacco use con	tribute t	o the cause of death?	?
P.0	es that tha de igned by the a be detached f	F.						10	Yes 20 No	3 ☐ Pro	bably 4 Unknow	n
S,	signe d be d	by										
Records,	ned nonly	Completed							an autopsy ormed?	av	ara autopsy findings vallable prior to emplation of cause	
Sec	2 S X	du				_				of	death?	
	Page 1	Co						10	Yas 20 No	1[	Yas 2 No	
of Vital	Physician: The this certificate ral director, pag	Be	25. Was casa rafarred to medical axaminer?	lo enite l		100	7.7	ath (Check only	gna)			
of	this big	10 1	1 183 2 2 2 140	1	ER/Outpatient	3 DOA Ott	4 Li Nursing r	1	dance 6 Othe		(y)	
	ding Ph h. Aftar th funaral	lo	27. Mennar of Death 1 ☑ Netural 5 ☐ Pending	28a. Date of injury (Month, Day Year)	28b. Time of injury	28c. injut Wor M 1 □	yat rk? Yas 2 □ No	280. Dascribe	how injury occurr	De		
2	Attending at death.  ector: After by the fune	licat	2 Accident invastigation 3 Suicida 6 Could not be	28e. Place of injury - At ho	me farm stree		143 2 140	28f Location /	Street and Number	er or Run	el Route Number	
Division	교육학교	Certification:	4 ☐ Homicide datarmined	building, atc. (Specify	()	at, factory, office		City or To		J. G. 11G.	ii i rodia rvanosi,	
	To the Hospital or within 24 hours after To the Funeral Dir complately filled in		29a. Certifiar 1 Certifying Phys	iclan: To tha best of my know	wiedga, daath o	occurred at tha the	ma, data and piace	e, and dua to tha	cause(s) and mar	nner as s	stated.	
	Ho Ho Fui	edical	(Check only 2 Medicat Examinations)	ner: On the basis of axaminat and mannar stated.	ion end/or inva	stigetion, in my o	pinion, deeth occu	urred at tha tima,	data and place, a	ind dua to	o tha causa(s)	
	Within To th	ž	29b. Signatura and title of cartifiar			29c. Licans	a number		29d. Data signed			
			1 000	runcem	~	DOC	354		August	6, 1	996	
	/	ION	30. Nama and addrass of person who co	mpleted causa of death (itam	23a) (Type, P	rint)	Cin		1 /			_
	(	7	C.G.B Kud	1 ANN 100	BIZOW	NSV.	HESTE	RIOUX	flud 2	162	0	
	Sta	ite	31. Data filed (Month, Day, Year)	32. Registrar's Signat	tura							
	Registr	ar	AUG 07 '91	5 Julia Da	widson-A	andell						
				U								

State of Maryland / Department of Health and Mental Hygiene

Physician	l
/Medical	ŀ
Examiner	ŀ

Director

Funeral

py

Completed

Be

ROBERT

1996 18:50 PM

1 Nes 2 No

Onset and Deeth

**Funeral** 

Director the Maryland

7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Madical Examiner must be notified at permit. Pages 1 end 2 should be filed within 72 hours aftar I Department of Haalth and Mental Hygiene. Important: If itam 27 Is marked other than "natural", or iter any Injury or other traumatic event, the Medical Exerc

Baltimore, Maryland 21215-0020

**Physician** /Medical Examiner

Examiner bunial-transit certificate be executed Box 68760, attending physician Physician/Medical the 88 for P.O. signed by the Records, à Completed page 2 certificate has Division of Vital Hospital or Attending Physician: 24 hours after death. Be 2 this Medical Certification: After within 24 hours after death.

To the Funeral Director: A completely filled in by the form

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 02, AUGUST ANTHONY SMITH JR. 4a. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth CHESTERTOWN RT. 213 **OUEEN ANNES** If Under 1 Year H Under 24 Hrs. Months Days Hours Min. 5. Sociei Security Number 7. Age (In yrs. lest birthday) 8. Date of Birth (Month, Dey, Year) Birthpiece (Stete or Foreign Country) 1**∑**M 2□ F 217-96-1373 Yrs. 19 June 5, 1977 Maryland Usuei Residence of Decedent 10a. State 10b. County 10c. City, Town or Locetion 10d. Inside City Limits Maryland Kent Chestertown 10e. Street end Number 10f. Zip Code 10a. Citizen of Whet Country? 706 High Street 21620 U.S.A. 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No if Yes, Give Year or Dates: Was Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Ricen, etc.) 14. Race - American indian, Bleck, White, etc. 11. Maritel Status 1 Never Married 2 Married 1 ☐ Yes 2 ☒ No Specify: Specify: 3 Widowed 4 Divorced **Black** 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) Student. Culinary Arts 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Robert Anthony Smith Karen Louise Somerville 19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) Karen S. Curtis/Mother 706 High Street, Chestertown, Maryland 21620 20a. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, State tX Buriel 2 ☐ Cremetion 3 ☐ Removal from Stete 4 ☐ Donetion 5 ☐ Other (Specify) St. George Cemetery/August 8, 1996 Worton, Maryland 21. Signeture of Funerel Service Licensee 22. Name end Address of Facility Fellows, Helfenbein & Newnam Funeral Home, P.A. 130 Speer Road, Chestertown, Maryland 21620 23a. Part1. Enter the disease, or comblications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. immediate Ceuse (Finel diseese or condition resulting in deeth) MULTIPLE INJURIES Due to (or es e consequence of): Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or injury that initieted events resulting in deeth) Last Due to (or es e consequence of): Due to (or es e consequence of):

1 No 2 No

27. Menner of Deeth

1 Naturel

2 Accident

3 Suicide

4 D Homicide

Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert i.

25. Wes case referred to medical 26. Place of Deeth (Check only one)

AUG. 2, 1996

ROADWAY

Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Dete of injury (Month, Dey Yeer) 28b. Time of 5:20PM

28c. Injury et Work? 1 Yes 2 No 28e. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify)

O.C.M.E.

Other: 4 Nursing Home 5 Residence 6 Kether (Specify) SCENE 28d. Describe how injury occurred deceased motorcyclist struck vehicle

28f. Location (Street and Number or Rural Route Number, City or Town, Stete) RT. 213 North of Rolphs Wharf

24e. Wes en eutopsy performed?

XXYes 2 No

Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end plece, end due to the ceuse(s) end menner es steted. Question of the basis of exemination end/or investigation, in my opinion, deeth occurred at the time, dete end plece, and due to the ceuse(s) Annes end menner stated. 29a, Certifier (Check only one)

29b. Signeture end title of certifier

31. Dete filed (Month, Dev Yeer) 7

5 Pending investigation

6 Could not be determined

29c. License number

29d. Dete signed (Month, Dey, Year) AUGUST 03, 1996

23b. Did tobacco use contribute to the cause of death?

1 Yes 2X No 3 Probably 4 Unknown

24b. Were eutopsy findings aveileble prior to completion of ceuse of deeth?

1 Yes 2 No

30. Name end eddress of person who completed cause of death (Item 23e) (Type, Print) THEODORE M.KI.

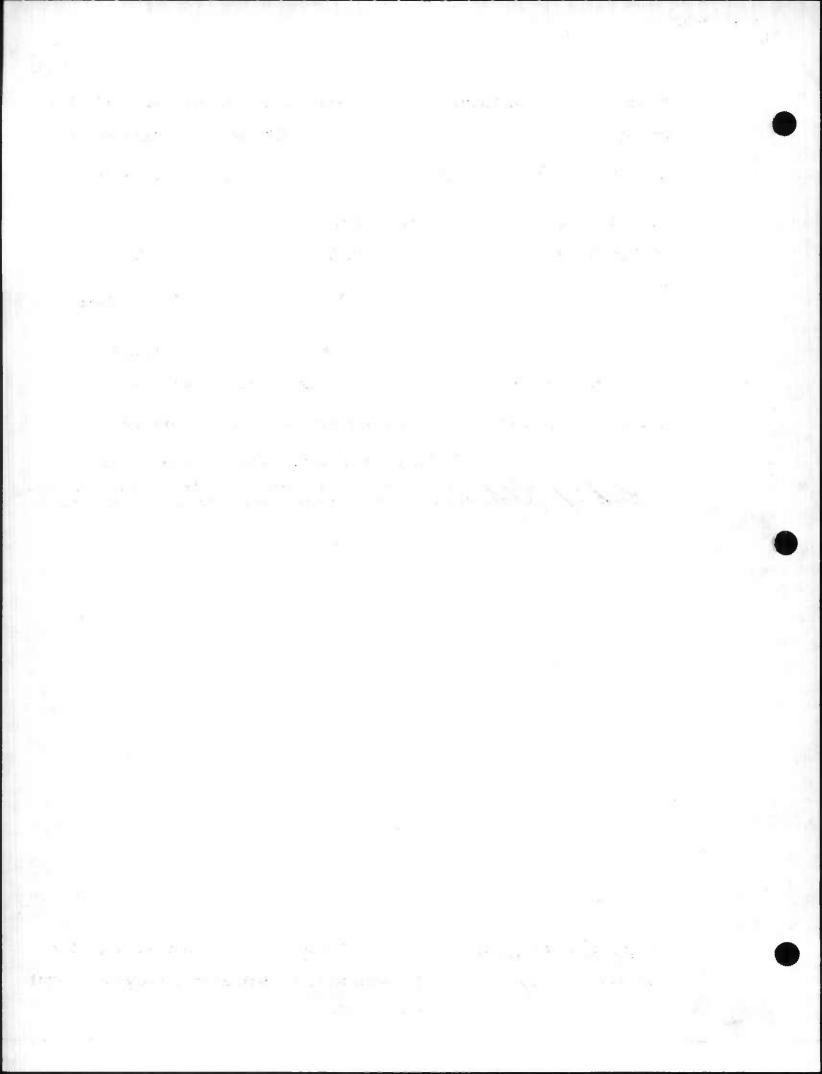
'96

111 Penn Street, Baltimore, Maryland 21201

State Registrar

8

32. Registrer Signeture grelia Davidson-Randall



State of Maryland / Department of Health and Mental Hygiene 27176 Certificate of Death 1. Decedent'e Neme (First, Middle, Last) 2. Dete of Deeth August 12, 1996 **Physician** William Howard Stant 5:00 a.m. /Medical 4b. City, Town, or Location of Deeth 4e. Facility Name (If not institution, give street and number) 4c. County of Death Examiner 301 Campus Avenue (at home) Chestertown Kent Hours Min. April 25, 1 6. Sex 12 M 2 □ F 5. Sociel Security Number If Under 1 Yeer 7. Age (In yrs. lest birthdey) Birthplece (State or Foreign Country) **Funeral** Deys 215-36-2059 Yrs. 76 1920 **Director** Maryland Usuel Residence of Decedent with the Maryland 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits permit. Pages 1 and 2 should be filed within 72 hours after death with the Manylar Department of Health and Mental Hygiena.
Important: If item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Medical Examiner must be notified as once. 1X Yes 2 No Director Maryland Kent Chestertown 10e. Street and Number 10f. Zip Code 10a. Citizen of Whet Country? 21620 301 Campus Avenue U.S.A. Funeral 12. Wes Decedent Ever in U,S. Was Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bieck, White, etc. 11. Maritel Stetus Armed Forces?

1 Yes 2 No
If Yes, Give
Yeer or Detes: 1 Never Merried 2 Merried altimore, Maryland 21215-0020 White 1 ☐ Yes 2X No Specify: þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working iife. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Farmer Agricultural 11 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Howard J. Stant Eva Kimble 19e. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Sarah Jane Stant/Wife 301 Campus Avenue, Chestertown, Maryland 21620 20b. Piece of Disposition (Neme of cemetery, cremetory or other piece) 20a. Method of Disposition 20c. Location - City or Town, Stete A ☐ Buriel 2 ☐ Cremetion 3 ☐ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) Chesterfield Cemetery/August 15, 1996 Centreville, Maryland 21. Signature of Fundral Service Light Fellows, Helfenbein & Newnam Funeral Home, P.A. 130 Speer Road, Chestertown, Maryland on the cliused the deeth. Do not enter the mode of dying, such as cardiac or respiretory arrest, author each line. 23a. Pert1. Enter the disease, or com shock, or heart failure. List only Physician /Medical Immediete Ceuse (Final disease or condition resulting in deeth) **Examiner** physician and the burial-transit Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or es e consequence of) 88 esn Š Pert It. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? Ho CABG, Caronory taking Descrip 1 Yes 2 No 3 Probably 4 Unknown by 24e. Wes en autopsy periormed? 24b. Were eutopsy findings available prior to completion of cause of death? HBP, Ho 2 Brandergenic Concinones Left Lung Ho Prontatic Concinour, Auentic 25. Was case referred in medical examiner?

1 Yes 2 No Hospitel: 1 Institute To The Property of the has within 24 hours after death.
To the Funeral Director: After this completely filled in the transfer. 1 Yes 2 No 1 ☐ Yes 2 ☐ No 28. Plece of Death (Check only one) Be Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 27. Menper of Death 28d. Describe how injury occurred 28a. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 5 Pending investigation 1 Netural 1 ☐ Yes 2 ☐ No None 2 Accident 6 Could not be 3 Suicide 28e. Piece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide 29e. Certifier 12 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, and due to the cause(s) and manner as stated. Medical (Check only one) 2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred at the time, date and piece, and due to the cause(s) end menner stated. 29d. Date signed (Month, Dey, Year) 29b. Signeture end title of certifier 30. Name and address of person who completed cause of death (item 23e) (Type, Print) 948 WAShington Ave, Chestextown Well 21620 C. ARRABAL TR M.D.

Registrar

DHMH 16 Rev 6/95

State

31. Dete filed (Month, Dey, Year)

32. Registrer's Signeture

Sulia Davidson

State of Maryland / Department of Health and Mental Hygiene 96

27177

		_					Cen	ificate	OT I	Death			Reg. No.		
	ysicia Medic	-	1. Decedent's Name (First, Middle, L Mary	est)	E	lizab	eth	1	St	arkey	,	2. Date of De Month ugust	Day	Year 9 9 6	3. Time of Deeth 8:40 am
	amin	_	4a. Facility Neme (If not institution, gi	ve street end nu	m <i>ber)</i>				4	b. City, Tow	vn, or Lo	cation of Deat	h 4c. County	of Death	
			The Kent and Q									ctown		ent	
Fun	eral			Sex 1 □ M 2 □¥F		yrs. lest birti		If Under 1 Months I	Year Days	if Under 2 Hours	24 Hrs. Min.	8. Date of Bir (Month, De	21, 1904	9. Birth	place (Stete or Foreign
Dire	ctor		213-05-7247	IUM ZEST	9	1 '	rs.					October	21, 1904	Mai	rýland
pu *		-	Usual Residence of Decedent  10a. State 10b. County		100	: City, Town	or Loos	ation							and total object to it.
anyla	II I	5			100										10d. Inside City Limits  X2XYes 2 □ No
% ¥ %	office	5	Maryland Ken	t		_ Che	ste	ertow			-				
vith to	8	ក្ត	10e. Street end Number 200 Morgnec Ro	od				10f. Zip C	ode .62	0			U.S.		ntry?
ath a	THE STREET	ra													
er de	Der	Funeral Director	11. Maritai Status	12. Was Dece	orces?	in U,S.	13. W	as Deceder Yes, specify	Cube	ispanic Orig en, Mexican,	in? (Spe Puerto l	cify Yes or No Rican, etc.)	Blee	e - Americk, White,	can Indien, etc.
120 rs eft	San	by F	1 Never Married 2 Married 3 Widowed 4 Divorced	1 Tes If Yes, Giv Year or D	Ve		1[	□Yes 28	) No	Specify:			Specify	. Wh	nite
Ind 21215-0020  be filed within 72 hours efter death with the Maryland tal Hygiene. d other than "natural", or items 23s or 28s-f show	8	B	15. Decadent's E		ates:	160	Decede	nt's Usual (	Coup	etion			16b. Kind of B	uninena/la	dustra
15 in 72	Sign I	Completed	(Specify only highest gr	ede completed)			(Give ki	nd of work	done d	during most	of worki	ng	TOD. KING OF B	12111622/111	dustry
d 212 filed with Hygiena. ther than	3	E	Elementary/Secondery (0-12)	Coilege (1	1-4or 5+)			Secre					Insu	ranc	20
D PET	ř.		17. Fether's Name (First, Middle, Las	t)				CCIC	La	-	's Name	(First, Middle	, Meiden Sumen		
ylan ould be Mental	V 0	To Be	John W. Starke	y						Ann	ie I	E. Bat	tis		
Aaryla 2 should and Men is marke	1mat	-	19a. Informent's Name/Relationship	(Type, Print)		19b.	Mailing	Address (S	Street	end Number	r or Rure	I Route Numb	er, City or Town,	State, Zij	Code)
and 2	rtra		Virginia S. Cr	ew/Nie	ce	21	1 By	yford	Dr	ive, (	Ches	tertown	n, Maryl	and	21620
Baltimore, Maryland 21215-0020 semit. Pages 1 and 2 should be filed within 72 hours effer death with the Marylan Department of Health and Mental Hygiena. mportant: If itam 27 is marked other than "natural", or items 23s or 28s-f show	etto	ı	20a. Method of Disposition		20	b. Place of					T	Date	20c. Location -	City or To	own, State
Pages nent of P	7 04		1 Buriai 2 □ Cremation 3 [ 4 □ Donation 5 □ Other (Speci					otory or other			- 10	1996	Chaster	torm	, Maryland
Baltimore, permit. Pages 1 an Department of Heal Important: If itam 2	를 a	1	21. Signature of Funeral Service Lice		. 1	nies ce			-						
Balt Permit. Departr	any le		17:00C	Voller	See	- /	Fe.	LLows	, Н	elient	bein	& New	nam Fune	ral	Home, P.A.
		-	23a Part I Enter the disease or con	nications that o	auead the	death Don	-			-			wn, Mary	Tand	ZIOZU Approximate
Division			23a. Part1. Enter the disease, or con shock, or heart failure. List only	one cause on e	ach line.	300111. 5011	or or ito	110 11000	, Gyni	g, such as c	our diac o	i rospiratory c	irrost,		Interval Between Onset and Deeth
Physic /Med	_		Immediate Cause (Final		21	- Del	200	nn	01	21.			1		in du
Exam	Iner		disease or condition resulting in death)	a	O AS	your	ec	excu	U	In	ew	mor	ul	- 1	10 days
		ē		(	Due	(or as a c	onseque	ence of):	11	2001	- F	Tarle	110		7/100
P P	ansit	Examiner		b	100	tor as a o	r VI	N. P.	AXC	avvr		acci	va	i	cary)
axec n an	ial-tr	EX	if any, leading to immediate	1	1 0	10 1	7	)	/	TA	RL			1	
ox 68760, certificeta be assouted nding physician and	ng e	n/Medical	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events	c/	Due t	o (or as a co	nsequi	entre ott		M		)		+	
GB Hilling G	as th	8	resulting in deeth) Last		200	0 (01 43 4 00	// /	grow sirj.							
	esn	١		d										-	
I RECORDS, P.O. Bo The law requires that the death ate has been signed by the atte	d for	Physicia	Part II. Other significant conditions	contributing to de	eath but not	resulting in	the und	lerlvina cau	se niv	en in Part i		23h. Did	tobacco use co	ntribute t	o the cause of death?
by th	lache	ķ	. /	1		00	ario ario	on jing out	oo givi	orran Care I.			Yes 20 No		bably 4 Unknows
s tha	90 9	by P	Advan	eece	Ug	7							7	00	out, Common
rd.	eld b												en eutopsy		ere autopsy findings
S * 50	Sho :	Set										репо	ormed?	CO	reilable prior to empletion of cause death?
He law	906	Completed										10	Yes Zino		☐ Yes 2☐ No
Vital   Viclan: The Certificate	ğ. 1		25. Was case referred to medical	F						OC Disease	of Dooth				1168 20140
DIVISION Of VITAI RECORDS, P.O. B or Attanding Physician: The law requires that the death after death.  Director: After this certificate has been signed by the atta		To Be	examiner?	Hospital:	nnationt	2 ER/Out	nationt	3□ DOA	Oth	Or:		(Check only	dence 6 □Oth	or /Consider	641
P & sit	60		27. Megger of Death	28e. Dete	of Injury	28b. Ti			Injun Worl		T.		how Injury occur		y)
DIVISION O lor Attanding Ph after death. Director: After th	fun :		1 Natural 5 Pending investigation		th, Day Yea	r) In	jury	м		k? Yes 2 □ N	lo				
/ISI Attan	the state of	1 Ca	3 ☐ Suicide 8 ☐ Could not b	28e. Place	of Injury - /	At home, far	n, stree	t, factory, o	ffice		2	28f. Location (	Street end Numb	er or Run	al Route Number,
Direction Direction	E I	Certification:	4 Homicide	buildir	ng, etc. (Sp	At home, far ecify)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				City or To			
apita nours neral			29a. Certifier Certifying Pt	nysician: To the	best of my	knowiedge,	death o	ccurred at !	the tim	e, dete end	piece, e	and due to the	cause(s) and me	nner as s	iteted.
• Ho • Fu	ieta)	edical	(Check only 2 Medical Example one)	miner: On the ba	asis of exam ner stated.	nInetion end	or inve	stigation, in	my of	oinion, deeth	occurre	ed at the time,	date and plece,	and due to	the cause(s)
DIVISION Of VITA To the Hospital or Attanding Physician: within 24 hours aftar death. To the Funeral Director: After this certifica	completaly filled in		29b. Signature and title of cartifier	00		~		29c. L	icense	number			29d. Dete signe	d (Month,	Dey, Year)
			VIII. 1/6	1/1/1	19	m			1	)/1	757	/	8-	P-9	6
	1	0	30. Nem) and address of person who	completed caus	e of death	Item 23a) /1	VDA Pr	int)	1	U	UU		-		
		1	Dr. Harry P. Ross						The:	sterto	own.	Marvla	and 2162	0	
	State	e	31. Date filed (Month, Dey, Year)								,	, , ,			
Re	gistra	-	AUG 0 9	96	Julie	ignature. Lavids	on-A	andell	,						
			7100 - 7		· U										

Tour means as to not a to this of the definition of the contraction of

DIVISION OF VITAL RECORDS, P.O. BOX 68760
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal.

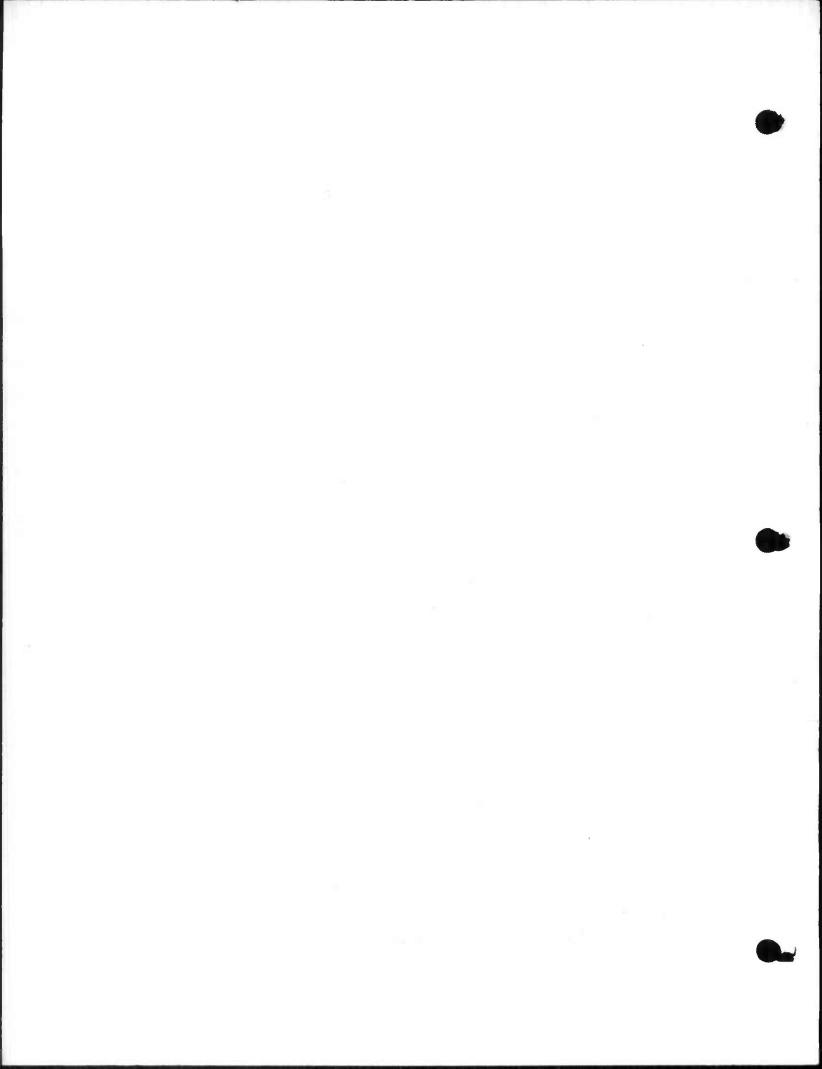
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netified at once.

1 - STATE

# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAN		C	HILL	CALE	T DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest)							ATE OF OEATH	NY	YEAR	3. TIME OF DEATH
	WILLIAM	G		MONS					6, 19		7:00 A. M
	4. SOCIAL SECURITY NUMBER	1 1	. AGE (In yrs. las		IF UNDER 1 YEA		8. 7. D.	ATE OF BIRTH forth, Day, Ybar) [.13,19	1		LACE (State or Foreign
	213-18-3959 9a. FACILITY NAME (If not institution, give	1 X M 2 🗆 F	72	YRS.				.13,19			Deposit
œ				- 1		N OR LOCATION OF	DEATH			ITY OF DE	ATH
Ē	VA Maryland Healt	th Care Sy	stem		Perry	Point			Ce	ecil	
DIRECTOR	10a. STATE 10b. COUNT	Υ		10c. CITY	TOWN OR LO	CATION					10d. INSIDE CITY
ä	Maryland (	Cecil			Elkt	on					LIMITS?
AL	10e. STREET AND NUMBER					10f. ZIP CODE			10g. CITIZ		HAT COUNTRY?
ER	240 E. High St	reet				219	921			U.S	. A .
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT I			13. WAS 0	ECENOENT OF HIS	PANIC OR	IGIN? (Specify Yes	or No-	14. RACE	- American Indian, White, etc.
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR	QR DATES			apecify Cuban, Me: ES 2 X NO Sp		rto Rican, etc.)			White
	15. DECEDENT'S EDU	WW WW			1						
1	(Specify only highest grade	completed)	(Gi	Ve kind of w Do NOT us	USUAL OCCUPA ork done during	TION most of working		16b. KIND OF BUS	INESS/IND	USTRY	
7	Elementary/Secondary (0-12)	College (1-4 or 5+)			Driv	er		Md. St	ate	Road	ds
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)					18. MOTHER'S	NAME (E)	st, Middle, Maiden	Sumamal		
0	Irving H. Sin	nmons				Hile	a M	. Blac	kson	l	
BE	19a. INFORMANT'S NAME (Type/Print)		198	. MAILING	ADDRESS (Stree	et and Number or Ru	ral Route f	lumber, City or Town	n. State. Zip	Code)	
2	George G. Simm	nons				n St.,					1
	20a. METHOD OF DISPOSITION 1 1	and from State			FDISPOSITION	(Name of	1	DATE 20c. LOC	CATION — C	City or Tow	n, State
	4 Donation 6 Other (Specify)		Elkt	on C	emete	ry8/28,	196	Elk	ton,	Md	•
	21. SIGNATURE GE MINERAL SERVICE LI	CENSEE				AND ADDRESS OF		259	Ε.	Main	n St.,
	MANTE	top .			Gee	Funera:	L Ho	me Elk	ton,	Md	. 21921
$\neg$	23. PART I. Enter the diseases, or	complications that o	aused the de	ath. Do n							Approximata
	shock, or heart fallure. IMMEDIATE CAUSE (Finel	List only one cause	on aach lina					·		·	Interval Between Onset and Death
	disease or condition reaulting in death)	. Sepsis									3 days
	readiting in death)	DUE TO (O	R AS A CONSEC	UENCE OF	):						Judys
z	Secure Mathe Heat are distance	⊾ Pneumon	ia								3 days
Ĕ	Sequentially list conditions, if any, leeding to immediate	b. Pneumon	R AS A CONSEC	UENCE OF	):						
5	CAUSE (Disease or Injury	∝ Metasta	tic ade	noca	ccinoma	a					1 month
Ë	that initiated events resulting in death) LAST	DUE 10 (0	R AS A CONSEC	UENCE OF	):						
EDICAL CERTIFICATION		đ									i
A.	PART II. Other significant condition	ns contributing to de	ath but not n	esulting in	the underly	ing cause given	in Part I	24a. WAS AN PERFOR			VERE AUTOPSY FINDINGS
20	Diabetes - c	diet contr	olled					1 TYES 2			WAILAINE PROOF TO COMPLETION OF GAUSE
ME	Obesity							10.55-1004-05-05-05-05-05-05-05-05-05-05-05-05-05-			OF DEATH?
	DID TOBACCO USE CONT	RIBUTE TO CAU	SE OF DEA	TH YE	S I NO	UNCERT/	AIN [				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HQSPITAL:	25. PLAC	-	f (Check only or	NO.					
YS	1 ☐ YES 2X NO	1 X Inpetient 2 □ E	R/Outpetient 3		OTHER: 4.17 Number H	ome 5 🗆 Residen	# # E C	Other (Specify)			
H.	27. MANNER OF DEATH 1 XNetural S Pending	28s. DATE OF IN (Month, Day)		28b. TIME INJL	MY	NJURY AT WORK?	29d.	DESCRIBE HOW IN	MINIMA DOC	URED	
BY	2 Accident Investigation					ARR 5 NO					
8	3 Suicide 6 Could not be 4 Homicide determined	28s. PLACE OF I building, sto	KUURY — At No L (Specify)	na, farm, st	rest, factory, of	fice		OCATION (Street a Day or Then, State)	nd Number o	or Hural Ro	uler Number;
4	CHIMINE CHIMINE			_							
7 1	(Check only 1 _ACERTIFYING PHYS	ICIAN: To the best of m	knowledge, der	etti occurrei	f at the time, d	ete and place, and o	due to the	cause(s) and man	ner as state	d.	
<b>≅</b> Ⅱ		Pt: On the basis of exam	nination and/or i	rveetigation	in my opinion	, death occured at	the time, o	fets and place, and	f due to the	canee(x)	and manner as stated.
COMIS	2 MEDICAL EXAMINE						CO. LANSING MANAGEMENT			THE RESERVE AND ADDRESS OF THE PERSON NAMED IN	
BE COMPLETED	2 MEDICAL EXAMINE 296. SIGNATURE AND TITLE OF SPRITIFIE		_	W	1	29s. LICENSE S	UMBER		29d. DATE	SIGNED (A	World, Day Year)
86	296. SIGHATUME AND TITLE OF CENTIFIE			M		D41608				SIGNED /A	3137/16/9/2011 - F.OM
	296. SIGHATURE AND TITLE OF GENTIFIE 30. MAME AND ADDRESS OF PERSON AND	O COMPLETED CAUSE	OF DEATH (ITEM	27) (8ypm)	Print)						3137/16/9/2011 - F.OM
86	296. SHOHATUME AND TITLE OF SENTIFIE  36. MAME AND ADDRESS OF PERSON AND EUGENE S. CRATG	N.D.	Perry								3137/16/9/2011 - F.OM
86	296. SIGHATURE AND TITLE OF GENTIFIE 30. MAME AND ADDRESS OF PERSON AND	O COMPLETED CAUSE	Perry	Poir		D41608					3137/16/9/2011 - FOW

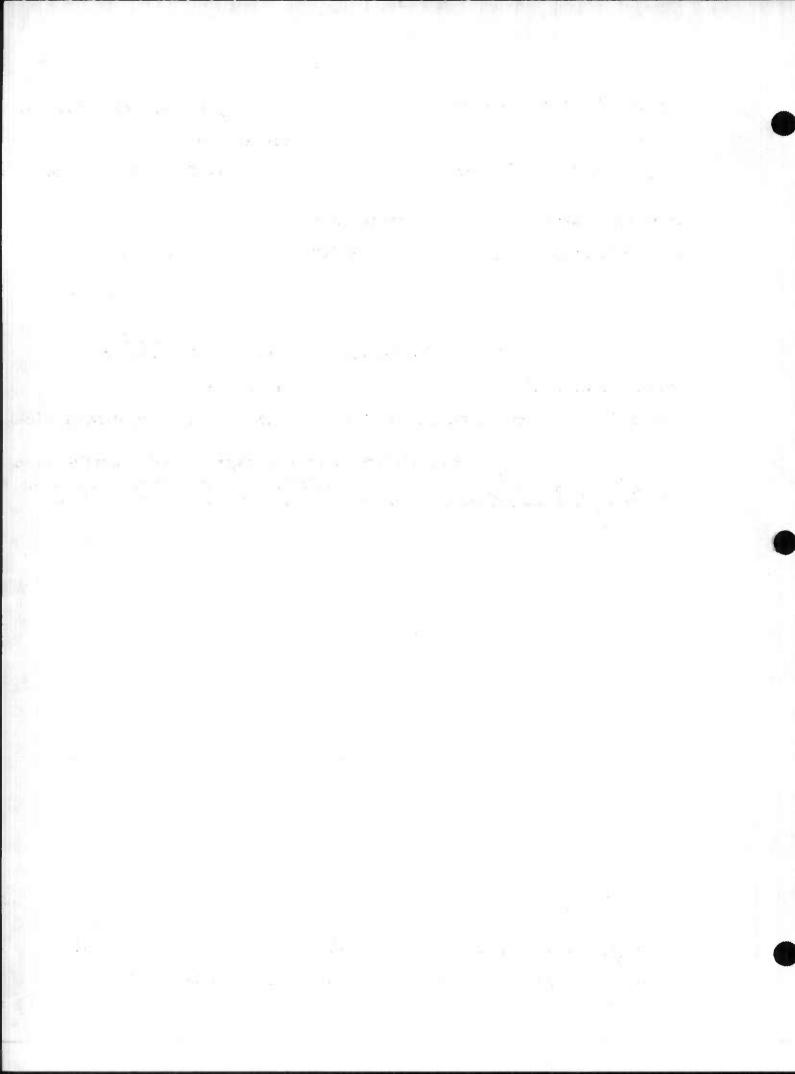
3+1 VA



State of Maryland / Department of Health and Mental Hygiene 96 27 | 79

				(	Certificate of	Death		Reg. No.	0				
Physi	olon	1. Decedent's Neme (First, Middle, L			9.1		2. Date of E		Veer	3. Time of Death			
/Med		Louise deReve	rs Spetnage	el			Augus	t 24,	1996	10:35 p			
Exam	iner	4e. Facility Name (If not institution, ga	ve street and number)				or Location of Dea	-					
		Heron Point  5. Social Security Number 6.	Sex 7. Aga (In s	yrs. last birth	day) If Under 1 Yaar		tertown		Kent				
Funera Directo		086-03-2878  Usual Residence of Decadent	Hours M	in. April	21, 19	9. Birthple 09 Ne	ace (State or Foreig try) EW York						
yland		10a. State 10b. County	10c.	City, Town	or Location				10	Od. inside City Limits			
e Ma	ctor	Maryland Ken	t	Cl	nestertow	n n				XXYes 2□No			
in the	Dire	10e. Street and Number			10f. Zip Code			10g. Citizen of		ry?			
s 23e	8	421 Heron Poin			2162			U.S.					
whin 72 hours after death with the Maryland Jiene. Than "natural", or items 23e or 28a-f show the Modical Examination of the Modi	by Funeral Director	11. Marital Status  1 Never Married 2 Marriad  3 Widowed 4 Divorced  12. Was Decedent Ever in U.S. Armed Forcas?  1 Yas 2 No If Yes, Give Yaar or Dates:		n U,S.	13. Was Decedent of If Yes, specify Cut	(Specify Yas or Narto Ricen, etc.)	14. Race - Amarican Indian, Black, White, etc. Specify: White						
72 hc	Completed	15. Decedent's Education 18a (Specify only highest grada completed)			ecedent's Usual Occu Give kind of work done	vorkina	16b. Kind of Business/Industry						
	jdu	Elementary/Secondery (0-12) College (1-4or 5+)		1	ife. DO NOT use retire		Chemical						
	ပိ	1.2 17. Fether's Name (First, Middle, Las	4	4 Stat		Analys	t lame (First, Middl		stributor				
uld be file Vantai Hy rked othe	Be C	John M. Spetna	*				E. Kay		ne)				
oks of pu	2	19e. informant's Name/Relationship	<u> </u>	19b. N	Meiling Address (Stree				State Zin (	Code)			
tra tra		Ernest Cookerl	y / Personal Repr	resentat	tive 123 Co	urt Str	eet, Che	stertown	, Mar	yland 216			
- I E S		20e. Method of Disposition	200	b. Placa of D	isposition (Neme of crematory or other pla		Date	20c. Location					
emit. Pages spartment of sportant: If he vy Injury or o lice.		1 Burial 2XXCremation 3 Removal from State 4 Donetion 5 Other (Specify)  Chesapeake Cremation Center, IIC/August 26, 1996 Stevens											
		21. Signature of Funeral Sarvice Licensee Fellows, Helfenbein & Newnam Funeral Home, P.A.											
age a	1	Mary B	tellow.		130 Speer					21620			
Physician		234. Part I. Enter the dineese, or con shock, or heart failure. List only	plications thet caused tha de ona cause on each line.						1	Approximate Intarval Betwaan Onset and Death			
/Medica		Immediate Cause (Finel disaasa or condition resulting in death)  Adevocarcinose of Uterus								5 weeks			
Examine	١.,	resulting in death)  Due to (or es a consequence of):											
D 15	iner		h		0								
an and	edicai Examine	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated exercises)	Due to	o (or as a cor	nsequence of):								
v requires that the death certificate be axecuted been signed by the attending physician and should be detached for use as the burial-transit	edical	Cause (Disease or injury thet initiated events resulting in death) Last	c. Due to	o (or as e cor	sequenca of):								
ath cert	M/Vie		d										
death	sicis	Part II. Other significant conditions	ne underlying ceuse gi	ven in Part I.	23b. Dio	id tobacco use contribute to the cause of death?							
requires that the	Physician				1	☐ Yes 2 No 3 Probably 4 Unknown							
v requires the been signed should be d	by							\					
The lav ate has page 2	Completed							24e. Wes an autopsy performad?  24b. Were autopsy available pri completion of					
	mp									eath?			
		OF Man ones referred to an disch						Yes 200 No	1 🗆	Yes 2□ No			
sician: T certifical lirector, p	o Be	25. Was case referred to medical examiner?	Hospital:	□ EB/0	Ott	100	eeth (Check only						
To the Hospital or Attending Physician: within 24 hours after death. To the Funeral Director: After this certific completely filled in by the funeral director.	tion: To	27. Menner of Death  1 Xivatural 5 Pending 2 Accident Investigation	28b. Time of Injury (Month, Day Year) 28b. Time of Injury Work?					ma 5 Residenca 8 Other (Specify) 28d. Describe how injury occurred					
or Atter after dea Director	Certification:	3 Sulcide 6 Could not be determined	t home, farm	arm, street, factory, offica 28f. Locatio City or			on (Street and Number or Rural Route Number, Town, State)						
To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral	edical C	29a. Certifier (Check only one)  Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, end due to a commendate the time, date and							the cause(s) end manner as stated. me, date and placa, and dua to the ceuse(s)				
To the To the	Me	29b. Signatura and title of certifier		29c. Licans		29d. Date signed (Month, Day, Year)							
		GADE		D452		August 26, 1996							
		30. Name and John of person who Anthony J. Moorn		pe, Print)									
	40	31. Date filed (Month, Day, Year)	nan, MD, 100 H		orreer, on	esteriov	vii, mary	Tana 210	20				
St Regist	ate trar	AUG 26	96 32. Registrar's Sig	Davidson	- Pandell								

Registrar



State of Maryland / Department of Health and Mental Hygiene 96

Physician /Medicai		1. Decedent's Neme (First, Middle, Last)						2. Dete of De Month	Dey Yeer		3. Time of Death	
	H	DANIEL		SMITH			th City Town	AUG.	-	996		
xaminer	1	e. Fecility Neme (If not institution,	113935	oer)				Location of Deat				
	ų,	6363 OXON HILI				f 11-d4 N	OXON H			E GEO		
neral ector		5. Social Security Number  264-70-2622  Usuel Residence of Decedent  6. Sex 1						8. Dete of Bir (Month, De NOV 20	th Nov. 21 by, Year) , 1944		lece (Stete or Foreitry) RIDA	
3	1	10e. Stete 10b. County		10c. C	ity, Town or Locati	ion				10	0d. Inside City Limi	
be notified at Director			CE GEORGES OXON HILL				1X Yes 2□1					
		10e. Street end Number 802 MAURY AVENUE #104			10f. Zip Code 20745				10g. Citizen of Whet Country? UNITED STATES			
funeral Funeral	1	1. Maritel Status 12. Was Deceden		ent Ever in U				Specify Yes or No				
by		1 ☐ Never Married 2 🕅 Marrie 3 ☐ Widowed 4 ☐ Divorced	If Yes Give				of Hispanic Origin? (Specify Yes or Luben, Mexican, Puerto Ricen, etc.) No Specify:		Bleck, White, etc.  Specify: BLACK		etc.	
leted by		15. Decedent's Education (Specify only highest grade completed)			16e. Decedent	d of work done	e during most of w	orkina	16b. Kind of B	usiness/Ind	lustry	
any injury or other treumatic event, the Medical Fonce.  To Be Completed		Elementery/Secondary (0-12) College (1-4or			CHEF	ed)	FOOD SERVICE			E		
Be C	1	17. Fether's Neme (First, Middle, Last)					18. Mother's Na	me (First, Middle	ne (First, Middle, Meiden Surname)			
To	L	LESLEY I. SMITH					SARAH	THOMAS				
une.		19e. Informent's Name/Reletionsh					et end Number or F					
ther		ELENOR SMITH () Oe. Method of Disposition	WIFE)	20h I	802 MAI		ENUE #104	, OXON F				
0 0	ľ	1 ☐ Buriai 2 ☐ Cremetion		emovel from State		etery, cremetory or other place)			20c. Locetion - City or Town, Stete			
		4 Donetion 5 Other (Sp 21. Signeture of Fundal Service L	- 0	MT	. LAWN CH			8/24/96	24/96 BOWLING GREEN, VA.			
any it		22. Name end Address of Fecility  ALEXANDER S. POPE FUNERAL HOMES  2617 Pennsylvania Avenue, SE DC 20020  23a. Pert1. Enter the disease, or communications that baused the deeth. Do not enter the mode of dying, such as cerdiac or respiretory errest, Intervet Between Intervet Between										
ine si		Sequentielly tist conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in deeth) Lest  b. ———————————————————————————————————										
dical Examiner	13	net initieted events	b		or es e consequen							
as the bur	100	net initieted events	b		or es e consequen	ice of):						
as the bur	100	net initieted events		Due to (d	or es e consequen	ce of):	iven in Pert I.	23b. Did	tobacco uss co	entributs to	ths cause of deat	
hysician/Medical	100	net initieted events resulting in deeth) Lest		Due to (d	or es e consequen	ce of):	iven in Pert I.		tobacco uss co Yes 2□ No	entributs to		
2 should be detached for usa as tha bur pieted by Physician/Medical	P	net initieted events resulting in deeth) Lest		Due to (d	or es e consequen	ce of):	iven in Pert I.	1 □		3 Prob	ably 4 Unkno	
2 should be detached for usa as the burpleted by Physician/Medical	P	net initieted events resulting in deeth) Lest		Due to (d	or es e consequen	ce of):	iven in Pert I.	1 □ 24e. Wes	Yes 2□No en eutopsy	3 Prob	re eutopsy findings illeble prior to notetion of ceuse	
octor, paga 2 should be detached for use as the bur Be Completed by Physician/Medical	P	net initieted events resulting in deeth) Lest	s contributing to deet	Due to (d	or es e consequen	ce of):	26. Place of De	1 □ 24e. Wes	Yes 2 No	3 Prob	re eutopsy findings illeble prior to inpletion of ceuse leeth?	
Il director, paga 2 should be detached for usa as tha bur To Be Completed by Physician/Medical	P 2	resulting in deeth) Lest  Pert II. Other significant condition  25. Wes case referred to medical exeminer?  15. Yes 2 No	Hospitel: 1   Inp	Due to (c	or es e consequen	ce of):  rlying ceuse g	26. Place of De ther: 4 □ Nursing	24e. Wes perfo	Yes 2 No  en eutopsymmed?  Yes 2 No one)	24b. Wei eva com of d	re eutopsy findings illeble prior to npletion of ceuse leeth?	
To Be Completed by Physician/Medical	P 2	Pert II. Other algnificant condition  15. Wes case referred to medical exeminer?  1 Yes 2 No  7. Menner of Deeth 1 Alekturel 5 Pending Investigs	Hospitel: 1 Inp 28e. Dete of I (Month,	Due to (c	or es e consequences es e consequences es e consequences es e consequences está es es es es es es es es es es es es es	ce of):  riying ceuse g	26. Place of De ther: 4 □ Nursing	24e. Wes perfo	Yes 2 No en eutopsy rmed?  Yes 2 No one)	24b. Wei eva com of d	re eutopsy findings illeble prior to npletion of ceuse leeth?	
by the funaral director, page 2 should be detached for usa as tha bur fication: To Be Completed by Physician/Medical	P 2	esulting in deeth) Lest  Pert II. Other significant condition  15. Wes case referred to medical exeminer?  15. Yes 2 \( \) No  7. Menner of Deeth  1 \( \) Neturel 5 \( \) Pending	Hospitel: 1 Inp 28e. Dete of (Month,	Due to (of the but not research atlent 2 □ njury Day Year)	or es e consequences es e consequences es e consequences es e consequences está es es es es es es es es es es es es es	ce of):  riying ceuse g  28c. Inju W M	26. Place of De ther: 4 □ Nursing uny et ork? □ Yes 2 □ No	24e. Wes perfo	Yes 2 No en eutopsy ormed?  Yes 2 No one) denca 8 Oth how injury occur	3 Proba	re eutopsy findings ileble prior to npletion of ceuse leeth?	
by the funaral director, page 2 should be detached for usa as the bur direction: To Be Completed by Physician/Medical	2	Pert II. Other significant condition  25. Wes case referred to medical exeminer?  15. Yes 2 No  7. Menner of Deeth 1 Neturel   5 Pending Investigate   1 Could not determined   1 Pending	Hospitel: 1 Inp 28e. Dete of (Month,	Due to (of the but not research to the but not researc	Dr es e consequent or es e consequent sulting in the under sulting in the under 28b. Time of Injury ome, ferm, street, y)	ce of):  ce of):  chying ceuse g  28c. Inju W M 1 E  factory, office	26. Place of De ther: 4 \( \sum \) Nursing ury et ork? Yes 2 \( \sum \) No	24e. Wes performent (Check only of Home 5 Resided 28d. Described 28f. Location (City or Toute, e., end due to the	Yes 2 No en eutopsy med?  Yes 2 No one) denca 8 Oth how injury occur  Street end Numb wn, Stete)	3 Proba  24b. Welleye eva com of did a common	re eutopsy findings ileble prior to noletion of ceuse leeth?  Yes 2 No	
by the funaral director, page 2 should be deteched for use as the bur filtreation: To Be Completed by Physician/Medical	2	Pert II. Other algnificant condition  25. Wes case referred to medical exeminer?  1 Yes 2 No  7. Menner of Deeth 1 Neturel 5 Pending Investige 2 Accident 3 Suicide 6 Could not determine (Check only 2 Medical E	Hospitel: 1 Inp 28e. Dete of 1 (Month, atton 28e. Plece of building, Physician: To the be	Due to (of the but not research to the but not researc	Dr es e consequent or es e consequent sulting in the under sulting in the under 28b. Time of Injury ome, ferm, street, y)	ce of):  ce of):  riying ceuse g  28c. Inju W  factory, office  curred et the t igetion, in my	26. Place of De ther: 4 \( \sum \) Nursing ury et ork? Yes 2 \( \sum \) No	24e. Wes performed to the control of	Yes 2 No en eutopsy med?  Yes 2 No one) denca 8 Oth how injury occur  Street end Numb wn, Stete)	3 Proba  24b. Wei eva com of d  1 D  ner (Specify, rred  ber or Rural enner es sta end due to	re eutopsy findings libeble prior to npletion of ceuse leeth?  Yes 2 No  Route Number,  ated. the ceuse(s)	
plataly filled in by the funaral director, paga 2 should be detached for usa as tha buredical Certification: To Be Completed by Physician/Medical	2 2 2	Pert II. Other algnificant condition  25. Wes case referred to medical exeminer?  15. Yes 2 No  7. Menner of Deeth  1) Neturel 5 Pending Investigs  2 Accident  3 Suicide 6 Could not determine to the condition one)  29a. Certifier (Check only one)  25. Wes case referred to medical exeminer?  1 Condition one)  26. Medical Edition one)	Hospitel: 1 Inp 28e. Dete of (Month, ot be led 28e. Plece of building, Physician: To the be xaminer: On the basis end menner	Due to (of the but not resident 2 Injury Pear)  Injury - At hetc. (Specification of the steed)	DER/Outpetient 3 28b. Time of Injury 1 ome, ferm, street, by 1 owledge, deeth occution end/or investi	ce of):  ce of):  chying ceuse g  28c. Inju M 1  factory, office  curred et the t getion, in my  29c. Licen O . (	26. Place of De ther:  A \( \text{Nursing} \)  If yet ork?  Yes 2 \( \text{No} \)  ime, dete end plec opinion, deeth occ	24e. Wes performent of the control o	Yes 2 No en eutopsy ormed?  Yes 2 No one) denca 8 Oth how injury occur  Street end Numb wn, Stete)  ceuse(s) end me dete and plece,	3 Proba  24b. Welleye eva common of the comm	re eutopsy findings lieble prior to npletion of ceuse leeth?  Yes 2 No  Route Number, lated. the ceuse(s)	
plataly filled in by the funaral director, paga 2 should be detached for usa as tha buredical Certification: To Be Completed by Physician/Medical	2 2 2	Pert II. Other algnificant condition  25. Wes case referred to medical exeminer?  1 Yes 2 No  7. Menner of Deeth 1 Neturel 5 Pending Investige Investige   2 Accident 3 Suicide 6 Could not determine   4 Homicide    29a. Certifier   Certifying   (Check only one)    29b. Signeture end title of certifier    9b. Signeture end address of person we	Hospitel: 1 Inp 28e. Dete of (Month, ot be led 28e. Plece of building, Physician: To the be xaminer: On the basis end menner	Due to (of the but not research to the but not researc	DER/Outpetlent 3 28b. Time of Injury ome, ferm, street, by wiledge, deeth occurrence of the control of the cont	ce of):  ce of):  riying ceuse g  28c. Inju W M 1    factory, office  curred et the t igetion, in my  29c. Licen  O • (	26. Place of De ther: 4 Nursing up et oh? Yes 2 No ime, dete end plec opinion, deeth occ se number	24e. Wes performed to the control of	Yes 2 No en eutopsy ormed?  Yes 2 No one) denca 8 Oth how injury occur  Street end Numb wn, Stete)  ceuse(s) end me dete and plece, 29d. Dete signe  AUG 21,	24b. Welleva com of do 112 oner (Specify, rred ber or Rural enner es statend due to 1996	re eutopsy findir illeble prior to npletion of ceuse leeth?  Fes 2 No  Poute Number, ated. the ceuse(s)	

1. It's My fill Main take

State of Maryland / Department of Health and Mental Hygiene

-	07	10	
D	61	10	

					Certifi	cate of	Death		Reg. No.	21101
Physic	ian	1. Decedent's Nama (First, Middle, Li	nst)					2. Data of D	eath Dev Ye	3. Time of Death
Physici /Medi		Dalema N	. Stanley	7				Augus		996 7:30 PM
Examir		4e. Facility Neme (If not institution, gi	va street and number)				4b. City, Town,	, or Location of Dee	th 4c. County of I	Deeth
		1185 Hammond Lar					Odent		Anne Ar	
Funeral Director		The state of the s	1 M VOE	(In yrs. lest bir		Undar 1 Yaa onths Deys		Hrs. 8. Date of 8 (Month, D	oy, Year) 9. 23,1934	Birthplace (Steta or Foreign Country) West Virginia
ylend Maria		10a. Stete 10b. County		10c. City, Tow	n or Locatio	n				10d. Inside City Limits
Mer	tor	Maryland Anne Ar	undel	Odent	on					1 □ Yas 213No
death with the Meryland ma 23a or 28a-f show Frank be notified at	irec	10e. Street and Number			10	Of. Zip Code			10g. Citizen of Wha	t Country?
th wil	al	1185 Hammond Lar	ie			21	1113		United S	tates
or he	y Funeral Director	11. Meritei Stetus  1 Navar Married 2 Married	12. Was Decedant Ev Armed Forcas? 1 ☐ Yes ☆☑ No If Yes, Give			Decedent of s, specify Cul		? (Specity Yes or N uarto Rican, atc.)	o- 14. Race - / Black, V Specify:	American indien, Whita, atc.
5-0020 72 hours of natural', or of all Even	q p	3 Widowed 4 □ Divorced	Yeer or Dates:							White
- 2	Completed by	15. Decedent's E (Specify only highest gr	ducation ade co <i>mpleted)</i>	18a.	Decedent's (Give kind	Of work done	ipation a during most of ed)	working	16b. Kind of Busine	ess/industry
d within 7 giene.	dm	Elementery/Secondery (0-12)	Collega (1-4or 5+	)			9d)			
filled v Hygie thert	ပိ	12 17. Father's Neme (First, Middle, Lasi	1	Ca	ashier	-	10 Mathada	Nome (First Alidal)	Retai	1
arytand 212 should be filed within nd Merital Hygiene. I marked other then umatic event, the M	Be		,						, Meiden Sumeme)	
aryian should be i and Mental i merked of umetic eve	To	Cass Andrew Coher						a E. Brya		
Maryland d 2 should be file th and Mental Hy 7 Is marked othe traumatic event		19a. Informent's Neme/Reletionship Gary A. Stanley	,		-				ber, City or Town, Ste	
e, N 1 end Health em 27			son					denton Ma		.113
or of H		20a. Method of Disposition 1 Disposition 2 Cramation 3 Disposition	Removel from Stata	20b. Piece of cemata				Dete	20c. Location - City	
Elling Imen Ismt:		4 ☐ Donation 5 ☐ Other (Speci	(y)	Lakemo	ont Me	moria	1 Garde	ns 8/31/9	6 Davidso	nville Md.
Defittimore, Maryland Z1Z permit. Peges 1 end 2 should be filed within Department of Health and Mental Hygiere. Important: if hem 27 is marked other then any injury or other traumatic event, in the page.		21. Signeture of Funerel Sarvice Lice	Elama"	Pan	1600	ert E.	anolis	Road Bowi	ome, P.A. e Maryland	1 20715
		23a. Pert1. Enter the diseasa, or corr shock, or heert fallura. List only	plications that caused to	he deeth. Do	not antar the	a mode of dy	ing, such es car	rdiec or raspiretory	arrest,	Approximata Interval Between
Physician /Medical Examiner		Immediate Cause (Finel disease or condition	0.0000000000000000000000000000000000000	u	rer	ng.				Onset and Deeth
Examiner		resulting in deeth)	D D	ue to (or es a	consequenc	e of):				
D =	Examiner		h	EN	D 57	TA9 €	ru	ine d	isuse	3 4 eau
nificete be executed by physician and as the buriel-transit	кап	Sequentially list conditions,	D	ue to (or as a	consequenc	e of):	D		•	
clan clan		Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury	c	tuc	al	94	MUNE	oschu	usus	
• BOX 00/00, death certificate be execut e ettending physician end ind for use as the buriel-trar	Medical	that Initieted events resulting in death) Last	D	ua to (or as a d	consequenc	e of).				
	Me		d							0.00
DOX ath cer attendir for use	lan		0.							
	Physician/	Part II. Other significent conditions of	contributing to death but	not resulting in	the under	ying cause g	iven in Pert I.	23b. Did	tobacco use contrit	oute to the cause of death?
d by		Sum	Anual	un	1.	als	4	10	Yes 21040 3	Probably 4 Unknown
signe d be	by	300	A) 100000		-	(	.(			
nbeu poni	Completed	Circ	nous A	thus	clus	411	herr		s en eutopsy 2- ormed?	4b. Were autopsy findings eveilable prior to completion of cause
2 s a w	idu		1 is and							of deeth?
- F # 6	Ö		C SCHOOL					1 🗆	Yes 2 40	1 ☐ Yes 2 ☐ NO
Physician: The irritis certificate he	Be	25. Wes case rafarred to medical examiner?	NE CONTRACTOR OF THE CONTRACTO					Deeth (Check only	one)	
this o	2	1 Yes 2 Do		2 FERVOU		L DON		ng Home 5 ☐ Res	idence 6 Other (	Specify)
ng P	ii o	27. Menner of Deeth 1 ☑Netural 5 ☐ Pending	28a. Dete of Injury (Month, Dey	Year) 28b. 1	lime of njury	28c. Inje	ury et ork?	28d. Describe	how injury occurred	
l or Attending effer death.  Director: After in by the fune	Certification:	2 Accident investigatio			N.	1 1	Yes 2□No			
r Att	E	3 ☐ Sulcide 6 ☐ Could not be detarmined		y - At home, fe (Specify)	rm, streat, f	actory, office		28f. Location City or To	(Street and Number of own, Stete)	r Rural Route Number,
D e s e o										
To the Hospital or Attending Ph within 24 hours dier death. To the Furneral Director: After th completely filled in by the funeral	edical	(Uneck only 2   Medical Exar	ysician: To the best of niner: On the basis of e	my knowledge	, deeth occ	urred at tha t	ima, date and p	lace, end due to the	cause(s) and menne	r as stated.
the F the F the F	8	one)	end mannar state	d.	- or nivestif					
To	Σ	29b. Signature and title of certifier	7			29c. Licar	sa number	S 1 . A	29d. Data signed (N	Ionth, Day, Year)
8		Mus C	Seino	w	>		1108	314	812	2196
(10)		30. Name and appress of person who	completed cause of dee	oth (Item 23e)	Type, Print	)	1	: 1 - 1	14 4	Λ
(')		4 GOLAR C	. JAmi	SILIV	5 M	2 2	21 10	agar	Dare,	thurspalls,
		31. Deta filed (Month Dey, Year)	32. Registrer	01		_		/		9 0

#### Ple

Please	Type or Print in E						-			
	State of Marylan	-	artment of rtificate of		and M		ene 9	16 27	1182	2
1. Decedent's Neme (First, Middle, La	st)					2. Dete of Deet	1		Time of Dea	ath
Phyllis Elaine So	chindler					Month August 2	6, 199	96 18	21	PM
4e. Facility Neme (If not institution, giv	re street and number)			4b. City, To	wn, or Lo	ocation of Death	4c. Count	ty of Death	-	
St. Mary's Hospi 5. Social Security Number 6.5		lest hirthday)	If Under 1 Yes	Leona	rdto	Wn 8 Date of Birth	St.	Mary's	/State or For	mim
235-54-7364	I□M 2只F 59	Yrs.	Months Dey	Hours	Min,	8. Dete of Birth (Month, Day, February 8	, 1937	West V:	irgini	a
Usuei Residence of Decedent  10a. Stete 10b. County	100 CH	y, Town or Lo	antion					404.1	1-1	and the second
									nside City Lir ☐ Yes 2 ☑	
Maryland St. Ma 10e. Street and Number	ry's Ho	11ywoo	7				0111			7140
			10f. Zip Code					What Country?		
24275 Hunt Court	Lan Maria		2063					States		
11. Meritel Stetua	12. Wes Decedent Ever In U. Armed Forcea?	,S. 13. \	Wes Decedent of f Yes, specify Cu	Hispanic Orl ben, Mexican	gin? (Spo , Puerto	ecify Yea or No- Rican, etc.)		ce - American In eck, White, etc.	dlan,	
1 ☐ Never Merried 2 ☒ Merried 3 ☐ Widowed 4 ☐ Divorced	1 Yes 2 XNo If Yes, Give Yeer or Detes:		I□Yes 2ÅN	Specify:			Speci	y: White		
15. Decedent's Ed (Specify only highest gra	ducation ade completed)	16a. Deced	lent's Usuel Occ kind of work don OO NOT use retii	upation e during mosi	t of work	ing 1	6b. Kind of E	Business/Industr	У	
Elementery/Secondary (0-12)	College (1-4or 5+)		<i>00 NOT</i> use <i>retii</i> memaker	ed)			N/A			
17. Fether's Neme (First, Middle, Last	)	110	memaker	18. Mothe	r's Neme	e (First, Middle, M		me)		
James Langford				Pauli	ine .	Jenkins				
19e. Informent's Neme/Reletionship (	Type, Print)	19b. Meilir	g Address (Stre	et end Numbe	er or Run	al Route Number,	City or Town	, Stete, Zip Cod	e)	
William D. Cohim	dl au	2/,275	Humt Co	t I	1.11.	rroad M	1	4 20636		
William B. Schin 20e. Method of Disposition	20b. P	lece of Dispo	sition (Neme of		10113	ywood, Market Ma		- City or Town,	State	
1 ☑ Burlel 2 ☐ Cremetion 3 ☑ 4 ☐ Donetion 5 ☐ Other (Specif	Hemovel from Stete		netory or other p s Memoria		s 8-	-30-96 Qu	ietdale	, West Vi	rginia	
Mulisu	lux	В		d Fune	ral	Home, P			5.0	
23e. Pert1. Enter the disease, or com shock, or heart feilure. List only	950	h. Do not ent	er the mode of d	/Ing, such es	cardiec o		st,	App	roximete rval Between set end Deeth	
Immediate Cause (Finel disease or condition resulting in deeth)	a. ( On	die	ca	we	91	_		50	MICH	/
Reservation Will	Due to (o	ras e conseq	uence of):	- '01	-	aNa	0.	7	, , , , -	
	b. UM	2//2	HN	7//0.		011		120	NES	-
Sequentially list conditions, if any, leading to immediate cause. Enter Underlying	Due to (o	r es a conseq		r Nain	. 1	Vty 1	1, Se-			
Ceuse (Diseese or Injury that Initiated events	c. prop.	6/4		77		117 12				
resulting in deeth) Lest	/ Due to (o	r es a c <i>on</i> seq	dence or).							
	a									
Pert II. Other eignificant conditions of	ontributing to death but not res	ulting In the ur	nderlying cause (	iven in Pert I.		23b. Dld tol	DECCO USE C	ontribute to the	cause of de	eth?
SIM	gar'S 54.	~ dr	me	_		1□ Ye	• 2□ No	3 Probably	4 □ Unk	nown
Ga	Stroesopt	Jul	2cf	TUX		24a. Wes ar			e prior to tion of cause	
			0	150	7		2010	or deatr	_	
25. Wes case referred to medical				26 Place	of Death	n (Check only one	-			
exeminer?	Hospitel: 1 ☐ Inpatient 2	ER/Outpetien	t 3□ DOA C	ther		me 5 Reside		her (Snecify)		
27. Manner of Death	28a. Dete of Injury	28b. Time of	28c. Inj		-	28d. Describe ho				
1 Neturel 5 Pending 2 Accident investigation 3 Sulcide 6 Could not b		Injury		ork? ⊒Yes 2⊡I	No					
3 ☐ Sulcide 6 ☐ Could not be determined	28e. Plece of Injury - At he building, etc. (Specify	ome, farm, str	eet, fectory, office	9		28f. Location (Str. City or Town,		ber or Rural Ros	ite Number,	

**Physician** /Medical Examiner

Physician/Medical Examiner

**Physician** 

/Medical

**Examiner** 

**Funeral** 

Director

permit. Pages 1 and 2 should be filed within 72 hours efter death with the Maryland Department of Health and Mertel Hygiene. Important: if item 27 is marked other than "natural", or itema 23a or 28a-f show any injury or other traumatic event, tha Head of Examine. This to a ruthed at once.

Baltimore, Maryland 21215-0020

Director

Funeral

þ

Completed

Be 2

29e. Certifier (Check only one)

Medical

Completed by Be Certification: To

within 2 thours effect death.

To the Funeral Director: After this certificate has been signed by the attending physician and

To the Funeral Director: After this certificate has been signed by the attending physician and The law requires that the deeth certificate be executed Division of Vital Records, P.O. Box 68760, To the Hospital or Attending Physician:

10

State

29c. License number D36206

1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, and due to the cause(s) and menner es stated.
2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred et the time, date and pleca, and due to the cause(s) end menner stated.

29d. Dete signed (Month, Day, Year)

8/27/1996

30. Neme and eddress of person who completed cause of deeth (Item 23e) (Type, Print)

Cribe-

Kiran D. Mehta, M.D

Leonardtown, Maryland 20650

31. Dete filed (Month, Dey, Year)

29b. Signeture end title of certifier

32. Registrer's Signeture Jalia Davidson Rardall AUG 28 1996

m

**DHMH 16 Rev 6/95** 

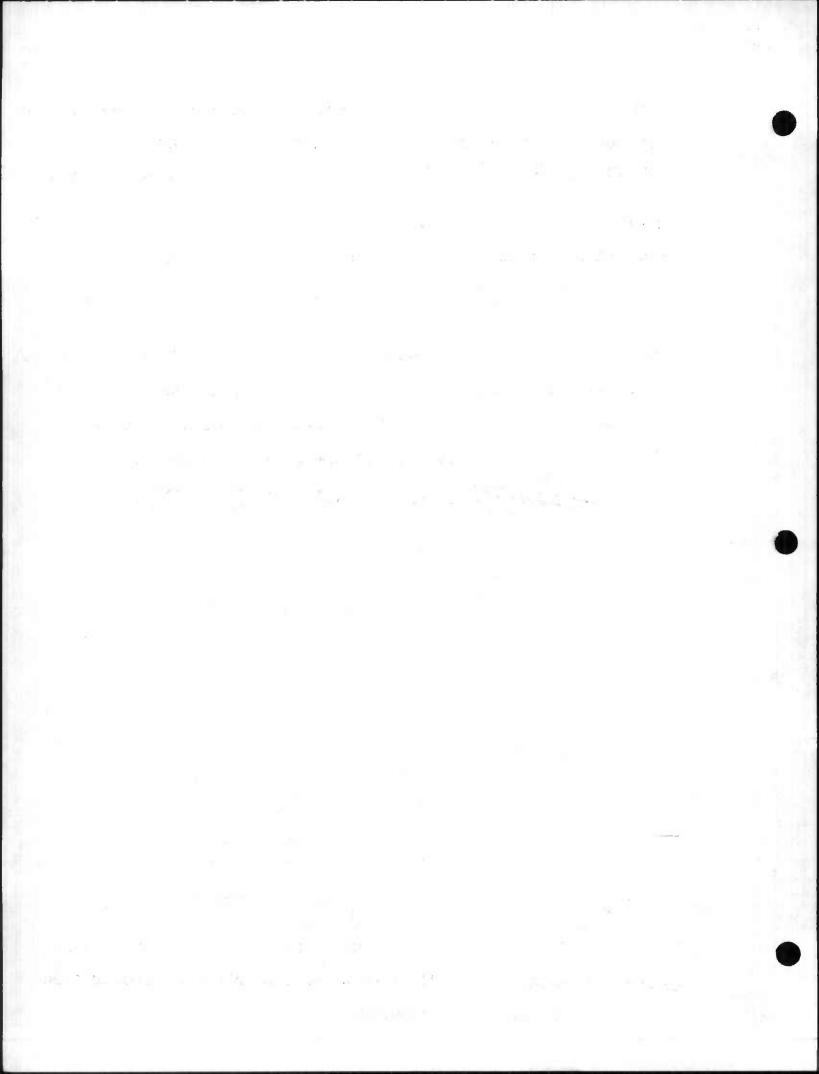
Registrar

State Registrar DUVIU R 31. Data filad (Month, Day, Year)

ay, Year) 32. Registrare Signatura

AUG 2 8 1996 Duna Davidson-Randale

111 Penn Street, Baltimore, Maryland 21201



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 9 6 2 7

Certificate of Death

The (First, Middle, Last)

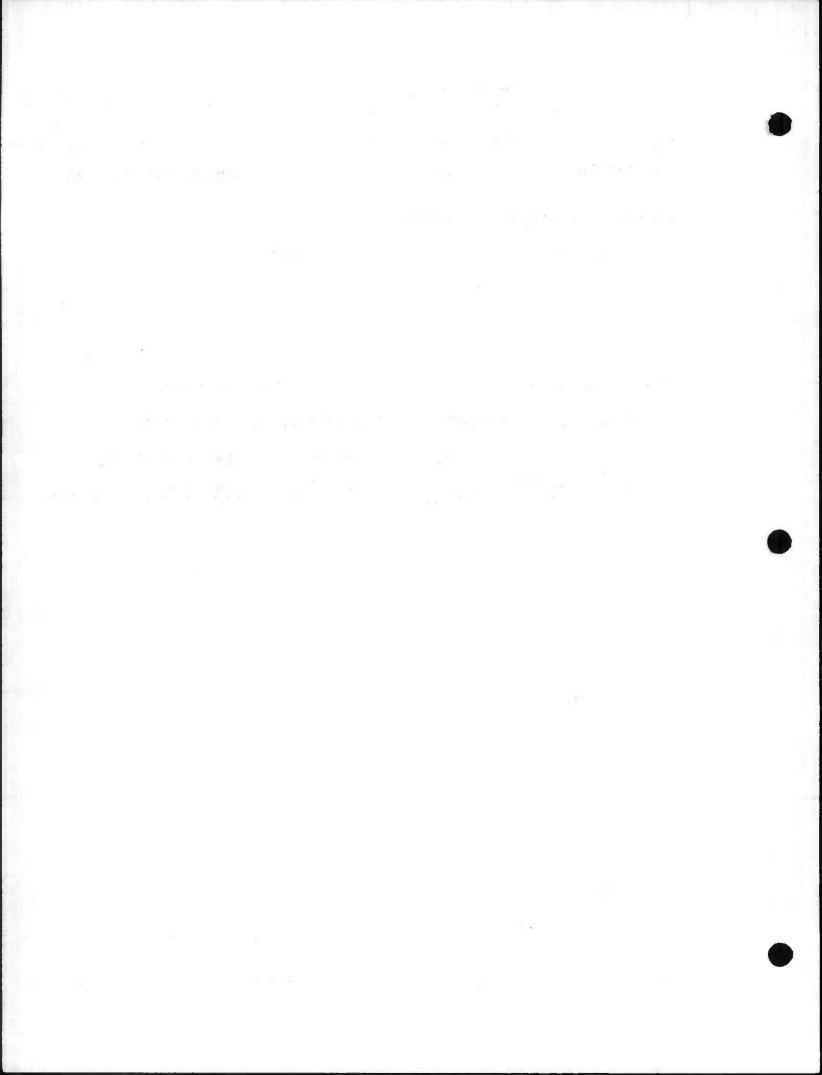
MARY ANN CRINITED 2. Dete

1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth MARY ANN SPINDLER **Physician** Month 8.30 m SPINDLER 28. 1996 MARYANN Aubusi /Medical 4e. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner SOUTHERN CLINTON MARY/AND HOSPITAL 2 Forles MNCE 7. Age (In yrs. last birthday) If Under 1 Year | If Under 24 Hrs. 5. Sociel Security Number 8. Dete of Birth (Month, Dey, Year) 9. Birthplece (State or Foreign Country) 6 Sev **Funeral** 1 M 2 NF Months Deys 107-24-3450 Yrs. Director Dec. 2, 1930 New York Usual Residence of Decedent with the Maryland 10e State 10h County 10c. City, Town or Location ne 23a or 28a-f show 10d. Inside City Limits 1 Yes 2 No Director St. Mary's Maryland Compton 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 20 Combs Road 20627 USA Funeral death r than "naturel", or items : 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give Yeer or Detes: 11. Meritel Status Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. Pages 1 and 2 should be filed within 72 hours after of nent of Health and Mental Hygiene. Int: If Item 27 is marked other than "naturel", or ite 1 ☐ Never Merried 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: þ Specify: 3 X Widowed 4 □ Divorced White 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Elementery/Secondery (0-12) College (1-4or 5+) Homemaker Own Home 17. Fathar's Name (First, Middle, Last) 18. Mother's Neme (First, Middla, Maiden Sumame) Donald Jospeh Brown Theresa Murphy 19e. Informant's Name/Reletionship (Type, Print) 19b. Malling Address (Streat and Number or Rural Route Number, City or Town, State, Zip Code) Virginia S. Green-Daughter 20 Combs Road, Compton, MD 20627 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20a. Method of Disposition 20c. Location - City or Town, Stete 0 1 ☐ Buriel 2 ☑ Cremetion 3 ☐ Removel from Stete permit. Page Department of Important: If any injury or once. Huntt Crematory 8-30-96 Waldorf, MD 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Fundrel Service Licensee 22. Name and Address of Fecility Huntt Funeral Home, Inc. Mark G. Brohawn P. O. Box 156, Waldorf, MD 20604-0156 M00053 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feilure. List only one cause on each line. Approximate Interval Between Onset and Deeth **Physician** /Medical Immediate Ceuse (Finel with metarolan 7 month diseese or condition resulting in death) Examiner Dua to (or as a consequenca of): Examiner shysician and the burial-transit Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initieted events resulting in deeth) Lest Due to (or es e consequance of): P.O. Box 68760, attending physician 2 Physician/Medical Due to (or as e consequenca of): ed by the a Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records. à 24a. Wes an autopsy performed? 24b. Were autopsy findings aveilable prior to completion of cause of death? Completed I Preuver ettuson peed has 2 000 certificate 1 ☐ Yes 2 ☐ No To the Hospital or Attending Physicien: within 24 hours effer death.

To the Funeral Director: After this certifica completely filled in by the funeral director, 25. Was case referred to medical examinar?
1 ☐ Yes 2 ☒ No 26. Placa of Death (Check only one) Be Hospitel: 1 Inpatient 2 □ ER/Outpatient 3 □ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28a. Dete of Injury (Month, Dey Year) 27. Manner of Death Certification: 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred 1 Naturel 5 Pending Invastigation 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 6 Could not be 28e. Pleca of injury - At home, ferm, straet, factory, office building, etc. (Spacify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 1 Certifying Physician: To the best of my knowladga, death occurred et tha tima, data and placa, end due to the causa(s) and manner as stated.
2 Medical Examiner: On the bests of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end place, end due to the cause(s) end menner stated. 29a. Certifier Medical 29b. Signeture end title of certifier 29d. Date signed (Month, Dey, Year) 30. Nema and eddress of person who completed causa of daeth (Item 23a) (Type, Print) Surrattera \$1302 Patal mo Suresh 7501 A.

32. Registrer's Signeture

State Registrar 31. Dete filed (Month, Dey, Year) AUG 3 0 1996



State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Lest) 2. Dete of Deeth 3. Time of Death Dey **Physician** Yaar STUCKLEN HENRY RICHARD SEPTEMBER 4, 7:30 AM 1996 /Medical 4a. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Death Examiner 4c. County of Death FRIENDS NURSING HOME SANDY SPRING MONTGOMERY if Under 1 Year | If Under 24 Hrs. 5. Sociel Sacurity Number 6. Sex 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Dey, Yeer) **Funeral**  Birthplaca (Stete or Foreign Country) Hours 1 M 2□ F Yrs. Director 97 182-32-1427 JUNE 20,1899 NEW YORK Usuei Residence of Decedent 10e. Steta 10b. County "natural", or items 23a or 28a-f show adical Examiner must be notified at 10c. City, Town or Location 10d, Inside City Limits MARYLAND MONTGOMERY Director SANDY SPRING 1 ☐ Yes 2 200No 10e. Street end Number 10f. Zip Coda 10g. Citizen of What Country? 17340 QUAKER LANE 20860 UNITED STATES death Funerai 12. Wes Decedent Ever In U,S. Armed Forcas? 1 ☐ Yas 2 X No If Yes, Give 11. Marital Status Was Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexicen, Puerto Ricen, etc.) Rece - American Indian, Black, White, etc. permit. Pages 1 and 2 should be filed within 72 hours effer to Depertment of Haaith and Mantal Hygiene. Important: If item 27 is marked other than "natural", or item any injury or other traumetic event, the Markel Examinat 1 Navar Married 2 Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: Specify: WHITE Completed by 3 Widowed 4 □ Divorced Yeer or Dates: 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupetion 16b. Kind of Business/Industry (Giva kind of work dona during most of working life. DO NOT usa retired) Elementery/Secondary (0-12) College (1-4or 5+) MEDICAL 12 ORTHODONTIST 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maidan Sumama) Be OTTO STUCKLEN ISABELLA 19e. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 504 PHILMONT DRIVE LYNN CABOT, DAUGHTER #1,GAITHERSBURG, MD. 20878 20e. Method of Disposition 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20c. Locetion - City or Town, State 1 ☐ Burial 2 SCremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) METROPOLITAN CREMATORY 9/5/96 ALEXANDRIA, VA. 21. Signature of Funeral Sarvice Licensee 22. Name and Address of Fecility
MURIEL H. BARBER FUNERAL HOME P.O. BOX 5038, LAYTONSVILLE, MD. 20882 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrast, shock, or heart feilure. List only one cause on each line. Approximate intervel Between Onset and Death **Physiclan** Unical Clarto CVA Immediate Cause (Final disease or condition resulting in death) /Medical Examiner Due to (or es a consequence of) Examiner The law requires that the death certificate be executed Sequentielly list conditions, it eny, leading to immediate ceusa. Enter Undarlying Causa (Diseesa or injury that initiated events resulting in deeth) Lest the buriel-tran Due to (or es e consequance of): Box 68760, physicien Physiclan/Medical Due to (or es e consequence of): esn signed by the a o Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? ۵ 1 ☐ Yes 212 No 3 ☐ Probably 4 ☐ Unknown Division of Vital Records, by Completed 24e. Wes en autopsy performed? 24b. Were autopsy findings eveilabla prior to completion of cause of death? peed 2 0 No this certificate 1 ☐ Yes 1 ☐ Yes 2 ☐ No To the Hospital or Attending Physician: Within 24 hours after death.

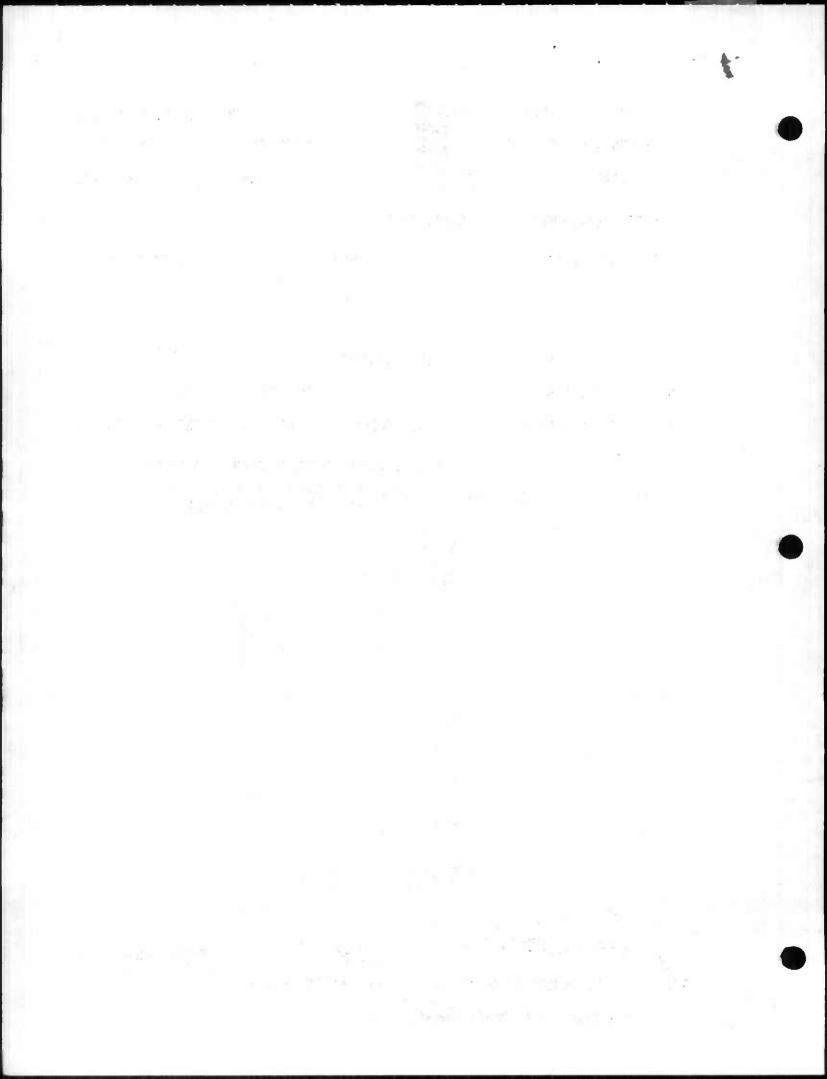
To the Funeral Director: After this certifica completaly filled in by the funeral director, p. Be 25. Wes case referred to medical axaminer? 26. Piece of Deeth (Check only ona) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 28e. Dete of Injury (Month, Day Yeer) 27. Mennar of Deeth Certification: 28c. Injury at Work? 28b. Tima of 28d. Describe how injury occurred 1 Neture 5 Pending invastigation 1 Yes 2 No 2 Accident 6 Could not be determined 3 ☐ Sulcide 28f. Location (Straet end Number or Rurel Routa Number, City or Town, State) 28a. Plece of Injury - At homa, ferm, street, factory, office building, etc. (Specify) 4 - Homicide 29e. Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete and piece, and due to the cause(s) end manner as steted. Medical 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date end place, and due to the cause(s) end menner steted. 29b. Signature and title of certifier 29d. Dete signed (Month, Dey, Year) SEPTEMBER 4, 1996

State Registrar 31. Dete filed (Month, Day, Year)

32. Registrer's Signature

DR. THOMAS E. DOOLEY, 17904 GEORGIA AVENUE, OLNEY, MD. 20832

30. Neme end eddress of person who completed cause of deeth (item 23e) (Type, Print)



State of Maryland / Department of Health and Mental Hygiene 9 6 Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month Dey August 19, Artie Mabel Coleman 1996 5:30 P.M. Tyler 4a. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Washington Adventist Nursing Center Takoma Park Montgomery County H Under 1 Yaar If Under 24 Hrs. 8. Data of Birth (Month, Dey, May 7) 5. Social Sacurity Number 7. Age (In yrs. last birthdey) Birthplace (State or Foreign Country) Months 1 ☐ M 2 💢 F Vre 102 Virginia 090-24-5824 Usual Rasidence of Decedan 10a. Stete 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 No Maryland Montgomery County Silver Spring 10e. Street and Number 10g. Citizen of What Country? United States 8503 Springvale Terrace 20910 of America 12. Wes Decedant Ever In U,S. Armad Forces? 11. Merital Status Wes Decedant of Hispenic Origin? (Specify Yas or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - Amarican Indien. Black, White, etc. 1 ☐ Yas 2 ☐ No If Yas, Give Yeer or Detes: 1 Navar Married 2 Married 1 ☐ Yes 2 ☒ No Specify: Specify: Black 3 Widowed 4 □ Divorced 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Store Clerk Retail Clothing Sales 17. Fether's Neme (First, Middle, Last) 18. Mothar's Neme (First, Middle, Meiden Sumeme) James Anderson Mary Jane Barrett 19e. Informant's Neme/Reietlonship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Alma Kelly P.O. Box 144, Wicomico, Virginia 22579 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20e. Mathod of Disposition Dete 20c. Location - City or Town, Stete August 1 X Burial 2 ☐ Cramation 3 ☐ Ramoval from Stete 4 ☐ Donation 5 ☐ Othar (Specify) Ebenezer Baptist Church Cemetery 25,1996 Mineral, Virginia of Funeral Service Licensee 22. Nama and Addrass of Fecility M00690 Berry O. Waddy Funeral Home Men P.O. Box 165, Lancaster, Virginia 22503 23a. Part1. Enter the disaasa, or complications that caused the daath. Do not enter the mode of dying, such as cardiac or respiretory arrast, shock, or heart feilure. List only one cause on each lina. Approximata Interval Between Onset and Deeth Immedieta Cause (Finel disaese or condition resulting in death) Cachexia and Electrolyte Imbalance Dua to (or es e consequença of) Metastatic Cancer of Unknown Origin Years Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Dua to (or es e consequança of): Dua to (or as a consequence of) Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? Anemia 1 ☐ Yes 2 No 3 ☐ Probably 4 ☐ Unknown 24b. Were autopsy findings 24e. Wes an eutopsy svaileble prior to completion of cause of death? performed? 1 ☐ Yes 2 No 1 ☐ Yes 2 ☐ No 25. Wes casa referred to medical exeminer? 26. Place of Deeth (Check only one) Hospitel Othar: 4 Nursing Homa 5 Rasidence 6 Other (Specify) 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA 28e. Dete of Injury (Month, Day Year) 27. Menner of Death 28b. Time of Injury Injury at Work? 28d. Describe how Injury occurred 1 XNatural 5 Pending investigation 1 Yas 2 No 2 Accidant 6 Could not be determined 3 ☐ Sulcida 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, streat, factory, office building, etc. (Specify) 4 Homicide 1 Cartifying Physicien: To the best of my knowledge, death occurred et the time, date end piece, end due to the cause(s) end mannar as stated.

| Medical Examiner: On the best of examinetion end/or investigetion, in my opinion, deeth occurred et the time, date end piace, and due to the cause(s) end mannar stated. 29e. Certifier (Check only 29b. Signature and title of cartifier 29d. Dete signed (Month, Day, Year) 29c. License number 1996 Nam D39372 19 75 n 30. Name and address of person in complated cause of death (item 23e) (Type, Print)

Examiner be executed Box 68760. P.O. Records,

**Physician** 

/Medical

**Examiner** 

Director

Funeral

þ

Completed

**Funeral** 

Director

7 is marked other than "natural", or items 23s or 28s-f show traumstic event, the Medical Examinar must be notified at

permit. Peges 1 and 2 should be filed within 72 hours etter Department of Heelth and Mentel Hygiene. Important: if item 27 is marked other then "natural", or he any Injury or other traumatic event, the Medical Examina page.

**Physician** 

/Medical

attending physician and for use es the bunal-transit

the detached

yd bengis

need

page 2 hes certificate

director.

funeral

the

filled in by

After

death.

Examiner

Physician/Medical

þ 99

Completed

Be

10

Certification:

Medical

Baltimore, Maryland 21215-0020

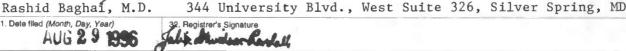
with the Meryland

death

Division of Vital Attending e Hospital or Attendi 124 hours efter death. e Funeral Director: A

To the F 6 State Registrar

31. Dete filed (Month, Day, Year) AUG 29



and the same of th

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Time of Death THOMAS **Physician** /Medical 4e. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** PRINCE GEORGES HOSPITAL CENTER CHEVERLY PRINCE GEORGES 5. Social Security Number 8 Sex 7. Age (In yrs. last birthday) If Under 1 Year If Under 24 Hrs. Birthplace (State or Foreign Country) 1 1/0 **Funeral** 8. Date of Birth (Month, Day, Year) Months Days Min. 1 M 2 Yrs. NONE Director MARYLAND Aug 20, 1996 Usual Residence of Decedent the Marylend 10e State 10b. County 10c. City. Town or Location 10d. Inside City Limits r than "natural", or itema 23a or 28a-f show fre Medical Examiner must be notified at 1 Yes 2 No Director PRINCE GEORGES MARYLAND SUITLAND 10g. Citizen of What Country? 10e. Street end Number 10f. Zip Code 4698 Homer Avenue #2 20746 United States 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Dates: 11. Maritei Status 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien. Bieck, White, etc. 1 □ Never Merried 2 □ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: Black þ 3 Widowed 4 Divorced Completed 15. Decedent's Education 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry (Specify only highest grade completed) permit. Peges 1 and 2 should be filed within Department of Health and Mental Hygiene Important: if then 27 Is marked other than any injury or other traumation. Elementery/Secondary (0-12) College (1-4or 5+) 0 None None 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Sumame) Be Not Known Kimberly Thomas 2 19a. Informant's Neme/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4698 Homer Avenue #2, Suitland, Maryland 20746 Kimberly Thomas (mother) 20a. Method of Disposition 20b. Place of Disposition /Name of 20c. Location - City or Town, Stete Cemter-Burial 2 Cremetlon 3 Removal from State
4 Donation 5 Other (Specify) www 8/26/96 LANDOVER, MARYLAND 21. Signature of Funeral Service License 22. Name end Address of Facility ALEXANDER S. POPE FUNERAL HOMES M859 23a. Part. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval B interval B Approximate Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) Examiner buriel-transit Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last and Box 68760. physician s the buriel 8 Physician/Medical Due to (or a consequence of): 98 attending P.O. Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by the 1 Yes 2 No 3 Probably 4 Unknown Records, þ 99 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? peen 2 1 No certificate 1 ☐ Yes 2 ☐ No Division of Vital Hospital or Attending Physician: 25. Was case referred to rpedical Be 28. Place of Death (Check only one) Hospitel: 1 Inpatient Other: 4 Nursing Home 5 Reaidence 8 Other (Specify) 1 ☐ Yes 2 ☐ We 2 2 ER/Outpatient 3 DOA this 28c. Injury at Work? 27. Manner of Deeth 28a. Date of Injury (Month, Day Year) 28d. Describe how injury occurred 28b. Time of Certification: After 1 Netural 5 Pending investigation death. 1 ☐ Yes 2 ☐ No 2 Accident Director: 3 Suicide 6 Could not be determined in by t 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) after 4 | Homicide To the Hospital within 24 hours a To the Funeral C completely filled 29a. Certifier Medicai Certifying Physician: To the best of my knowledge, death occurred at the time, date end placa, and due to the ceuse(s) end manner as stated.

| Medical Examiner: On the best of examination and/or investigation, in my opinion, deeth occurred at the time, date and placa, and due to the ceuse(s) and manner stated. (Check only one) 29b. Signeture and title of cartifier. 29c. License number 29d. Dete signed (Month, Day, Year)

Sath (Hehr 23a) (Type, Print)
3015 Hespital & Cheverly md

State Registrar 30. Name and eddress of person

31. Dete filed (Month, Day, Year)

AUG 2 8 1996

**DHMH 16 Rev 6/95** 

· Land to see the second secon

State of Maryland / Department of Health and Mental Hygiene 96

					Cer	tificate of	f Death	F	Reg. No.		
Dhuci	oion	1. Decedent's Name (First, Middle,	Last)					2. Date of Dee		Voor	3. Time of Death
Physi /Med		Frances	Tur	pin				August	23 1	996	5:40 AM
Exam		4e. Facility Neme (If not institution,	give street and number	or)			4b. City, Town, o	or Location of Death	4c. Count	y of Death	
		The Pine					Eas			albot	Ţ.
Funera Directo		5. Social Security Number 215–16–8619  Usual Residence of Decedent	Sex 1 M 2 DXF	75	Yrs.	If Under 1 Yes			, Year) 5,192		ece (State or Foreign ry) MD
land land		10a. State 10b. County		10c. City, 1	Town or Lo	cation				10	d. inside City Limits
Men I	to	MD TAI	ВОТ	EAS	TON						Yes 2 No
or the M or 28a-4 roding	irec	10e. Street and Number				10f. Zip Code			10g. Citizen of	Whet Count	ry?
23a C	ai	759 BRICKYAR	D LANE			21	601		II.	S.A.	
7.3 1 and 2 should be filed within 72 hours after death with the Maryland of Heath and Mental Hygiene. Itsm 27 is marked other than "naturel", or items 23a or 28a-f ahow other traumstic event, the Medical Examiner must be notified at	by Funeral Director	11. Marital Status  1 Never Married 2 Married  3 Widowed 4 Divorced	12. Wes Deceder Armed Forces 1	? ] No			Hispenic Origin? ban, Mexican, Pue	(Specify Yes or No- erto Rican, etc.)	14. Ra	ce - America ck, White, e	
72 ho	Completed	15. Decedent's (Specify only highest)	Education		16a. Deced	ent's Usual Occi	upation	noting	16b. Kind of B	usiness/Indu	ustry
d within giene. or than "r	npie	Elementary/Secondary (0-12)	College (1-4or	r 5+)	life. L	OO NOT use retir	e during most of w ed)	ronking			
filled w Hygien ther th	Sol	09			LA	BORER				UNDR	Y
tal H	Be	17. Father's Name (First, Middle, La	,				18. Mother's N	ame (First, Middle,	Maiden Sumai	ne)	
d 2 should be file th and Mental Hy 7 is marked oth traumatic event	2		COPP				ANN		BERR		
12 shc h and ls ma		19a, Informant'a Name/Relationship BERNICE WALLE			19b. Mallin 2969!			Rural Route Numbe			
other tr		20a. Method of Disposition	17 DIDIE			sition (Name of	LHMANS .	LANE EAS	20c. Location		
		X□ Burial 2 □ Cremation 3		cem	etery, cren	natory or other pi					
Department of mportant: If mportant: If any Injury or once.		4 □ Donation 5 □ Other (Special Service Lice)		MD.	1			UG. 27, 19	996 B	UELA	H,MD.
pemit. Pages 1 ai Department of Hea Important: If Itam eny Injury or othe		21. Signature of Puneral Service Lic	ensee			Name end Add		HARTY FI	INERAL	SERV	VICE, P. A
Physician /Medical Examine		23a. Part 1. Enter the disease, or co shock, or heart feilure. List on immediete Cause (Final disease or condition resulting in death)	Θ	Hypur Due to (or a	-calc	eem/k					Approximate Interval Between Onset and Death
eath certificate be executed attending physician and for use as the bunial-transit	an/Medical Examiner	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initieted events resulting in death) Last	0,	Due to (or es	s a consequence	uence of):	f utr	* us		17	enth c
the atter	sicia	Part il. Other significant conditions	contributing to death	but not resultir	ng in the un	deriving cause of	iven in Part I.	23b. Did to	obacco use co	entribute to	the cause of death?
that the ed by detac	by Physician	7						1 🗆 Y			ably 4 Unknow
aw requires been size should	Completed							24a. Wes a perfor	in autopsy med?	com	re autopsy findings ilable prior to apletion of cause eath?
F # 6								1□Y	es 2 Ho	10	Yes 2 No
ysician: The s certificate director, pag	Be	25. Was case referred to medical examiner?	Hospitai:					eath (Check only or	ne)		
this aldi	. To	1 Yes 2 100	1 ☐ inpat		VOutpatient	3LI DUA		Home 5 ☐ Reaid			
After fune	Certification:	1 ■ Natural 5 □ Pending 2 □ Accident investigat 3 □ Suicide 6 □ Could not	on be See Black of the	ay Year)	Bb. Time of Injury		]Yes 2□No	28d. Describe h			Courte Mountain
tal or Attending rs after death. al Director: After	Certif	4 Homicide determine	d Zoe. Piece of it	njury - At nome atc. <i>(Specify)</i>	o, Ierm, Stre	et, fectory, office		28f. Location (S City or Tow		Jai or munali.	riodie Number,
To the Hospital or J within 24 hours after To the Funeral Dire completely filled in b	edicai	29a. Certifier 12 Certifying F (Check only one)	Physician: To the best aminar: On the basis end manner s	of examination	dge, death and/or inv	occurred at the sastigetion, in my	ime, dete and place opinion, death occ	ce, and due to the courred et the time, d	ause(s) and m late and place,	anner as sta and due to t	ited. ths cause(s)
To the Within Com	×	29b. Signature and title of conflict	PA	M.I	).	2	se number	2	9d. Date signe	96	ay, Year)
		30. Neme and address of person with	completed cause of	death (Item 23	3a) (Type, F			Ga Detral	MOZ	1101	

State Registrar

State of Maryland / Department of Health and Mental Hygiene 96

27189

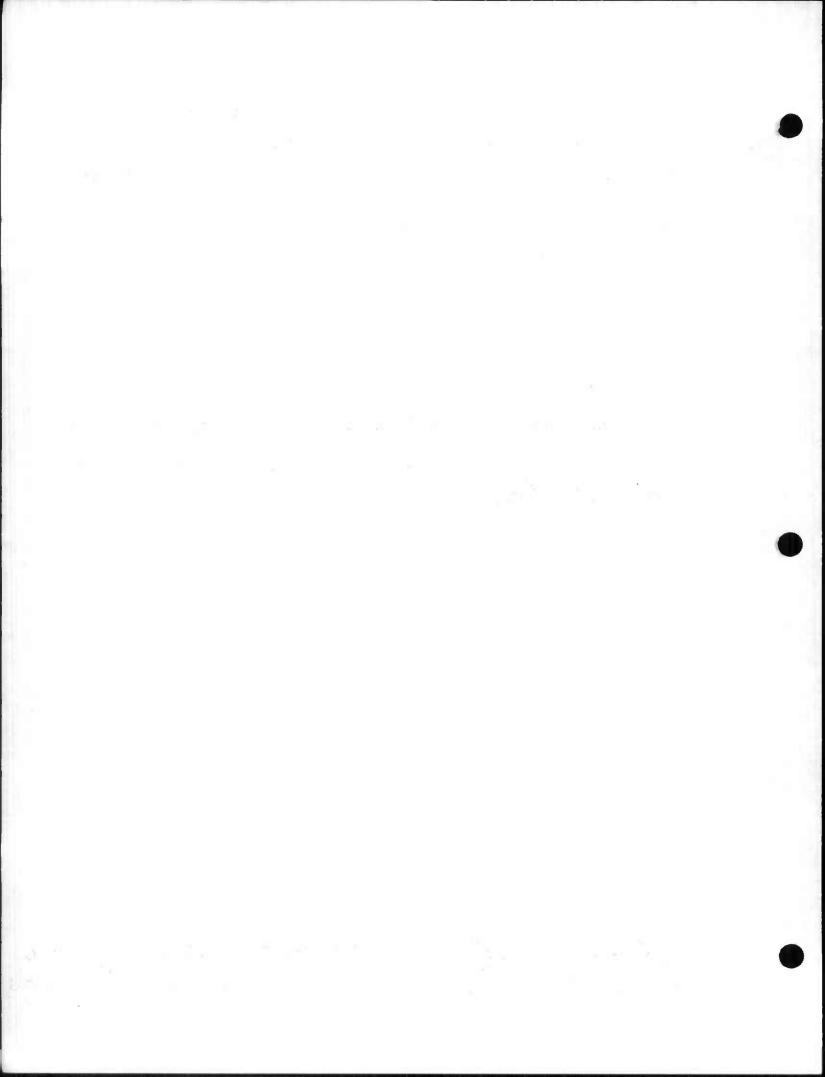
					-	Cer	tificate	of i	Death		F	Reg. No.	<i>y</i>	Time I	103
			1. Decedent's Name (First, Middle, Li	est)							ate of Dee	eth Dey	Year	3. Tir	me of Death
	Physic: /Medi		Concepcion Vega	Urquidez								24, 1		8	:30 PM
	Exami		4a. Facility Neme (If not institution, gi	ve street and number)				4	b. City, Town,	, or Location	n of Death	4c. Cou	nty of Death		
		Ш	Route 2, Box 372						lollywo			St.	Mary'	S	
	Funeral Director			Sex 7. Ag 1 ☐ M 2 ☑ F	e (In yrs. last b	Yrs.	If Under 1 Months [	Year Days		Min (A	ate of Birth Month, Day Ch 19,	, Year) , 1909		place (Sintry)	tate or Foreign
	land w		10a. State 10b. County		10c. City, To	wn or Lo	cation							10d. Insl	ide City Limits
	Mery	ŏ	Maryland St. Mar	v's	Holly	vood								1 🗆	Yes 2 No
	28a	Director	10e. Street end Number				10f. Zip Co	ode				10g. Citizen	of What Cou	ntry?	
	3a o		Route 2, Box 372				206	36				Mexi	00		
	deat	Funeral	11. Maritel Stetus	12. Was Decedent	Ever in U,S.	13. V	Ves Deceden	t of H	ispanic Origin	? (Specify )	es or No-	14. F	ece - Ameri		an,
Maryland 21215-0020	n 72 hours after death with the Meryland "natural", or frems 23a or 28a-f show adical Examiner must be notified at	by	1 ☐ Never Married 2 ☐ Married 3 🖾 Widowed 4 ☐ Divorced	Armed Forces?  1 Yes 2 14  If Yes, Give Year or Dates:	No		Yes, specify ⊠Yes 2		Specify:	lexica		Spe	lack, White,	, etc. span:	ic
5-(	72 h	etec	15. Decedent's E (Specify only highest gr		16	a. Deced	ent's Usuai (	one d	ation during most of d)	working		16b. Kind of	Business/in	idustry	
121	filed within Hygiene. ther than	Completed	Elementary/Secondary (0-12)	Coilege (1-4or 5	i+)		onemake		1)			M	/ A		
d 2	Hygie ther ther		17. Fether's Name (First, Middle, Las	*)		nc	memake	e L	18. Mother's	Name /Fire	t Middle	Naiden Sum			
an	Mental arked o	o Be	Ignasico Vega	,						ria H			unio		
N.	2 should be end Menter is marked	T <sub>0</sub>	19a. Informant's Name/Relationship	(Type, Print)	19	b. Mailin	a Address (5	Street	and Number o				vn Stete Zir	n Code)	
X	d 2 the		Jesse Urquidez	So					372, Ho						
altimore,	of He		20e. Method of Disposition	_	20b. Place	of Dispos	sition (Name netory or other	of or place	(e)	Da	te	20c. Locatio	n - City or To	own, Sta	ite
Ē	Pege nent int: if		1 ☑ Burial 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Social	JRemovei from State		-	lemoria			8 <sup>+</sup> 28-	96	Leonar	dtown	. Ma	aryland
alt	permit. Peges 1 en Depertment of Heal Important: if Item 2 any Injury or other once.		21. Schelung Fungai Joy of Albo	18n//	1		Neme and		ss of Facility	omol 1				-	
Ω	20599		Edward N. Brin	sfield, Jr	. M000				279, I				vland	206	50
			23a. Part1. Enter the disease, or conshock, or heart failure. List only											Approx	ximate ai Between
N	Physician						2					5			end Death
П	/Medical Examiner		Immediate Cause (Final disease or condition resulting in death)	· Mera	15/00	70	- K	2	nal	CC	320	JUC	) Wg	Y	ears
		<u>e</u>		•	Due to (or as a	conseq	uenca of):								
	d ansit	Examiner		b	Due to for an		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
ó	certificate be executed nding physicien end use es the burial-transit		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying		Due to (or as a	conseq	uence or):						1		
68760,	ysicie	edical	cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest	C	Due to (or as a	consequ	uence of):								
	200	2	resulting in death) Lest										İ		
Box	attendir	Physician/	_	d											
	e deeth the atter hed for u	/slc	Part II. Other significant conditions	contributing to death but	ut not resulting	in the un	derlying caus	se giv	en in Part I.		23b. Dld to	obacco use	contribute t	o the ca	use of death?
P.O.	w requires that the deeth ce been signed by the attendi should be deteched for use		MyDene	usian							101	res 2 N	3 □ Pro	bably	4 Unknown
ds,	signe d be	d by		1	T : C						240 W-0	an autopsy	24h W	lere sutr	opsy findings
202	The law requires ate hes been sign page 2 should be	Completed	Parkus	ous	Dis	Ug	NE			_   '		med?	av	vailable p ompletion	prior to n of cause
Re	8 8 6	d m										-26.		deeth?	
[a	iclen: The certificate rector, pag		25. Was case referred to medical						00 Dia	D (O)	1 🗆 Y	/\	11	_ Yes	2 No
5	sicle s cert direct	To Be	examiner?	Hospital:	nt 2 ER/C	utnation	3□ DOA	Oth	er: 4 ☐ Nursir		1/	lence 6 🗆 (	Wher (Specie	(64)	
0	Physical dispersed dispers		27. Manner of Deeth	28a. Date of injur	v 28b.	Time of		Injun Worl		7	/	ow Injury oc		97	
0	Attending Physician: or death. actor: After this certific by the funeral director,	atlo	Natural 5 Pending 2 Accident Investigation	(Month, Day	r rear)	Injury	М		Yes 2 □ No						
Division of Vital Records,	er de recto	Certification:	3 Suicide 6 Could not be determined			erm, stre	et, factory, o	ffica			ocation (S	Street and Nu	mber or Run	al Route	Number,
	ttal or rai Ofr				(-,,,										
	To the Hospital or Attending Physician: The I within 24 hours efter death.  To the Funeral Director: After this certificate he completely filled in by the funeral director, page	edical	29a. Certifier (Check only one)  12 Certifying Pt 2 Medical Example 1	nysician: To the best of miner: On the basis of and manner ste	examination a	e, death nd/or inv	occurred at t estigetion, In	my o	ne, dete end pi pinion, death o	iece, and di occurred at	ue to the c the time, c	ause(s) and date and piac	manner as s e, and due t	itated. o the ca	use(s)
	o the	Me	29b. Signature end title of certifier	70	)_		29c. L	icens	e number		2	29d. Dete sig	ned (Month,	Day, Ye	ar)
	->-0		-		1~	1	Г	125	521			8-26	-96		
	_		30. Neme and address of person who	completed cause of de	eeth (item 23e)	(Type, F						0 20	70		
(	1)		Nayon.	R. V	hal	^			Leonard	dtown,	Mar	yland	20650		
	Sta	-	31. Date filed (Month, Day, Year)		r's Signature	PI	ıl								
	Registr		AUG 28 1	446 Jehn	Daviden	nort's	4								
DH	MH 16 Rev 6/9:	5													

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene

96 27

Usual Rasidence of Decedent  10a. Stata  10b. County  Maryland  Kent  10e. Street and Number  Chesterville For  11. Marital Statue  1 ☑ Nevar Marriad  2 ☐ Merried	Wilson  ve street and number)  inuing Care  Sex  1 M M 2 G F	(In yrs. last birt 78	hday) If L Yrs. Mor	Jndar 1 Yaar nths Deys	4b. City, Town, or L E1ktor If Under 24 Hrs. Hours Min.		Day 1, 1996 4c. County	year of Death Cecil 9. Birthplaca Country)	. Tima of Death 07:15
James Arthur  4e. Facility Name (If not institution, gamedPointe Cont.  5. Social Security Number  6. 216-18-2725  Usual Rasidence of Decedent  10a. Stata  10b. County  Maryland  Kent  10e. Street and Number  Chesterville For  11. Marital Statue  1 Nevar Marriad  1 Merriad  1 Merriad	inuing Care Sex 7. Aga	(In yrs. last birt 78	hday) If L Yrs. Mor	Jndar 1 Yaar	E1ktor	August Location of Death  8. Data of Birth (Month, Day	1, 1996 4c. County	Cecil  9. Birthplaca Country)	
4e. Facility Name (If not institution, g. MedPointe Cont.  5. Social Security Number 6. 216-18-2725  Usual Rasidence of Decedent 10a. Stata 10b. County  Maryland Kent 10e. Street and Number  Chesterville For 11. Marital Statue  1 ☑ Nevar Marriad 2 ☑ Merried	inuing Care Sex 7. Aga	(In yrs. last birt 78	hday) If L Yrs. Mor	Jndar 1 Yaar	E1ktor	Ocation of Death  8. Data of Birth (Month, Day	4c. County	Cecil  9. Birthplaca Country)	
MedPointe Cont.  5. Social Security Number 216-18-2725  Usual Rasidence of Decedent 10a. Stata 10b. County  Maryland Kent 10e. Street and Number  Chesterville For 11. Marital Statue 1 Nevar Marriad 2 Merried	Sex 7. Aga 1 M 2 □ F	(In yrs. last birt 78	hday) If L Yrs. Mor		If Undar 24 Hrs.	8. Data of Birth (Month, Day	, Year) 1918	9. Birthplaca Country)	(State or Fore
5. Social Security Number 216-18-2725  Usual Rasidence of Decedent 10a. Stata 10b. County  Maryland Kent 10e. Street and Number Chesterville For 11. Marital Statue 1 Nevar Maryland 2 Merried	Sex 7. Aga 1 M 2 □ F	(In yrs. last birt 78	hday) If L Yrs. Mor		If Undar 24 Hrs.	8. Data of Birth (Month, Day	, Year) 1918	9. Birthplaca Country)	(State or Fore
Usual Rasidence of Decedent  10a. Stata  10b. County  Maryland  Kent  10e. Street and Number  Chesterville For  11. Marital Statue  1 ☑ Nevar Marriad  2 ☐ Merried	1⊠M 2□F	78 10c. City, Town	Yrs. Mo	nths Deys	Hours Min.	July 15	, Year)	Country)	-
Usual Rasidence of Decedent  10a. Stata  10b. County  Maryland  Kent  10e. Street and Number  Chesterville For  11. Marital Statue  1 Newar Marriad  1 Merriad  Merriad		10c. City, Town	or Location			JULY I			
Maryland Kent  10e. Street and Number  Chesterville For  11. Marital Statue  1 ☑ Nevar Marriad 2 ☐ Merried			or Location			, , , , , , , , , , , , , , , , , , , ,	,,1010	Maryl	and
Chesterville For  11. Marital Statue  1 Nevar Marriad 2 Merried		M: 11.	OI LOCATION	n				10d.	Inside City Lim
Chesterville For  11. Marital Statue  1 Nevar Marriad 2 Merried			:	_					1 Yas 2 1
Chesterville For  11. Marital Statue  1 Nevar Marriad 2 Merried		LITTT.	ingtor	1 of, Zip Coda			10g. Citizen of V	Mhat Country	
11. Marital Statue  1 ☑ Nevar Marriad 2 ☐ Merried			10				rog. Citizen of v	rviiat Country /	
					L651			USA	
	12. Was Decedant E Armed Forces?	ver in U,S.	If Yes,	specify Cube	lispanic Origin? (Sp en, Mexican, Puarto	Pican, atc.)	14. Hac Bias	e - American i ck, Whita, atc.	ndian,
3 ☐ Widowed 4 ☐ Divorced	1 ☐ Yas 2 🕅 No If Yes, Giva	)	1 🗆 Y	as 2 No	Specify:		Specify	Black	,
3 Widowed 4 Divorced	Yaar or Dates:								
15. Decedant's E (Specify only highast gi		16a.	Decedant's (Giva kind o	Usuai Occup of work done	ation during most of work	king	16b. Kind of Bu	usinass/Indust	У
Eiamantary/Secondary (0-12)	Collega (1-4or 5+	)		OT usa ratired	•				
			Farm	Labor					3
						III.		10)	
-									
		19b.	Mailing Ad	drass (Street	and Number or Rus	ral Routa Numbe	r, City or Town,	Stata, Zip Coo	te)
Thelma L. Taylor/	Niece				lace, Wi	<b>l</b> mington	, Delaw	are 19	801
20a. Mathod of Disposition	TRamouslánam Chata	20b. Piace of cematar	Disposition y, crematory	(Nama of y or othar place	ce)	Data	20c. Location -	City or Town,	Steta
		Asbury	Cemet	erv/Au	igust 7.1	1996	Chester	ville.	Md.
21. Signature of Funaral Sarvice Lice	nsea /		22. Nen	ne and Addra	ss of Facility				
Man-B.	2001.10		Fell	ows, H	elfenbeir	ı & Newn	am Fune	ral Hon	ne
23a Barti Enterthe disease or our	perions that anyoned to	ha death Da a	3/0	w. Cyp	ress St.	Milling	ton, Ma		proximate
	b	ua to (or as a c	onsequance	e of):	0			1	
	d	ua to (or as e c	onsequance	of):					
Part II. Other eignificant conditions	contributing to death but	not rasulting in	tha undarly	ring causa giv	an in Part I.	23b. Dld t	obacco uee co	ntribute to the	cause of dea
D. I. T.						101	/ee 2□ No	3 Probabl	y 4 North
						24a. Was a perfor	in autopsy mad?	availab	autopsy finding pla prior to ption of cause th?
						1 🗆 Y	as 2500	1 □ Ya	s 200No
25. Was casa rafarred to medical					28. Piace of Des		/		
1 Yas 2NNo	Hospital:	2 □ EB/Out	tnatient 3	DOA Oth	ac c			ar (Specify)	
27. Mannar of Death	28a. Data of Injury (Month, Day	28b. T	ima of ijury	28c. Injun Work	y at k?				
2 Accident and Acc	28a. Piace of Injur	y - At homa, far			20110	28f. Location (S	itreet and Numb	per or Rural Ro	ute Number,
	miner: On the basis of a	xamination and	daath occu	irred at tha tin ation, in my o	na, data and place, plnion, daath occur	and dua to tha c red at tha tima, c	ausa(s) and ma lata and place,	annar as stated end dua to tha	l. causa(s)
	eno mennar state	gu.		29c Licens	e number		29d Data sizes	d (Month Day	Veerl
255. Orginator o odd titla o'i cortillat	1	,		A -	0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		A Date signer	1	, oar)
pion 1	M. 78			1) 20	8 33 9	(	regu	1 19	195
30. Nama and addrass of person who	complated causa order	<u>uth (</u> Jtam 23a) (	Type, Print)	1) 23	8339 Fu		regu	1 19	195
	17. Fethar's Nama (First, Middla, Las Perry F. Wilso  19a. Informant's Name/Ralationship  Thelma L. Taylor/  20a. Mathod of Disposition  1	7 17. Fethar's Nama (First, Middla, Last) Perry F. Wilson  19a. Informant's Name/Ralationship (Type, Print) Thelma L. Taylor/Niece  20a. Mathod of Disposition  1	17. Fethar's Nama (First, Middle, Last)   Perry F. Wilson     19a. Informant's Name/Ralationship (Type, Print)   19b.     Thelma L. Taylor/Niece   100     20a. Mathod of Disposition   1   Melmal   2   Cremetion   3   Ramovel from Stata   4   Donetion   5   Othar (Specify)     21. Signature of Funaral Sarvice Licensea   23a. Part   Entartifa disaasa, or complications that causad the deeth. Done shock, or heart failura. List only one cause on each line.     Immediate Causa (Final disease or condition rasulting in death)   Dua to (or as a condition rasulting in death)   Dua to (or as a condition rasulting in death)   Dua to (or as a condition rasulting in death)   Last   Dua to (or as a condition rasulting in death)   Dua to (or as a condition rasulting in death)   Last   Dua to (or as a condition rasulting in death)   Dua to (or as a	Farm   Farm   Farm   Farm   Perry F. Wilson   19a. Informant's Name/Ratationship (Type, Print)   19b. Mailing Ad   1007 Tre   1007	Transparent   Farm Labor   Farm Labor   Farm Labor   Perry F. Wilson   19a. Informant's Name/Ralationship (Type, Print)   19b. Mailing Addrass (Street.   1007 Trenton P   100	17. Fethar's Nama (First, Middla, Last)	Trether's Nama (First, Middla, Last)	Trigonometric Name (First, Middle, Last)	7 Ferm Labor 17. Fether's Nama (First, Middla, Last) Perry F. Wilson 19a. Informant's Name-Palationehip (Type, Print) 19b. Maling Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coc 1007 Trenton Place, Wilmington, Delaware 19i 20b. Manhod of Disposition 1 (Refurial 2 Clorenetion 3   Ramovel from Stata 2 Clorenetion 5 Clorent (Specify) 2 Septimized Fundal State (Street and Number of Rural Routa Number, City or Town, Stata, Zip Coc 1007 Trenton Place, Wilmington, Delaware 19i 2 Septimized Fundal State (Street and Number of Rural Routa Number, City or Town, Stata, Zip Coc 2 Place of Disposition 1 (Refurial 2 Clorenetion 3   Ramovel from Stata 2 Clorenetion 5 Clorent (Specify) 2 Septimized Fundal State (Specify) 2 Septimized Fundal State (Specify) 3 Septimized Fundal State (Specify) 3 To W. Cypress St. Millington, Md. 21651 2 Septimized Fundal State (Specify) 3 To W. Cypress St. Millington, Md. 21651 3 To W. Cypress S



State of Maryland / Department of Health and Mental Hygiene

						Certific	ate of l	Death	,	Reg. No.		. , , , ,
	Physici	an	1. Decedent's Nema (First, Middle, La	st)	1	15.1		TO	2. Data of De Month		Year	3. Tima of Death
	Physici /Medi		EMIL	P	n	IEN ]	ZEL	, JR	AUGUS	T 26	1996	2:501
k	Examir	ner	4a. Facility Nama (If not institution, give		_		4		Location of Death	4c. County	of Death	
	_		Washington Advent			M I h	day 1 Vans		a Park		ntgome	
	Funeral Director		379-03-0302	Sex 7. Age (In 1 ☑ M 2 ☐ F 89	yrs. last birt	frs. Mont	der 1 Yaar hs Days	If Undar 24 Hrs Hours Min.	(Month, De	y, Year) 0, 1906	9. Birthpla Country Washi	nce (Stete or Foreign y) ngton, D. (
	and w		Usuel Residence of Decedent  10a. State 10b. County	10	c. City, Towr	or Location					100	d. Inside City Limits
	Many 4 sho	ō	Maryland Prince	George's		Lanl	nam					1 ☐ Yes 2 🖾 No
	1 the	Director	10e. Street and Number			10f.	ZIp Code			10g. Citizan of V	Whet Countr	y?
	3a o		6922 St. Anne's A	venue			2	20706		U.S.	Α.	
	deat	Funerai	11. Meritel Stetus	12. Was Decedent Ever Armed Forces?	In U,S.	13. Was De	cedent of Hi	ispenic Origin? (S	Specify Yas or No to Rican, etc.)	14. Rac	e - Amaricar	
21215-0020	s 1 and 2 should be filed within 72 hours after death with the Maryland if Heelth and Mental Hygiene. If Heelth and Mental Hygiene. Item 27 is marked other than "naturel", or itema 23s or 28a-f show other traumatic event, the Medical Examiner must be notified at	by	1 ☐ Never Merriad 2 ☐ Married 3 ☑ Widowed 4 ☐ Divorced	1 ☐ Yes 2 ☒ No It Yes, Give Yeer or Detes:			2 No		to rican, etc./	Specify	ck, Whita, et	
5-0	72 ho	Completed	15. Decedent's En	ducation	16a.	Decedent's U	sual Occupa	ation furing most of wo	dring	16b. Kind of Bu	usiness/Indu	istry
7	ithin ne.	nple	Elementery/Secondary (0-12)	College (1-4or 5+)		life. DO NO	Tuse retired	)	rking	** 0 0		
	led w lygier lygier ly, th	Sor	12			EI	ectri			U.S. G		nent
Maryland	Mental F Mental F arked ott	Be	17. Fathar's Name (First, Middla, Last, Emil Phillip Wenz						ma <i>(First, Middl</i> e, a E. Umh		10)	
2	d Me Trank	1º	19e. Informant's Neme/Reletionship (		106	A to things A state	non (Chant		ural Route Numbe		Cana Tin 6	2.44
<u>≅</u>	and 2 sho selth and 127 is m		Rita Daniels	rype, runi,		_	-		e, Lanha			,
ē,	Heelth Heelth tem 27		20e. Method of Disposition	2	0b. Plece of	Disposition (	Nema of		Dete	20c. Location -		
timore,	Pages nent of I int: If its ury or o		1 N Buriel 2 □ Cremation 3 □ 4 □ Donetion 5 □ Other (Specification )			y, cremetory Hill C			8/30/96	Suitla	nd. M	aryland
a	구든원수		21. Signeture of Funerel Service Licer				end Addres					
Ö	Depending on July It		Claudette	Ed. Das	L	Franc	is Gas	sch's So	ns Funer	al Home	, P.A.	
	_		23a. Part1. Enter the diseese, or com shock, or heert feilure. List only		deeth. Do n	ot enter the n	node of dyln	nore Ave: g, such es cardia	nue, Hya c or respiretory e	rest,		Approximeta
8	Physician		snock, or neer reliure. List only	ona ceusa on eech line.							C	ntervel Between Onset and Deeth
	/Medical		Immediate Cause (Finel disease or condition	· Aspirat	MAN	Phellun	ON IX				1	hours
	Examiner		resulting In death)	e. Due	to (or es e c	onsequence	of):					COU.
	sit ad	Examiner		b. Neuroge	vic o	lyspha	era				in	arths
	and I-tren	хап	Sequentially list conditions, if any, leeding to immediate	Due	to (or es e c	onsequence	of):					
68760,	be ed iclen burie	ale	Sequentially list conditions, if any, leeding to immediata ceuse. Enter Underlying Ceuse (Diseese or Injury that initiated events	. Cerebrev	ascule	r dis	ease				y	ears
687	tificata be executed 19 physicien and es the buriel-trensit	Aedicai	resulting in deeth) Lest	Dua	to (or as a c	onsequence	of):					
X		M		d								
00	the death cally the attendir	icia	Pert II. Other significant conditions of	ontributing to death but no	t resulting in	the underlyin	n ceuse nive	an In Pert t	23h Did	obacco use co	ntribute to t	the cause of death
0	requiras thet the death car been signed by the attendir should be detached for use	Physician/	Total organization of the control of	on houring to douth but no	r resuming in	tile underlyin	g couse give	minirent.				bly 4₽Unknow
	gned be de	by F			<u> </u>							
Records,	law requiras thet es been signed b 2 should be deta									en eutopsy med?	evell	e eutopsy tindings lebte prior to
9	S S C	Completed					- 0					plation of causa seth?
	The ate h	0							10	es 20No	10	Yas 20No
Division of Vital	certificate rector, pag	Be	25. Wes cese reterred to medical examiner?					28. Piece ot De	eth (Check only o	na)		
	Physicien: this certific ral director,	P	1 Yas 2 No	Hospitel: 1 Inpatient	2 ER/Out	pattent 3		4 LI Nursing F	lome 5 ☐ Resid			
Ĕ	70 70 9	on:	27. Menner of Deeth 1 ☑ Naturel 5 ☐ Pending	28e. Dete of Injury (Month, Day Yea	28b. T	ijury	28c. Injury Work		28d. Describe I	now Injury occur	red	
SIC	Attending or death. ector: Attar by the fune	cat	2 ☐ Accident Investigation 3 ☐ Suicide 6 ☐ Could not b		441	— м		Yes 2 □ No	20t Leastin (	Name & and & book	1.0.00	Cauta Mumbas
<u>&gt;</u>	or A after Direc	Certification:	4 ☐ Homicide determined	28e. Plece ot tnjury - building, etc. (Sp	oecify)	m, street, tec	tory, office		City or Tox	Street and Numb vn, Stete)	er or Hurari	House Number,
	spital		29a. Certifier 1 Certifying Ph	yetcian: To the best of my	knowledge.	deeth occurr	ed et the tim	e. dete end plece	end due to the	cause(s) end me	enner as ste	ted.
	To the Hospital or Attending within 24 hours after death.  To the Funeral Director: After completely filled in by the fun	edicai	(Check only 2 Madical Exam	ninar: On the basis of exer end menner stated.	minetion end	Vor Investigat	lon, in my op	olnion, deeth occu	urred at the time,	dete end plece,	and due to the	he ceuse(s)
	Within To th	Σ	29b. Signeture end title ot certifier	2 .			29c. License			29d. Dete signe		
	2		Worlen Y	bon			P 20	0362	(	lueust	26.1	1996
(	6)		30. Name and address of person who Norton Elson	completed ceuse of deeth	(item 23e) (i	Type, Print)	Rd	Hyorths	ville r	D 20	1782	
Ì	Sta		31. Deta filed (Month, Day, Year)	32. Registrer's S	Signature			1		- (		1
	Registr	ar	AUG 2 8 19	50 HOLDEN	THE PARTY	Mall						

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene Q 6

27192

						Cer	tificate of	Death	R	eg. No.	50	6113
	W		1. Decedent's Nama (First, Middle, L	ast)					2. Dete of Dee Month		Yeer	3. Time of Death
	Physici /Medi		Lillian Estell	e Wilcox					August	25, 19		1:35P.M.
	Examir		4a. Facility Nama (If not institution, g	va street and number)				4b. City, Town, o	r Location of Deeth	4c. County	of Deeth	
1			Doctors Communi	ty Hospita	1			Lanham		Princ	e Geo	rge's
7	Funeral Director	Г	579-09-4798	Sax 7. Ag	ge (In yrs. lest bi 100	rthday) Yrs.	if Under 1 Year Months Deys			Year) , 1896	9. Birthpi Coun Virg	ieca (Stata or Foreig try) inia
	pus *		Ususi Residence of Decedant  10a. Stata 10b. County		10c. City, Tow	m or Loc	ation				1	Od. Inside City Limits
	Aanyl	৳		0 1								1 1 Yas 2 □ No
	the h	ect	Maryland Prince	George's	Greenb	elt	10f. Zip Code			0g. Citizen of	Mark Cour	41
	ath with	Funeral Director	7010 Greenbelt F				20770			U.S.A.		
21215-0020	be filed within 72 hours after death with the Maryland nat Hygiene. d other than "naturat", or items 23s or 28s-f show event, the Modical Event we must be notified at	by	11. Marital Status  1 Never Married 2 Merried  3 Widowed 4 Divorced	12. Was Decedant Armed Forces? 1 ☐ Yes 2 ☑ If Yas, Giva Yeer or Detes:			Ves Decedent of Yes, specify Cu ☐ Yes 2 1 No		Specify Yas or No- irto Rican, etc.)	Bie	ck, White, or White, or White	atc.
5-	72 h	Completed	15. Decedent's E (Specify only highest g	ducetion ade completed)	16a	. Deced	ent's Usuel Occu	petion a during most of w	orking	16b. Kind of B	usiness/ind	lustry
21	ithin Man	npi	Elementsry/Secondery (0-12)	College (1-4or				e during most of w				
2	led w hygier her th		12		S	ales	sperson	T		Clothi		dustry
Maryland	S in b >	Be	17. Fether's Neme (First, Middle, Las	•					eme (First, Middle,	Maiden Sumen	10)	
Ž	s 1 and 2 should I Health and Mer tem 27 le marke other traumatic	To	George William C					Anny S				
Ma	le sh		19e. tnformant's Neme/Reletionship						Pural Route Number			
d)	and lealth m 27		Mildred L. Cunnin	gnam/Daugn				o Road,	Amissvill			
Baltimore,	permit. Pages 1 and 2 Department of Health a Important: If Item 27 le eny Injury or other trai		20a. Method of Disposition 1 🖾 Burial 2 □ Cremetion 3 l 4 □ Donetion 5 □ Other (Spec		cemata	Linc	sition (Neme of latory or other pi	etery	8/28/96		ood, l	Maryland
Ball	Depart Import eny Inj		21. Signature of Funaral Service Lice	tte 3. 2	Jasch	22.	Neme end Add	ress of Facility Fr	ancis Gas	ch's So	ons Fr	uneral Ho
	_	•	23a. Pert1. Enter the diseasa, or cor shock, or heert feilure. List only	nplications thet caused	d tha death. Do	not ente	r tha mode of dy	ring, such es cardi	ec or respiretory srr	est,	, rid.	Approximete
	Physician		STOOK, OF HOOF FOILING. CIST OFF	ona cause on each	tio.						i	intervsi Between Onset and Deeth
а	/Medical		immediete Cause (Finel diseasa or condition	/Rilat	eral Pn	eumo	nia wit	h Respira	atory Fai	lure		1 Week
	Examiner		resulting in deeth)	e. Juilde	Due to (or es e			i Koopii	1002)			
-	D #	ne.									1	
	death certificate be executed e attending physician and of for use as the burial-transit	Examiner	Sequentially list conditions,	D	Due to (or es e	consequ	uence of):			-		
60,	clan clan		Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury	C								
68760,	ohysie the t	Medicai	that Initieted events resulting in death) Lest	0.	Dua to (or as a	consequ	ience of):					
	e as			d								
Box	eath cer attendin I for use	Jan		0								
0.	the des by the a tached f	Physician/I	Pert II. Other significant conditions	contributing to death b	ut not resulting i	in the un	derlying cause g	iven in Part I.	23b. Did to	bacco use co	ntribute to	the cause of death
0	es that the	by Phy			7-2				1 U Y	es 2 X No	3 Prot	pebly 4 Unknow
Vital Records,	s been s 2 should	Completed I							24s. Wes s		ave	ere eutopsy findings alleble prior to mpletion of causa desth?
<u>~</u>	The la	P P							1 🗆 Y	as 2 No	10	Yes 2 No
ita	certificate	Be (	25. Wes case referred to medical examiner?					26. Piece of Do	eeth (Check only or	e)		
of V	0 0 2	2	1 ☐ Yas 2 🛣 No	Hospitsl: 1 ☐ Inpatie	ent 2 ER/O	utpatient	3□ DOA O	ther: 4 Nursing	Home 5 ☐ Reside	ence 6 Oth	er (Specify	)
	2 0 0		27. Menner of Death 1 ☑Neturei 5 ☐ Pending 2 ☐ Accident invastigation	28e. Dete of inju (Month, De	y Year) 28b.	Time of Injury	28c. Inju W M 1 [	uryet ork? ]Yas 2 ☐ No	28d. Describe h	ow Injury occur	red	
Division	al or Attendir s after death. Il Director: Al ed in by the fu	Certification:	3 Suicida 6 Could not 4 Homicide determined			erm, stra	at, factory, office		28f. Location (S. City or Town		or Rura	I Route Number,
	To the Hospital or J within 24 hours after To the Funeral Dire completely filled in t	edicai C	29e. Certifier (Check only one)	hyalcisn: To the best miner: On the basis of and menner ste	f examinetion en	e, deeth	occurred et the sastigetion, in my	ime, dete end pied opinion, deeth occ	ce, end due to the courred et the time, d	euse(s) snd ma ate end plece,	enner ss st and due to	sted. the ceuse(s)
	o thi	Me	29b. Signeture end title of certifier				29c. Licar	nsa number	2	9d. Dete signe	d (Month, I	Dey, Year)
	- s + ö		m 1 m	200			D1.	7874		August		
	()		20 Name and address of	accomplaint an arrival	looth (# == :	(T				10505C	20, 1	770
	(1)		30. Name and address of person who					on true - 1	MD 2072	2		
	Sta	to	Sankaran M. Naya 31. Dete filed (Month, Dey, Yeer)	±, H.D., 3	n's Signatura	LII A	ve., br	entwood,	ELD. 20/2	۷		
	Registr	-	AUG 2 8 199	6 July all	ar's Signaturo Walson Re	beth						

The same of the

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Data of Deeth 3. Time of Death **Physician** Lawvard Lovell Wilson 5:00 PM 08 96 /Medicai 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** 9019 Volta Street Lanham Prince George's 5. Social Security Number If Under 1 Year If Undar 24 Hrs. 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Birthplace (State or Foraign Country) **Funeral** Days Min. Months 10XM 20 F Hours 412-28-6095 74 Yrs Director 07-04-22 Tennéssee Usual Residence of Deceden 10a. State 10b. County 10c. City, Town or Location 10d. inside City Limits 28a-f show must be notified at Maryland Prince George's Lanham Director 1 Yes 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 6 9019 Volta Street 20706 USA items 23a Funeral 11 Marital Status 12. Was Decedent Evar in U.S. Armed Forcas? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Maxican, Puerto Ricen, atc.) 14. Race - American Indian, traumatic event, the Madical Examiner Black. White, etc. 1 XYes 2 TN/27/42 If Yes, Giva 1/8/46 1 □ Navar Married 2 □ Married 6 Black 1 ☐ Yes 2XXNo Specify: by 3 ☑ Widowed 4 □ Divorced "natural" Completed 16a. Decedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade complated) 16b. Kind of Businass/Industry should be filed within 7: and Mental Hygiene. College (1-4or 5+) 4+ Elementary/Secondary (0-12) Paralegal Private permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: if flem 27 is marked other any injury or other traumatic event, sonce. 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surneme) Be Frank L. Wilson Mamie Kendell 19b Meiling Address (Street end Number or Rural Route Number, City or Town, State Zio Code) 9019 Volta Street, Lanham, Mary Land 20706 19a. Informant's Name/Relationship (Type, Print)
Keith Hall Wilson/Son 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition Data 20c. Location - City or Town, Stata 1 □ Burial 2 Gremation 3 □ Removal from State Chesapeake Crematory 8/29/96 Beltsville, MD 4 □ Donation 5 □ Other (Specify) 21. Signatura of Funeral Service Licenses 22. Name and Addrass of Facility J. B. Jenkins Funeral Home Na Percentie A. 7474 Landover Road, Landover, MD 20785 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or raspiratory arrast, shock, or heart failure. List only one cause on each line. Approximata Interval Between Onsat and Death **Physician** /Medical Immediete Cause (Final Metastatic Renal Cell Cancer 1 month diseasa or condition rasulting in death) Examiner Due to (or as a consequence of): Examiner physician end the burief-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of) physician Physician/Medicai Due to (or as a consequence of): Se esn Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert i. sate has been signed by the page 2 should be deteched 23b. Did tobacco use contribute to the cause of deeth? 1 ☐ Yes 2 No 3 ☐ Probably 4 ☐ Unknown ð Be Completed 24a. Was an autopsy performed? 24b. Were autopsy findings available prior to completion of causa of daath? certificate has 1 Yes 2 No 1 ☐ Yes 2 XNo of Attending Physician: effer death.

Director: After this certifice director. 25. Was cese referred to medical 28. Place of Deeth (Check only one) Hospital: Other: 4 ☐ Nursing Home 5 🖒 Residence 6 ☐ Other (Specify) Certification: To 1 ☐ Yas 2 🗓 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA illed in by the funeral 27. Menner of Deeth 28a. Date of Injury (Month, Day Year) 28b. Time of 28d. Describe how Injury occurred 28c. Injury at Work? 1 Natural 5 Pending Investigation 1 Yes 2 No 2 Accident 3 Sulcide 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Straet and Number or Rural Route Number, City or Town, State) 4 Homicide To the Hospital o within 24 hours eff To the Funeral Di 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete and place, and due to the cause(s) and menner es stated.

| Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier Medical pletely (Check only one) 29b. Signatura and title of certifian 29d. Date signed (Month, Day, Year) 29c. Licansa number D18219 August 26, 1996 30. Name and addless of person who completed cause of death (Item 23a) (Type, Print) Stephen Staal, M.D. 8300 Corporate Drive, Landover, MD 20785

Registra

State

31. Date filed (Month, Day, Year)

32. Registrar's Signature

Jahr Dawdean Rawlall

**DHMH 16 Ray 6/95** 

the

death

72 hours after

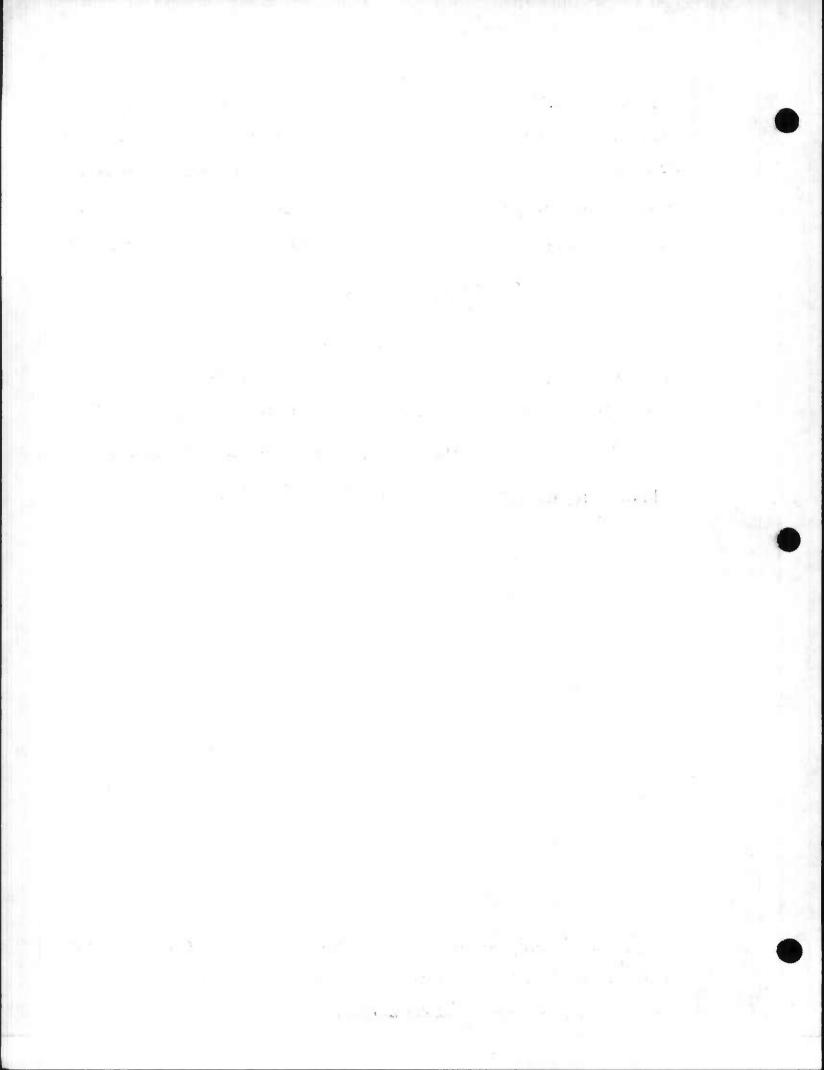
Baltimore, Maryland 21215-0020

The law requires that the death certificate be executed

Box 68760.

P.O.

Division of Vital Records,



State of Maryland / Department of Health and Mental Hygiene

6	0 7	1	0	1
16	/ /	1	9	L
	bern #		407	4

			Otat	o or iviarylan		ificate of		wentar rij	Reg. No.		fine 1 1 J
	Dharata		Decedent's Name (First, Middle, Last)					2. Date of D	eath Day	Year	3. Time of Death
	Physic /Medi		Nellie V.	Wisema	n			Augus			1:00 AM
	Exami		4a. Facility Name (If not institution, give street an				4b. City, Town, or				
			6930 Emerson Stree	et			Hyattsv	rille	Prin	ce G	eorges
	Funeral		5. Social Security Number 6. Sex 1 M 2 S	7. Age (In yrs.		If Undar 1 Yaar Months Days			rth av. Year)	9. Birthpi	lace (State or Foreign
	Director		377-24-3033	88	Yrs.			DEc. 2	8,1907	Spri	ngdale, MI
	pu *		Usual Residence of Decedent  10a. Stata 10b. County	10c. City	y, Town or Loca	ation				1/	0d. Inside City Limits
	Manyl f sho	5									1 ☐ Yes 2 ☐ No
	the 128s	ect	MD Prince Geor	ges Hy	attsvi	10f, Zip Code			10g. Citizen of N	What Coun	stry?
	d within 72 hours after death with the Maryland jene. I than "natural", or items 23a or 28a-f show the Medical Examiner must be notified at	Funeral Director	6930 Emerson Stree	et		20783	}		USA		.,,
	death a	Jera	11. Marital Status 12. Was	Decedent Evar In U, d Forces?	S. 13. W	as Decedent of	Hispanic Origin? (S pan, Mexican, Puer	Specify Yas or N	o- 14. Rac	e - Amaric	
0	r he	Ē	1 Never Married 2 Married 1 1	d Forces? ′es 2√2 No s, Give				to Rican, atc.)		ck, White,	
020	aff, o	Ď	3  Widowed 4 □ Divorcad If Year	s, Give or Datas:	11	Yes 2 No	Specify:		Specify	Bla	ck
21215-0020	72 ho	Completed	15. Decedent's Education (Specify only highest grada comple	ted)	16a. Decede	nt's Usual Occu	pation during most of wo	rkina	16b. Kind of B	usiness/Ind	dustry
21	within ene.	n p		ge (1-4or 5+)	life. Do	O NOT use retire	ed)	iking			
	od w			yrs.	Cler	k					reasury
and	Mental Hygi Mental Hygi Briked other atic event, II	Be	17. Father's Name (First, Middle, Last)						a, Maiden Suman	na)	
7	should be filed nd Mental Hygi marked other imatic event, I	2	Thomas William Le					Hunter			
Maryland			19a. Informant's Name/Relationship (Type, Print) Esther L. Wynn				t and Number or R				
e,	Health 27		20a. Mathod of Disposition	20h B	lace of Disposi		on St. H	Date	20c. Location -		
٥	H H H		ND Burial 2 ☐ Cramation 3 ☐ Removal f	rom State	ematery, crama	atory or other pla					
Baltimore,	rtant njury		Donation 5 ☐ Other (Specify)	Mt		ret Cen		8-23	Washin		, DC
Ba	permit. Peges 1 end 2 Department of Health s Important: if Item 27 is any Injury or other tra 2005.		21. Signature of Funaral Service Licensee		Ma	arshall	ess of Facility  S Fune	eral Ho	ome, In	c.	
2			J. I Marsh	ell			st NW,			011	
			23a. Part1. Enter the disease, or complications tenock, or heart failure. List only one cause	hat caused the death on each lina.	h. Do not enter	the mode of dy	ing, such as cardia	c or respiratory	arrest,	i	Approximate Interval Between Onset and Death
	Physician /Medical		Immediate Cause (Final		2.1		0. 1				Consequence Death
	Examiner		diseasa or condition resulting in death) a.	mom	$D_1$	10004	Cirrl	1120			> 40000
		ē		Due to (d	as a consequ	ence of):					
	d d ansit	Examiner	Secure della litta condition	741010	r as a consequ	M				1	
o,	ifficate be executed g physician and as the burlat-transit	Ex	Sequantially list conditions, if any, leading to Immadiata cause. Enter Undarfying Cause (Disease or Injury that initiated events	MILANI	2	1					11100-
68760,	ysick he bu	edical	Cause (Disease or Injury that initiated events	Due to (or	as a conseque		unon				19000
	E 0 6		resulting in death) Last	10-10	20	1- 1	1			i ,	1100-
Box	attending	and	d	13 CM 1000		10 1	4			1	4000
	law requires that the deeth cer as been signed by the attendin 2 should be detached for use	Physician/IV	Part II. Other algnificant conditions contributing	to death but not resu	ulting in the und	lertying cause gi	ven in Part I.	23b. Did	tobacco use co	ntribute to	the cause of death?
P.0	that the dead by the detached		Octes ands:	(				10	Yes 2000	3 ☐ Prob	bably 4 Unknown
S	signed d be de	þ	10 Portugi	1		11 1				T 0.45 111	A STATE OF THE STA
Records,	v requin	Completed	SIP MONT TO	momo	1 NOC	K 4m	Drug 3	24a. Wa	s an autopay ormed?	ava	ere autopsy findings aliable prior to impletion of cause
3ec	has t	ф		ρ.				/ / /		of c	death?
a E	E sign		DULY TONG	ional				10	Yes 2000	1	Yes 2□ No
Vital	Ician: The certificate rector, pay	Be	25. Was case referred to medical examiner?	-1		0	26. Place of De	ath (Check only	one)		
o	를 를 들	: To	To Tes	l Inpatient 2 I	ER/Outpatient 28b. Time of	3LI DOA	4 LI Nursing F		how injury occur		0
	After fune	lon	Dending 5 Pending	Month, Day Year)	Injury	28c. Inju Wo M 1	rk? ]Yes 2 □ No	200. Describe	now injury occur	100	
Division	Attending r deeth.	Ical	3 Suicide 6 Could not be	lace of Injury - At ho	me ferm stree		7163 20110	28f Location	(Street and Numb	er or Rura	l Route Number
S	Direct of A	Certification:	4 ☐ Homicide determined 286.	uilding, etc. (Specify	()	st, lactory, office			wn, State)	01 01 11010	Troute runner,
	Hospital or 24 hours effe Funeral Dir stely filled in		29a. Certifier Physician: To	the best of my know	wiedne, death o	occurred at the ti	me date and place	and due to the	cause(s) and ma	nner as et	ated
	To the Hospital or Attend Willin 24 hours efter deeth To the Funeral Director:: Completely filled in by the	edical	(Check only 2 Medical Examinar: On the	ne basis of examinat manner stated.	ion and/or Inve	stigation, in my	opinion, death occu	irred at the time	, date and placa,	and due to	tha cause(s)
	To the To the Comple	Me	29b. Signature and title of certifier			29c. Licen	se number		29d. Date signe	d (Month, I	Day, Year)
	(7)		MIDAN VILLARA	Um		00	4126n		8/2	196	
- (	(4)		30. Name and address of person who completed	cause at death (item	23a) (Type, P	rint) /	11010		91 01	170	
			8300 Concormato	MUR	Car	Doron	MO	2078	5		
	Sta	te	31. Date filed (Month, Day, Year)	2. Registrar's Signat	ture						
	Registr	ar	Aug 2 7 1996	Jalia Steward	sor tarda	Ц					
DHI	WH 16 Rev 6/9	5	LIDGIE . 1996	U							

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene

									Cer	titica	te of	Death			Re	g. No.			
п	Physic	ian	1. Decedant's Nan	na (First, Middle Charle:		oodan	Н							2. Data d		Day	Yaar	-	a of Death
	/Medi		120											August		1996		9:3	A.M.
Į.	Exami	ner	4a. Facility Nama (			at a <i>nd n</i> u	ımber)				4	4b. City, To				4c. County			
L			Foxchase I							lf I Indo	. 1 Vaar			Sprin	~	Montg			
П	Funeral	-	5. Social Security N 247-22-8904		6. Sax 1XXXM	2 F	7. Aga (In	yrs. last bi	Yrs.	Months	Days	If Undar Hours	Min.	8. Data (	h, Day,	Year)	Coun	(rv)	ata or Foraign
	Director		Usual Rasidance of					73_				<u> </u>		April	10,	1923	South	Can	olina
	yland Mand		10a_State	10b. County			100	c. City Tow	n or Loc	ation							10	0d. Insid	la City Ltmits
	Mar	to	D.C.					was	iiiig	LON								1 🔀	Yas 2□No
	h the	Director	10e. Street and Nu		0.5					10f. Zip	Coda				10	g. Citizan of	What Coun	try?	
	th will	aic	1163 46	th Place	, S.E.							20	019			U.S.A	ie		
	dea a	Funeral	11. Marital Status		12.	Was Dec Armed Fo	edant Evar	in U,S.	13. V	as Dace	dant of H	ispanic Or an, Maxica	lgin? (Sp	ecify Yas	or No-		ce - Amarica		n,
20	afte or it		1 Navar Marr		ried	1 Yas	2 No			☐ Yas		Specify:	2010		,		Blac		
00	72 hours after death with the Maryland natural; or Hems 23a or 28a-f show oreal Examiner must be notified at	d by	3 🖒 Widowed			Yaar or D	Datas:	1											
5	C	lete		15. Decedan clfy only higha	t's Educetions t grada co	on <i>mplated)</i>	)	16a	Giva I	ant's Usu kind of wo O NOT u	al Occup ork dona sa retired	ation during mos	t of work	ing	1	6b. Kind of B	usinass/Ind	lustry	
212	should be filed within 72 hours after death with the Manylan of Mental Hygiene. marked other than "natural", or flems 23a or 28a-f show imatic event, the Medical Examiner must be notified at	Completed	Elementary/Sacc	ade (0-12)		Coltega (	(1-4or 5+)			Mech		7				Lerner (	Corpora	ation	(Retire
ď	i Hyg	Be C	17. Fathar's Nama	(First, Middla,	Last)							18. Moth				laldan Suman	na)		
Ilar	should be and Mentai Ind Mentai I	To B		John Wo	odard								M	bllie	Kenn	edy			
lan	and he		19a. informent's N	eme/Ralations	htp (Type,	Print)		195	. Meitin	Addras	S (Straet	and Numb	er or Rur	al Routa N	lumber,	City or Town,	Stata, Zip	Coda)	
Σ,	and and a saith		Mr. Charles	s G. WOOD	iaru (S	on)			103 4	oun P	race,	5.E.	wasr	ingtor	ι, υ.	C. 200	19		
ore	of H H fter		20a. Mathod of Dis		3 □Ramo	oval from	01-1-	Ob. Place o cemata	ry, cram	atory or	othar plac	e)		Data (O.4		Oc. Location			a
altimore, Maryland 21215-0020	Pages ment of h lant: If its jury or of		4 Donation				Olulo	Mary la	nd Na	tiona	I Par	k	8	/24/96		aurel, M	Mary I ar	nd	
Bai	permit. Pages 1 and 2 should be Department of Health and Mente Important: If item 27 is marked any injury or other traumatic es once.		21. Signature of Fu	unaral Sarvice	Licensaa		-		22.	Name a	od Addre	ss of Facili Ineral	Home.	Inc.					
_	005 6 0		· ux	lmer	ے ماد	- 0	Du	aur	•						hingl	con, D.C	. 200	19	
			23a. Part1. Entar t ahock, or has	tha disaasa, or art fatlura. List	complication only on a control	ons that o	caused tha aach lina.	daath. Do	not anta	r tha mod	da of dyln	g, such as	cardiac	or raspirate	ory arra	st,		Approx	Batween
Ď.	Physician /Medical		fmmediata Causa	(Final				era.									!	Onset	and Death
	Examiner		disaasa or condition rasulting in daath)	on.	θ	0	lone	ance	-1	me	t254	2/10					1		
		ē					Dua	to (or as e	consequ	lance of)							İ		
	certificate be executed iding physician and ise as the burial-transit	Examiner	Sequentially list co	endittons.	b. —		Due	to (or as a	consaqu	uance of):							1		
Ö,	e exe		Sequantially list co if any, leading to in cause. Entar Unde Causa (Disaasa or	nmadiata arlying													i		
68760,	sate b	dica	that initiated evants resulting in death)	5	C		Dua	to (or as a	consaqu	ance of):									
9 XO	ding p	//Medical			d												t		
m		clan												-			1		
P.O.	es that the death igned by the atter be detached for u	Physiciar	Part li. Other signif			^~			n tha un	derlying	ausa giv	an in Part I							ee of death?
٠ <u>,</u>	that ned b	by P	Ascites	, ple	wal e	the.	SIONS	Š							1 U Ye	8 2□ No	3 Prob	BOIY	4 Unknown
rds	- es TO															autopsy	24b. Wa	ra auto	osy findings
S	aw requisite been 2 should	piet													perform	ed7	cor	nilabla p mpletion daath?	of causa
æ	The law ate has page 2	Completed													1□ Ye	2 🗓 No	10	] Yes	2 🗓 No
ta	lcian: The certificate rector, pag	Be C	25. Wes cesa rafar	red to medical								26. Place	of Daat	n (Check o	only one	)			
<u>&gt;</u>	Physic this ce ral direc	To	axa <i>m</i> inar? 1 ☐ Yes 2	No	Hosp	oitai:	Inpatient	2 🗆 ER/O	utpatient	3 🗆 D	Oth Oth	ar: 458 Nu	ırsing Ho	ma 5 🗆	Rasida	nce 6 Oth	ar (Specify	)	
Ē	Attending Physician: or death. ector: After this certific by the funeral director,	on:	27. Mannar of Daat 1 ☑Natural	h 5 □ Pandin		8a. Data (Mon	of Injury oth, Day Yes	28b.	Tima of injury		28c. Injur			28d. Daso	ribe ho	w injury occur	red		
S	death ctor: A y the f	cati	2 ☐ Accidant 3 ☐ Suicida	investig	not be					М		Yas 2□		-011					
Division of Vital Records,	I or Attending I after death. Director: After d in by the funer	Certification:	4  Homicida	determ		buildi	of injury - ing, etc. (St	At homa, ta pecify)	arm, stre	et, factor	y, office				r Town,	aat and Numl Stata)	per or Hurai	Houra	Number,
	poltal ours ours filled		29a. Cartifier	1 Cartifyin	a Physicia	n: To the	hast of my	knowledge	death	occurred	at the tin	na data an	d place	and due to	the ce	use(s) and m	anner es et	ated	
	To the Hospital or Attending Physician: within 24 hours after death.  To the Funeral Director: After this certific completely filled in by the funeral director.	edical	(Check only one)	2□ Madicat	Examinar:	On tha b	asts of examinar stated.	mination an	d/or Invi	astigatton	, in my o	pinion, daa	th occur	ed at tha t	ima, da	ta and plece,	and dua to	tha cau	sa(s)
	Withir To th	Me	29b. Signatura and	țitla of certifia	r					29	c. Licans	a numbar			29	d. Data signe	d (Month, L	Day, Ye	ar)
	F		1111	Whe	- 1	M				f	1418	581				8/23/9	16		
	(5)		30. Name and addr		who compli	etad ceus	sa of daath	(lta <i>m</i> 23a)	(Type, F	rint)						,,	V		
			Albas. R		M.D.	F	630	Fould	~SY	5	inte	900	5	lver	Spr	ingin	1 20	901	
	Sta		31. Data filad (Mon		200	21	legistrar's S	Signature	24						-	)		1	
	Registr	ar	AU	G 30 1	330	guy	M. SOURCE	-	-										

about the first section

VIALKE ...

The same of 1990, and appropriate the same of the same

				State of Mar		epartme <i>Certifica</i>			Mental Hy	/giene g Reg. No.	27196
PI	hysici	an	1. Decedant's Nama (First, Middla, Li	est)					2. Data of D Month	eath Day	Yaar 3. Tima of Death
	/Medic		Bessie	Whitt					08	29	96 11 AN
Fu	xamin ineral ector	er		Wheaton Sax 7. Aga (	m.D.	2090	ar 1 Yaar		s. 8. Data of B	irth ay, Year)	9. Birthplaca (State or Foreign COUNSEL, AL
Pu.	2		Usual Rasidance of Decedant  10a. Stata 10b. County	14	Oo City Tourn	os Losation					
laryla	28a-f show	2	D. C.	3	Oc. City, Town	or Location HINGTOI	.1				10d. Insida City Limits 1 XYas 2 □ No
the N	DOT!	Director	10e. Street and Number		WAS		ip Code			10g. Citizen of	
th with	23a or	al Di	3715 - 30TH PLA	CE, N. E.		101.2		018		u. s.	
5-0020 72 hours after death with the Maryland	al', or items 23a or 28a-f shov Examiner must be notified at	by Funeral	11. Marital Status  1 Nevar Married 2 Married  3 Widowed 4 Divorced	12. Was Decedant Evi Armed Forcas? 1  Yas 2 No If Yas, Giva Yaar or Datas:	ar in U,S.		edent of Hecify Cub	dispanic Origin? ( an, Maxican, Pua Specify:	Specify Yas or N rto Rican, atc.)	o- 14. Rad Bla Specif	ce - Amarican Indian, ck, Whita, atc.
- c i	natu	Completed	15. Decedant's E (Specify only highast gr Elamantary/Secondary (0-12)	ducation	16a.	IIIa. DO NOT	usa retire	nation during most of wo d)	orking		usinass/industry
	rt Br		12TH GRADE	M		BAK	ER		(F)		PUBLIC SCHOOLS
<b>⊑</b> 8 <b>≡</b> 7	marked other than matic event, the M	To Be	17. Fether's Nama (First, Middla, Last JAMES NI	ELSON, SR.				ANNIE		a, Maiden Sumai ODGES	na)
and Men		-	19a. Informant's Name/Ralationship		19b.	Meiling Addra	ss (Street	and Number or F	Rural Routa Numi	ber, City or Town	, State, Zip Code)
1 and 2 Health a	or trac		WILLIAM M. WHITT	/ HUSBAND	371	5 - 30	TH PL	., N. E.	WASH.,	D. C. 2	20018
Baltimore, emit. Pages 1 ar Department of Hea	Important: If item 27 any injury or other tr once.		20a. Mathod of Disposition 1   ☐ Burial 2 ☐ Cramation 3 ☐		20b. Place of cematary	Disposition (N r, crematory or	ama of othar pla	ce)	Data	20c. Location	- City or Town, Stata
Baltimo	lury		4 Donation 5 □Othar (Speci	(y)	LINCOL			CEMETERY	19/5/96	SUITLA	ND, MD
Balt Permit. Departr	any ir		21. Signature of Funeral Service Lice	0 1/2	elme	DTHOV	ITM C	PANGLER	FUNERAL F. WASH	HOME	20002
Seat li			23a. Part 1. Enter tha disaasa, or com shock, or haart failure. List only	plications that caused the ona cause on aach lina.	a daath. Do n	enter tha m	oda of dylr	ng, such as cardia	ac or raspiratory	arrest,	Approximeta Intarval Batween
	ician dical niner		immediate Ceuse (Final disaasa or condition resulting in daath)	a Adenoc		_					Days
		Jer		Du	a to (or as a c	onsequance o	r):		•	/	
O, exacuted	an and inal-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury	b	a to (or as a c	onsequance of	):				
. Box 68760, death certificate be executed	arrending prysician and for use as the burial-transit	Medical	that initiated events rasulting in death) Last	Du d	a to (or as a co	onsequence of	):				
Box sath cert	for us	clan									
P at the O.	be detached	y Physician/M	Part II. Other significant conditions of Pulmonary e		ot rasulting in	tha undarlying	causa giv	ven in Part I.		l tobacco una co ] Yan 2□ No	ntributa to the cause of death? 3 ☐ Probably 4 ☐ Unknow
require page 8	should	Completed by	/						24a. Wei	s an autopsy ormed?	24b. Ware autopsy findings available prior to completion of causa of daath?
Re la	page 2	EO							1 🗆	Yas 200 No	1 □ Yes 2 No
Vital	director, p	Be	25. Was casa rafarred to medical axaminar?					26. Placa of De	eath (Check only	ona)	
C 2 3	5 5	2	1 Yas 2 No  27. Manner of Death 1 Natural 5 Pending	Hospitai:  1 Inpatiant  28a. Data of Injury (Month, Day Y	2 ER/Out 28b. Ti		28c. Injur Wor	4 LLTNursing	T	how injury occur	
Vivision or Attended ther deat	ed in by the f	Certification:	2 Accident Investigatio 3 Suicide 6 Could not be determined	e One Diese of Injury	- At homa, fan Specify)			160 2 100		(Streat and Numi own, State)	ber or Rural Routa Number,
To the Hospital within 24 hours a	completely filled in	edical (	29a. Certifiar 1 ☐ Certifying Pt (Check only one) 1 ☐ Madical Example 1 ☐ Certifying Pt (Check only one)	nysician: To the best of n niner: On the basis of ax and manner stated	amination and	daath occurre /or invastigetic	d at tha tir	ma, date and plec plnion, daath occ	e, and dua to the urred at the tima	causa(s) and m , date and place,	anner as stated. and dua to the cause(s)
o the	omple	S E	29b. Signatura and titla of continue	and manner stated	a.	2	9c. Licens	a number		29d. Data signe	d (Month, Day, Year)
	-	,	1/0	M	7		7) 5	50/06		8/25	151
1/1	0)		30. Nama w Taddress of person who		h (Itam 23a) (1		2	SPRING	MI	20	910
	Stat	e	31. Data filed (Month, Dey, Year)	39 Registrar's	Şignature	014	L/\	-1 MM		20,	,,,
Re	egistra		AUG 2 0 199	96.40	dearlas	LA					

Million Million Marchael

State of Maryland / Department of Health and Ment	al Hygiene	96	27	19	7

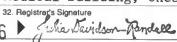
0.80	ı	Decedent's Name (First, Middle, Las	t)				. 01	Death		2. Date of De	Reg. No.		3. Time of Death	
Physiciar /Medica		Peter Williamson						Month Day Year			0300			
Examine									Location of Death ertown 4c. County of Death Kent					
Funeral Director		5. Social Security Number  247–42–9733  Usual Residence of Decedent	X 2 F 7.7	ge (In yrs. last birthday) If Under 1 Ye.  66 Yrs.  If Under 1 Ye.  Months Day			1 Year Days	if Under 2 Hours	Hours Min. 8. Date of Birth (Month, De) May 30,				place (State or Foreign htry) h Carolina	
23a or 28a-f show	1010	10a. State 10b. County  Maryland Kent			y,Town orLo							1	0d. Inside City Limits 1 ☐ Yes 2 🌠 No	
than 'natural, or itams 23s or 28s-f show the Medical Express rougher roughed at monies of hy Funeral Director		10e. Street and Number 22057 Johnson Ave.			10f. Zip Code						10g. Citizen of What Country?			
if, or itams	ò	11. Maritel Status  1 Never Married 2 Married  3 Widowed 4 Divorced	12. Wes Decader Armed Forces 1 X Yes 2 If Yes, Give	Wes Decadent Ever in U,S. Armed Forces? 1 IX Yes 2 □ No If Yes, Give Year or Dates:		21661  3. Was Decedent of Hispanic Origin? (Stiff Yes, specify Cuben, Mexican, Puerton 1  Yes 2  XNo Specify:			in? (Sp Puerto	ecity Yes or No Rican, etc.)		14. Raca - American India Bleck, White, etc. Specify: Black		
*natur levicel	mbieren	15. Decedent's Education (Specify only highest grede completed)  Elementery/Secondary (0-12)  College (1-4ors)			(Give life. l	16a. Decedent's Usual Occupetion (Give kind of work done during most of work life. DO NOT use retired)  Laborer			of work	rorking		Business/Industry		
reaun and wenter hygiena. tam 27 is marked other than other traumatic evant, train To Be Comm	0 26 0	12th 17. Father's Name (First, Middle, Last) Albert Williamso	n	•	Lab	orer		_	Mother's Name (First, Middle, Malden Sumen Sarah Unknown				me)	
Ith end Mentel 27 is marked of traumatic ev		19a. Informent's Name/Relationship (T										n, Stefe, Zip Code)		
V OF 1								20c. Location - City or Town, State						
Important: if any injury or once.	21. Signature of Funeral Service Licensee  22. Name and Address of Facility Bennie Smith Funeral Home P.O. Box 1687, Easton, Md. 21601													
ysician /ledical aminer		23a. Further the disease, or companion, or heart failure. List only of immediate Cause (Finel disease or condition resulting in death)		morie	,	eumo		1	ardiac	or respiratory a	arrest,		Approximate Interval Between Onset and Deeth	
ing physician and e es the buriel-transit Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last  Due to (or as e consequenca of):  Due to (or as e consequence of):  C													
ed by the ettending detached for use e		Part II. Other significant conditions con		but not resu	ulting In the un	dertying ca	use giv	en in Part I.			tobacco use co	ontribute to	the cause of death?	
s been sign should be pleted by		status post	anteri	orw	allm	7000	erd	ia		24a. Was	en autopsy ormed?	ava	ere autopsy findings ailable prior to mpletion of cause death?	
entific ector	2	25. Wes case referred to medical exeminer?	ion	,			Oth			1 [Check only	one)		Yes 2 No	
£ #		1  Yes 2 No	1 ☑ Inpatient 2 ☐ ER/Outpatlent 3 ☐ DOA ☐ Striet. 4 ☐ Nursing Ho  28a. Date of Injury (Month, Dey Year) ☐ 28b. Time of Injury at Work? ☐ 28c. Injury at Work?						Home 5 ☐ Residence 8 ☐ Other (Specify)  28d. Describe how Injury occurred					
rs after death.  al Director: After t ed in by the funer.  Certification:		2 Accident 3 Suicide 4 Homicide    Accident   Investigation   28e. Placa of Injury - At home, fa building, etc. (Specify)				M 1 Yes 2 No				28f. Location (Street end Number or Rurel Route Number, City or Town, State)				
in 24 hours after death.  The Funeral Director: A spletely filled in by the fr edical Certificati		29e. Certifier 1 Certifying Phys. (Check only one)	clan: To the best	of my knov	vledge, death	occurred at	the tim	ne, date end pinion, death	place,	and due to the	cause(s) and m	anner as st	ated. the cause(s)	

30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

29b. Signeture and title of certifier

M. Bienenfeld, MD, Medical Building, Chestertown, Md. 31. Dete filed (Month, Dey, Year)

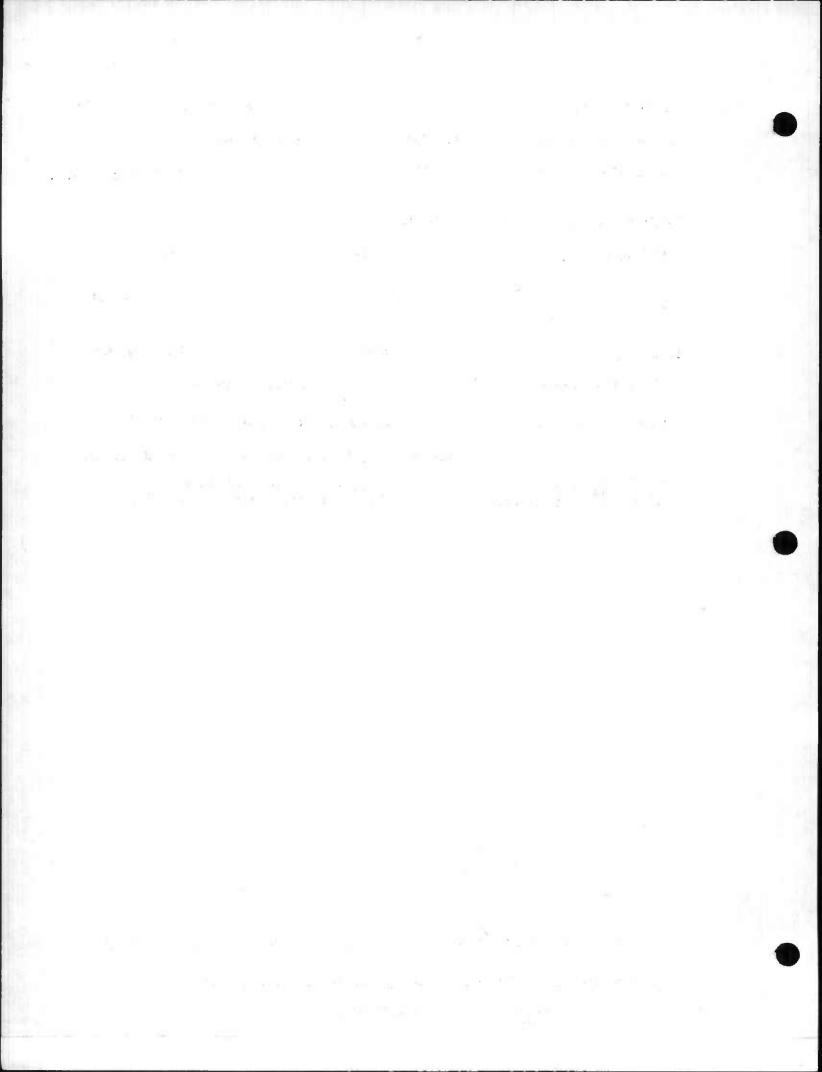
State Registrar



29c. License number

033514

29d. Dete signed (Month, Day, Year)



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Death Vear **Physician** Month Richard 1996 9:33PM August Donald /Medical 4a. Fscility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Anne Arundel Medical Center Annapolis Anne Arundel If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) If Under 1 Year 5. Social Security Number 7. Age (In yrs. last birthdey) Birthplace (State or Foreign Country) **Funeral** 1XXM 2□ F Days Yrs. Director 62 577-44-4911 Jan 16 1934 Washington, D.C Usual Residence of Decedent with the Maryland 10a State 10b. County 10c. City, Town or Location 10d. inside City Limits 7 is marked other than "natural", or items 23s or 28a-f show traumstic event, the Medical Examiner must be notified at 1 Yes 20XNo Director Edgewater Anne Arundel 10e. Street and Numbe 10f. Zip Code 10g. Citizen of What Country? 21037 4046 Honevsuckle Drive United States death Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 Ñ Xo If Yes, Give Yeer or Dates: 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Bieck, White, etc. permit. Pages 1 and 2 should be filed within 72 hours after to Department of Healith and Mental Hygiena. Important: If item 27 is marked other than "natural", or itel important: If item 27 is marked other than "natural", or itel any injury or other traumatic event, the Medical Examples any injury or other traumatic event, the Medical Examples. 1 ☐ Never Married 2☐ Merried Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: P Specify: 3 ☐ Widowed 4 ☐ Divorced White 18a. Decedent's Usual Occupation
(Give kind of work done during most of working
life. DO NOT use retired)
Heavy Equipment, Completed 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Eiementary/Secondery (0-12) Coilege (1-4or 5+) Construction 17. Fether's Name (First, Middle, Last) 18. Mother'e Name (First, Middle, Malden Surname) Evangeline Edelen John M. Ward 19a. Informant'a Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 4046 Honeysuckle Dr. Edgewater, Maryland 21037 Beatrice E. Ward-Wife 20a. Method of Disposition 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, State 1 ☐ Burlei 2 ☐ Cremation 3 ☐ Removal from State Hillcrest Memorial Cemetery 8/28/96 Annapolis, Maryland 22. Name and Address of Fecility John M. Taylor Funeral Home, Inc. 21. Signature of Funardi Service Licens MD 21401 147 Duke of Gloucester St. Annapolis, 1 npli∷ations that caused the death. Do not enter the mode of dying, auch as cardiac or respiratory arrest, y or √ cause on each line. 23a. Pert1. Enter the disease, or compli-shock, or heart feilure. List only or Approximate Intervsi Between Onset and Deeth Physician /Medical immediate Cause (Final disease or condition resulting in death) CARDIAC MAST Examiner Due to (or ss e consequence of): promory physician and s the burial-transit Sequentially list conditions, if sny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lsst Due to (or as a consequence of) Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or es e consequence of): Part II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 218 No 3 Probably 40 Collagen CRIENSION þ 24b. Were sutopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed cartificata has 2 No 1 ☐ Yes 2 ☐ No Hospital or Attending Physician:
124 hours after death.
 Funeral Director: After this cartificalistic filled in by the funeral director, 25. Was case referred to medical sxaminer? 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2 No P 27. Menner of Death 28a. Date of Injury (Month, Dey Year) Certification: 28c. Injury et Work? 28d. Describe how injury occurred 1 Naturel 2 Accident 5 Pending investigation 1 Yss 2 No 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Piace of Injury - At home, farm, atreet, factory, office building, etc. (Specify) 4 Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and piace, and due to the cause(s) and menner ss ststed.
2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) end manner stated. edicai 29a. Certifier (Check only one) To the I within 2 To the I complete 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) D41698 August 26, 1996 30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

Stephen C. Hamilton, M.D. 205 Ridgley Ave. Annapolis, MD 21401 (410-268-3232)

State Registrar 31. Dete filed (Month, Day, Year) 32. Registrar's Signeture This Davidson AUG 27 1996

wage indition it is

State of Maryland / Department of Health and Mental Hygiene

96 27199

					Cen	tificate c	of Death		Reg. No.		
	44.4	1. Decedent's Neme (First, Middle, Last	t)					2. Dete of De	eth		3. Time of Death
	sician	KARL WINSTON						Month 8	Dey 19	Yeer	10.20
	edical miner	4a. Fecility Neme (If not institution, give	street end number	r)			4b. City, Town, or	Location of Deeth		96 of Deeth	10:30 am
LAG	Hittiei	6432 HILMAR DR.					PODECTATI	TE MD			DDGE I G
Fune	rol	5. Sociel Security Number 6. Se	)x 7. A	ige (In yrs. le	est birthdey)	if Under 1 Ye	FORESTVII		h PKIN	9 Birtholes	
Direct			<b>X</b> M 2□ F	39	Yrs.	Months De	ys Hours Mir		y, Year) 28_56		ce (Stete or Foreign Y) LSONBURG,
dand dand		10e. Stete 10b. County		10c. City	, Town or Loc	ation				10d	I. Inside City Limits
and 21215-0020 be filed within 72 hours after death with the Maryland stal Hygiene. tal Hygiene. 'natural', or frems 23s or 28s-7 show event, the Medical Earline and the position of the control of the	Funeral Director	MD PRINCE (	GEORGE'S	FORE	STVILL	E					1 XYes 2 □ No
th th	l e	10e. Street end Number				10f. Zlp Cod	a		10g. Citizen of	What Country	n
th w 23a	le.	6432 HILMAR DR.				20747	7		USA		
geb and	in el	11. Maritei Stefus	12. Wes Deceden Armed Forces	t Ever in U,S	5. 13. W	as Decedent of	of Hispanic Origin? ( Juban, Mexican, Pue	Specify Yes or No-	14. Rac	ce - American	
20 afta	五		1 ☐ Yes 2 ☑ If Yes, Give			□Yes 2X		ito riioani, oto.,	Specif		,
DOOURS NOURS	d b		Yeer or Detes	:						ACK	
21215-0020 d within 72 hours af piena. r than "natural", or	Completed	15. Decedent's Edu (Specify only highest grad	ication le completed)		(Give k	ent's Usuel Oc ind of work do	ne during most of wo	orking	16b. Kind of B	usiness/Indu	stry
vithir than	E	Eiementery/Secondary (0-12)	College (1-4or	5+)		O NOT use rai					
d 2121 filed within Hygiena. frher than	ပိ	12 17. Father's Neme (First, Middle, Last)			ASS	LSTANCI	E MANAGER	ma /First Middle	ANDREW		ANGE
The Intelligence	8						16. Mother's 146	me (First, Middle,	Meideri Sumen	ne)	
re, Maryland  1 and 2 should be file Health and Mental Hy mary is marked other	P	LESTER L. WHITELOS			401 11 11			IA WINS		0111179119	
Mar id 2 sho ith and ith and it is m							eet and Number or F			State, Zip C	ode)
		LESLEY HARRIS / S	SISTER	20h Pia		I WIGIA	AN DR. CL	NTON, MD	20735 20c. Location -	City or Tour	State
0 80 = 8		1 ☐ Burial 2 X Cremation 3 ☐ F			metery, crem	etory or other	plece)	3.154		City or Town	i, Stete
Baltimore, semii. Pages t ar Department of Hea moortant: if Item;		4 □ Donatiem 5 □ Other (Specify)		M			REMATORY	8-26-96	ARLING	TON, VA	
Baltim permit. Pa Department important: any injury	SUCE	21. Signature of Funeral Service Licens	90				dress of Fecility  MASON FU				
- 4026	_	(hytow L	ayen	~	,	1661 GC	OOD HOPE R	D SE WA	SHINGTO	N_DC_2	20020
		Part . Enler ha diseese, or compl shock, or heart feilure. List only or	lications that cause ne cause on each	ed the deeth. ilne.	. Do not ente	the mode of	dying, such es cardle	c or respiretory as	rest,	11	iterval Between
Physicia		PROPERTY AND ADDRESS OF THE PARTY AND ADDRESS	ĺ							0	Inset and Death
/ /Medic	_	Immediate Cause (Finel disease or condition	CEREB	AL VAS	SCULAR	ACCIDE	ENT			- 1	HOUR
CAGIIIII		rasulting in deeth)			es a consequ						HOOK
	ine		HYPER	TENSI	VE CARI	DIOVASO	ULAR DISE	ASE		7	YEARS
x 68760, ertificata be axecuted ling physician and a as the burial-transit	Examiner	Sequentially list conditions, if eny, leeding to immediate	V	Due to (or	es e consequ	ence of):					
50, se ax		cause. Enter Underlying	DTARE	TES ME	ELLITUS	:				1	O YEARS
68760, ficata be av physician is the burial	edicai	thet initieted evants resulting in deeth) Lasf	. 22.		es e consequ						U_IIAKS
Box 68 eath certifica attanding pl	Me		d							1	
2 0 0 0	lan		u								
the de	Physician	Pert II. Other significant conditions con	ntributing to death	but not resul	Iting in the und	darlying cause	given in Pert I.	23b. Dld 1	obacco use co	ntribute to ti	he cause of death?
, P.O. Bc that the death ed by the atter detached for u	P.	OBESITY						10	Yes 2□ No	3 Probal	bly 4 Unknown
0 m 5 8	۵	ODENTI								T	
Records, P na law requires that a has been signed b aga 2 should be deta	Completed	CIGARETTES 1-2	PACKS PE	R DAY					an autopsy med?	aveile	autopsy findings able prior fo plation of cause
2 8 8 2 8 2 8	d'									of de	ath?
= F # a	Ö							101	es 2 No	101	res 20 No
Of Vital Physician: The Physician: The Physician The Physician The Physician The Physician Physi	B	25. Wes case referred to medicat examiner?						eth (Check only o	ne)		
Physic this c	2	1 105 2 100	łospitei: 1 ☐ inpati	ient 2 🗆 E	R/Outpatient	3LI DOA		Home 5 Resid	ience 6 Oth	er (Specify)	
On C	Certification:	27. Manner of Deeth 1 ☐ Neturel 5 ☐ Pending	28e. Date of Inj (Month, De	ury e <i>y Year)</i>	28b. Time of injury	28c. Ir	njury et Vork?	28d. Describe h	now injury occur	red	
VISION Attending Ir daath. ector: Aftar by the funa	cati	2 Accident investigation				M 1	Yes 2 No				
	E	3 Suicida 6 Coutd not be determined	28e. Pleca of in building, e	ijury - At hon tc. (Specify)	ne, farm, stree	et, fectory, offic	CA	28f. Location (5 City or Tox	Street end Numb vn, Stata)	per or Rural P	loute Number,
DIVISIO Hospital or Attendi 24 hours aftar daath Funeral Director: A			23								
Hosp 4 hor Fune	edical	(Check only 2 Madical Examin	ner: On the basis of	of examinetic	ledga, daath o	occurred et the	time, date end plac y opinion, deeth occ	a, and due to the ourred et the time.	cause(s) end me	enner as state	ed. le cause(s)
To the Hospital or within 24 hours afta To the Funeral Dir complately filled in	Med	one)	end menner s	teted.		1					
5 ½ 5 %		29b. Signature and fille of certifier	1	4-		Z9C. LICE	ense number		29d. Dete signe	u (MONTH, De	y, rear)
6	)	Tank Mit	where	M.D	)1	D19	993,MD		8/22/9	6	
(6)		30. Nama end address of person who co		,		•					
1		EARL M ARMSTRONG M	an Yu	60 WAL	DATITM CT	P ME #2	1/ LIACUT	NCTON DO	20017		

DHMH 16 Rav 6/95

State

Registrar

31. Dete filed (Month, Day, Year)

AUG 26 1996

32. Registrer's Signature

1000 a to the same and the second of the second o

The same of the sa

AMENDED # 40,9 att

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 27200

					(	Certific	ate of	Death		Re	eg. No.		- 1500
	Discorded		1. Decedent's Neme (First, Middle, La	ist)						2. Dete of Deet Month	h Dev	Yeer	3. Time of Death
	Physici /Medi		MARGIE		Well	S				World		996	7:50 pm
À	Examir		4e. Facility Neme (If not institution, girl	e street and number)				4b. City, To Annap		cation of Deeth S	4c County ANN Sus	of Deeth	
	Funeral Director		384-34-9250	Sex 7. Age 1 M 2 X F 5	(In yrs. lest birth	Mont	hs Deys		24 Hrs. Min.	8. Dete of Birth (Month, Dey, Dec1,			place (Stete or Foreign ntry)
	and *		Usuel Residence of Decedent  10a. Stete 10b. County		10c. City, Town	or Location							10d. Inside City Limits
	Ba-f sho	ctor		rundel	Annapo								1 ☐ Yes 2 🖾 No
	ter deeth with the Merylan items 23a or 28a-f show instraust be notified at	al Director	10e. Street end Number 2572 Riva Roa	.d 19B		10f.	Zip Code 214			10	Og. Citizen of \		ntry?
21215-0020	@ 6 E	by Funeral	11. Meritel Stetus  1 Never Merried 2 Married  3 Widowed 4 Divorcad	12. Wes Decedent E Armed Forces? 1  Yes 2 XN If Yes, Give Yeer or Detes:	20 -017		ecedent of specify Cu s 2 X No			ecify Yes or No- Rican, etc.)		ck, White,	can Indien, etc. hite
5-0	"neturel",	eted	15. Decedent's E (Specify only highest gr	ducation ede completed)	16e. E	Decedent's U	Isuel Occu	upetion e durina mos	t of worki	na	16b. Kind of Bu	usiness/in	dustry
121	within ene. than "	Completed	Elementery/Secondery (0-12)	College (1-4or 5-	+) T	iio. <i>DO NO</i> ravel	Tuse retir	e during mos ed) e.n.t.			Trave	1 Ag	encv
d 2	<b>● 大星</b> 年		1 2 17. Father's Neme (First, Middle, Last	)					ar's Name	(First, Middle, N			, croy
Maryland	0 2 0	To Be	Lealon Earl							cet M.			
ary	d 2 should be th and Mente 7 is marked of traumatic ev	F	19e. Interment's Neme/Reletionship		19b.	Melling Add	ess (Stree			I Route Number,			o Code)
	d d d d d d d d d d d d d d d d d d d		James Wells		25	72 R	iva	Road	Apt	19B Ar	nanol	ie	MD 21401
Baltimore,	permit. Pages 1 end Department of Healt Important: If Item 2 any Injury or other 20059.		20e. Method of Disposition 1 △ Buriel 2 □ Cremetion 3 □ 4 □ Donetion 5 □ Other (Special			cremetory	or other pl	eca)	A t	Dete 28 1996	Balti	City of Te	own, Stete
Balt	permit. Departr Importr any inj		21. Signature of Funeral Service Lice	///		Rar	rano	O & S	ty	F	al Hom	ıe	MD 21146
			23a. Pert1. Enter the disease, or com shock, or heert feilure. List only	plicetions that caused	the deeth. Do no	t enter the r	node of dy	ing, such es	cardiec o	or respiretory erre	est,	K,	Approximete Intervel Between
	Physician /Medical Examiner		Immediate Cause (Finel disease or condition resulting in death)		Multip Due to (or as e co							1	Onset and Deeth  Yelane
	D &	ner			oue to tot as e co	nisaquarica	01). 0						0
,00	tificate be executed ig physician and es the bunel-transit	i Examiner	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury	b	Due to (or es e co	nsequence	ot):						
x 68760,	A .= 0	Medical	that initieted events resulting in deeth) Last	d	Due to (or es e co	nsequence	ot):						
B		clan											
P.0.	y the	Physician/	Pert II. Other significant conditions of	contributing to death bu	t not resulting In t	he underlyir	ng ceuse g	iven in Pert I	l.	23b. Did to	_/		to the cause of death?
Records,	requires men sign hould be	Completed by								24e. Wes er	n eutopsy ned?	av	Pere autopsy tindings veileble prior to completion of cause death?
æ	The law ate hes b page 2 s	ошо								1 □ Ye	s 2 No		Yes 2 No
Viital		BeC	25. Wes case reterred to medical					26. Place	ot Death	(Check only one			
<u>&gt;</u>	Physician: r this certific rral director,	To	exeminer? 1 Yes 2 No	Hospitel: 1 Inpatier	t 2 ER/Outp	etient 3	DOA O	ther: 4 Nu	ursing Hor	ne 5 Reside	nce 6 □Oth	er (Speci	(y)
Division of	l or Attending Pt after death. Director: After th I in by the funeral		27. Manner of Death  1 Neturel 5 Pending 2 Accident Investigation		Year) 28b. Tir		28c. Inj W	uryet ork? ∐Yes 2 □		28d. Describe ho	w injury occur	red	
Divi	s after de	Certification:	3 Sulcide 6 Could not be determined	28e. Pleca of Injurbuilding, etc.	ry - At home, fam (Specify)	n, street, teo	tory, office		2	28t. Location (Sti City or Town	reet end Numb , Stete)	er or Aure	el Route Number,
	To the Hospital or Attending Phy within 24 hours effer death. To the Funeral Director: Affer thi completely filled in by the funeral	edicai	29a. Certifier 1	yelclan: To the best of niner: On the basis of end menner stet	exemination and/	deeth occurr or investigat	ed at the l	time, date en opinion, dee	d plece, e	end due to the ce ed et the time, de	ouse(a) and ma ete end piece,	inner es s end due t	itated. o the cause(s)
	To the Common	Σ	29b. Signeture end title of certifier				29c. Licer	nse number		25	d. Dete signe	1	
			mule	- Celle	mi)		7	) 414	79		8	/24/	96
			30. Name and address of person who Angula Ca	completed cause of de	eth (Item 23a) (T 246		Rev	a Ro	ad	Smite	202		
	Sta Registr	_	31. Dete tiled (Month, Dey, Year) AUG 2 7 19	96 32 Reserva	Smature -	Broke 22							

DHMH 16 Rsv 6/95

# 835-96 HEISSUED COHO FOB Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. 1 Applicated / Department of Health and Mental Hygiene 96

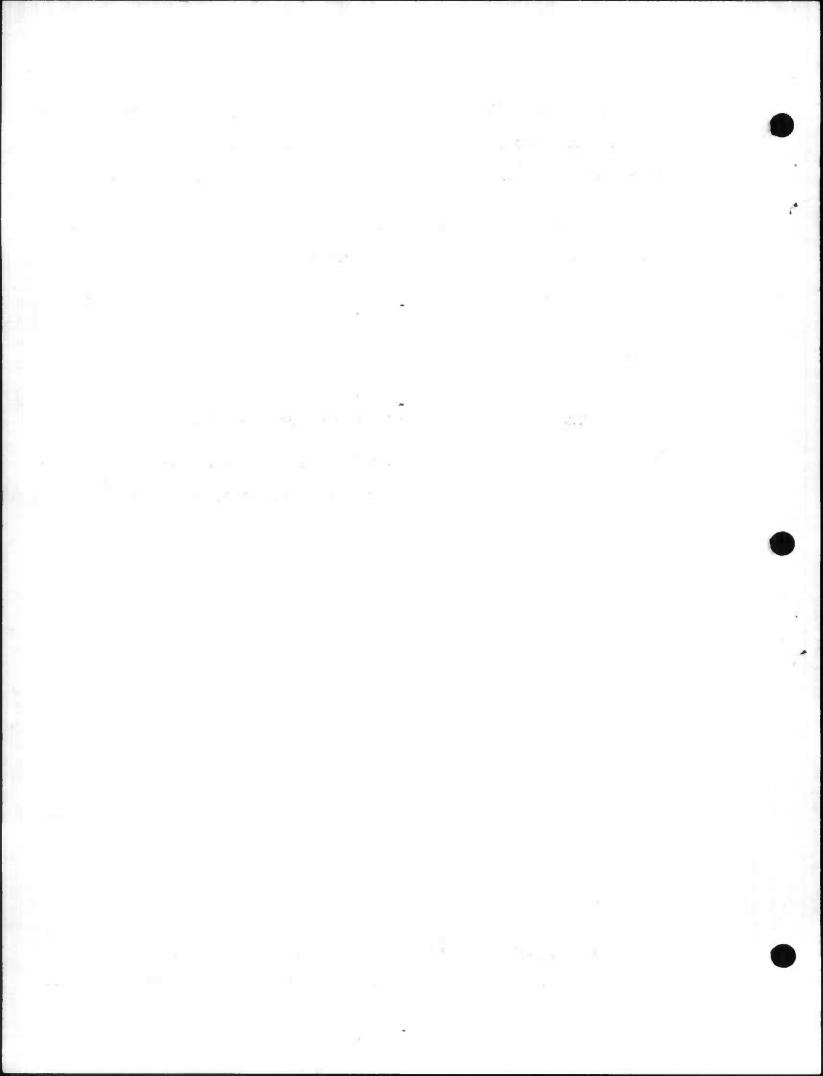
						Certif	icate of	Death	R	eg. No.	1.40	
-	Physic	ion	1. Decedent's Name (First, Middle, L	ast)					2. Dete of Deet Month	h Day	Year 3.1	Tims of Death
	/Medi Exami	cal	Lerroy Walker  4e. Facility Neme (If not institution, gr 3439 William	ive street and number)				4b. City, Town, or Waldorf	August		1.996 of Death	9:30p
	Funeral Director		577-02-0970	Sex 7. Ag 1⊠ M 2□ F	ge (In yrs. last b		Under 1 Yeer onths Deys	If Under 24 Hrs. Hours Min.	8. Date of Birth (Month, Dey, OCT • 22	Year) 1963	9. Birthplace ( Country) WASHING	State or Foreign
	and		Usuei Residence of Decedent  10e. Stete 10b. County		10c. City, Tov	wn or Location	on				10d. In	side City Limits
	Many H sh	tor	MARYLAND CHARLE	S	WALDO	RF						Yas 2□No
	or 284	Director	10e. Street end Number				0f. Zip Code		10	Og. Citizen of	What Country?	
	23a 23a		#3439 WILLIAMSB				20601		Ţ	UNITED	STATES	
020	Jawithin 72 hours after death with the Maryland ilene. Than "natural", or itema 23a or 28a-f show the Medical Examiner must be notified at	by Funeral	11. Meritel Status  1 □X Never Married 2 □ Married  3 □ Widowed 4 □ Divorced	12. Was Decedent Armed Forcas? 1  Yes 2 XI If Yes, Give Year or Detes;			Decedent of I s, specify Cub Yes 2 1 No	dispanic Origin? (S an, Mexican, Puert Specify:	pecify Yes or No- o Rican, etc.)	Bied	ce - American Ind ck, White, etc. y: BLACK	lien,
5-0	72 hc	eted	15. Decedent's E (Specify only highest gi		168	a. Decedent'	's Usual Occup	oation during most of wor	rkina	16b. Kind of B	usiness/Industry	
121	within ene.	Completed	Elementery/Secondery (0-12)	College (1-4or 5 5+YEARS	5+)		NOT use retire MACIST	during most of word)		PHARM	SA CINZ	
9	al Hygir other	C	17. Fether's Name (First, Middle, Las			FRAN	MACISI	18. Mother's Ner	ne (First, Middle, M			
/lan	should be nd Mental marked o	To Be	LEROY WALKER SR.					MARION	DELORES (	CURTIS	WALKER	
Maryland 21215-0020	ts and	•	19a. Informant's Name/Relationship LEROY WALKER SR.					and Number or Ru ISBURG DR				
Baltimore,	permit. Pages 1 and 2 Department of Health a Important: If item 27 is any injury or other tra once.		20a. Method of Disposition  1  Surial 2  Cremetion 3  4  Donetion 5  Other (Special Control of Cont			ery, cremato	ny or other ple	ce) EMETERY 8			City or Town, S	
Balti	Departm Departm Importa any Inju		21. Signature of Euneral Service Lice		Johns	22. Ne	me and Addre		HORNTON	FUNERAL	HOME,	
		П	23a. Part1. Enter the disease, or conshock, or heert failure. List only			0.0					Appr	oximate
	Physician /Medical Examiner	Jr.	Immediate Cause (Finel disease or condition resulting in death)	. Acou		I	MMC				Onse	val Betwean at and Deeth
	Jed Insit	min		b. 54	MDR	OWE	7					
oʻ	rificate be executed ng physician and es the burial-transit	edical Examiner	Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury		Due to (or as e	consequen	ce of):				1	
68760,	ate be hysici	Ilcai	Cause (Disease or Injury thet Initiated events resulting in deeth) Last	C	Due to (or es a	consequenc	ce of):					
	E 6 .	5		d							i	
Вох	that the death ce ed by the attendia detached for use	Physician/I										
P. O.	the d	hysi	Pert II. Other significant conditions	contributing to death but	ut not resulting	In the under	tying cause giv	en in Part I.		bacco uss co s 2□No	ntributs to the c	eause of death?
	gned i	by P								20110	- Triobably	4 - Onknown
Records,	law requires that the as been signed by the 2 should be detache	Completed							24a. Was ar perform	n autopsy ned?	24b. Were au available completi of deeth	prior to on of cause
	icien: The lav certificate has rector, page 2	Com							1□ Ye	s 2) (No	1 ☐ Yes	2 No
<u> </u>	Physician: r this certific rral director,	Be	25. Was case referred to medical examiner?	16-1-16-1			l au		ith (Check only on	э)		
o	Physic this c	10	1 Yes 2 No.	Hospitel: 1 Inpatie		utpatient 3		4 LI Nursing H	ome 5 Reside			
0	ding h.	tlon	1- Naturai 5 Pending 2 Accident investigation	(Month, Day		Time of injury	28c. Injur Wor VI 1 □	rk? Yes 2 □ No	28d. Describe ho	w injury occur	теа	
	To the Hospital or Attending Physician: The is within 24 before after death.  To the Funeral Director: After this certificate he completely filled in by the funeral director, page	Certification:	3 Suicide 6 Could not to determined	De Dinne of tall	ury - At home, fo c. (Specify)				28f. Location (Sti City or Town		per or Rural Rout	e Number,
	To the Hospital of within 24 hours a To the Funeral D completely filled in a completely filled in the Funeral D completely filled in the funeral D completel	edical	29a. Certifier (Check only one) Certifying Pt 2 Medical Example (Check only one)	hysician: To the best of miner: On the basis of and manner sta	examination er	e, deeth occ nd/or Investi	curred et the tir getion, in my o	ne, date end piece pinion, death occu	, and due to the ce rred at the time, de	use(s) and ma te end pieca,	anner as stated. and due to the c	ause(s)
	To the To the Comit	M	29b. Signature end title of certifier	~	M (		29c. Licens		29	d. Dete signe	d (Month, Dey, )	(ear)
			Koush	1(.	1601	~	25	8352	2	83	0/96	
			30. Neme end eddress of person who	completed cause of de	eath (Item 23a)	(Type, Print	Lap	lata	Ma.	206	41	
	Sta	ite	31. Date filed (Month, Dey, Year)		ar's Signature	0						

				State of Ma	ryland /	Department of Certificate or			ene 96	27202
	Physic /Medi		Decedent's Name (First, Middle, Last)     EDNA LOUISE	WEIR				2. Date of Death Month AUG		3. Time of Death
	Exami		4a. Facility Neme (If not Institution, give s	treet and number)			4b. City, Town, or Lo	ocation of Death	4c. County of D	Death
			HOLY CROSS H				SILVER S		MONTGOM	
	Funeral Director		5. Sociel Security Number 6. Sex 217-28-8266	M 2 F 8	(In yrs. last bi	rthday) If Under 1 Yea Months Dey:		8. Dete of Birth (Month, Day, 11/25/	Year) 9. 10 Wa	Birthplace (State or Foreign Country) shington, D.C.
	a-f show	ctor	10a. Stete 10b. County  Maryland Montgome	ry	10c. City, Tow	n or Location er Spring				10d. Inside City Limits 1 ☐ Yes 2 ☐ No
	or 28	Director	10e. Street and Number			10f. Zip Code		10	g. Citizen of What	Country?
	23a		707 Gist Av.			209			U.S.A.	
215-0020	n 72 hours after death with the Maryland "natural", or items 23s or 28s-f show pdics! Examiner mast be notified at	by Funeral	11. Marital Stetus  1 Never Married 2 Married  3 Widowed 4 Divorced	2. Wes Decedent E Armed Forces? 1 ☐ Yes 2 ☐ X If Yes, Give Yeer or Detes:		13. Wes Decedent of If Yes, specify Cu	Hispanic Origin? (Spiban, Mexicen, Puerto Specify:	ecify Yes or No- Rican, etc.)	Black, V	American Indien, Vhite, etc.
2-0	n 72 ho "natur edicel	ted	15. Decedent's Educ (Specify only highest grade	ation (completed)	16a	. Decedent's Usual Occi (Give kind of work don	upation	ing 1	6b. Kind of Buaine	ess/Industry
121		Completed	Elementary/Secondery (0-12)	College (1-4or 5-	+)	life. DO NOT use retir	red)	''y		
d 21	70 70 10 100		12 17. Father's Name (First, Middle, Last)			Secret	ary 18. Mother's Name	/First Middle M	Bankin	g
an	S a b >	o Be	Tr. 1 ation 3 Hairio (1 1131, 1910010, Lasty				10. Wolfler a Hairie	i irsi, wildolo, w	aloen Surrame)	
, Maryland	d 2 sho th and 7 is m traum	To	19a. Informant's Name/Relationship (Type HAZEL MARTINO	pe, Print)		o. Mailing Address (Stree 9007 Weir	et and Number or Run St. Manass			
Baltimore,	0 10		20a. Mathod of Disposition  1 Suppose	emovai from Stete	cem ete	of Disposition (Name of ary, cremetory or other picture)			MANASSAS	or Town, State
Balt	permit. Peg Department Important: il any Injury o		21. Signeture of Funeral Service License	Plasu	a/	22. Name and Add BLASIUS-B		9320 Wes	t ST. Ma	20110-5199 nassas, Va.
-	Physician		23a. Part1. Error the disease, or compile shock, or man failure. List only one	•				or raspiratory arre	st,	Approximats Interval Between Onset end Death
	/Medical Examiner		Immediate Cause (Final disease or condition resulting In death)	Ca	enova	consequence of):	coi dut	_		Days
		-	researing in country	1	Due to (or,as a	consequence of):				A
	d d ansit	Examiner	<b>b</b> .		pros	consequence of):	mone			Days
k 68760,	certificete be executed nding physician end use as the buriel-transit	icai	Sequentially list conditiona, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last		Pleaux Due to (or as e	consequence of):	Retter hs			yns
Вох	eeth cer ettendin for use	lan								
P.O.	requires that the deeth certifice ween signed by the ettending phy hould be detached for use as th	y Physician/Med	Pert II. Other significant conditions cont	ributing to death bu	t not resulting i	n the underlying cause of	givan in Part I.	23b. Did tol	1	outs to the causs of death?  Probably 4 Unknown
Vital Records,	_ 11 0	Completed by						24a. Was an		4b. Wera autopsy findings available prior to completion of cause of death?
ŭ	0 - 0	Eo						1□ Ye	s 200No	1 Yea 2 No
/ta	ysician: The is certificate director, pag	Be C	25. Was case referred to medical examiner?				26. Place of Deat	h (Check only one		
o	Physician: this certific ral director,	2	1 ☐ Yes 2 No	ospitel: patier		utpatient 3L DOA		me 5 Reside	nce 6 Other (S	Specify)
Division o	the wheel	Certification:	27. Manner of Death  1  Natural 5  Panding 2  Accident investigation 3  Suicide 6  Could not be	28a. Date of Injun (Month, Day	Year) 28b.		ork?	28d. Describe ho		
Divi			4 Homicide determined	building, etc.	(Specify)	arm, street, factory, office		City or Town	, State)	r Rural Route Number,
	To the Hospital or within 24 hours after To the Funeral Dir completely filled in	Medicai	29a. Certifier (Check only one)  2 ☐ Medical Examination of certifier	clan: To the best of er: On the basis of and manner stet	axamination ar	e, death occurred at the ad/or Investigation, in my 29c. Lice	tima, date end place, opinion, death occurr	ed at tha tima, da	use(s) and manne ita and place, and dd. Dete signed (M	due to the cause(s)
	7. ¥ ₹ 8		16.1.88	Sent	MD					
			30. Name and address of person who cor	npleted cause of de	ath (Itam 23a)	(Type, Print)	21107		0/20/	
			HERSTRY BARA  31 Date filed (Month Day Year)	F, Web		(Type, Print)	Blud W.	Wheat	on Und	20902

State Registrar (Month, Day, Year)
SEP 1 1 1996

32 Registrar's Signature

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

ANG 26, 1996

27203

					Certifica	ile or	Dealli		Reg. No.	-	. 4 0 0
	Physic	an	1. Decedant's Nama (First, Middle, L.					2. Date of De Month	eeth Day	Year 3.	Time of Death
	/Medi		ROBERT DAN		UNG			AUGUST	24, 199		4:27 P
	Exami	ner	4e. Facility Nama (If not institution, gi			1	4b. City, Town, or L	ocation of Deat			
			5. Social Sacurity Number 6.		last historical If Linds	ar 1 Year	CLINTON if Under 24 Hrs.	Doto of Bi		CE GEOR	
	Funeral Director		213-42-6140 Usuai Residence of Decedant	Sex 7. Age (In yrs. 71	Yrs. Months		Hours Min.	8. Data of Bi (Month, Di MARCH	30,1925	PARIS	(State or Foraig
	enyland show		10a. Stata 10b. County	10c. Cit	y, Town or Location					10d. in	side City Limits
	deeth with the Meryland ms 23a or 28a-f show	tor	MARYLAND PRINCE	GEORGE	AQUASCO					1	Yas 2 No
	or 28a-f	Directo	10e. Street and Number			ip Coda			10g. Citizen of V	What Country?	
	23a or		19603 AQUASCO RD.			20608	8		UNIT	ED STAT	ES
020	or he	by Funeral	11. Maritel Stetus  1 ☑ Never Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	12. Was Decedent Ever in U Armed Forcas? 1 ☐ Yes 2 1 No If Yas, Giva Yeer or Detes:	S. 13. Was Deci if Yas, sp		lispenic Origin? (Sp an, Mexican, Puarto Specify:	pecify Yes or No Rican, atc.)	14. Rac Blac Specify	a - American ind k, Whita, atc.	dian,
5-0	72 hours natural',	eted	15. Decedant's E (Specify only highast gr	ducation ade complated)	16a. Decedant's Us (Giva kind of w	ual Occup	ation during most of work	(ina	16b. Kind of Bu	usinass/Industry	
21215-0020	d within plene. r than	Completed	Elementery/Secondary (0-12)	Collega (1-4or 5+) 5+	TEACH	usa retired	d)		EDUC	ATION	
Maryland	0 = 0 5	Be (	17. Fathar's Name (First, Middla, Las				18. Mothar's Nam			10)	
Z a	should be nd Mentel marked o	2	THOMAS HUGH YOUNG					VAUDRO			
Mai	2 = 2		19a. informent's Neme/Ralationship		19b. Mailing Addres						
	s 1 and 2 should f Health and Mer fem 27 is marks other treumatic		DENYSE V. YOUNG / 20a. Mathod of Disposition		PINEVIEW Place of Disposition (No		ING HUME,	Data		City or Town, S	735
Baltimore,	00-		1 Burial 2 Cramation 3	Ramoval from Stata	emetery, cremetory or	othar plac	1				
	permit. Peg Department Important: it any injury o		4 Donetion 5 Other (Special Service Lie	291			PAL CEM.	AUG.28	AQUASC	O, MARY	LAND
Ba	pemit. Departr Importa any inju		· Journ	MATTHEWS M-0065	7 THE H	IUNTT	FUNERAL 156 WALDO	HOME,	INC. RYLAND 2	0604	
			23a. Part1. Enter the diseasa, or conshock, or haart failura. List only	nplicetions that caused tha daet ona causa on each lina.						App	roximete val Between
	Physician		Immediate Course /First		No a I					Ons	et and Death
7	/Medical Examiner		Immediate Ceusa (Final diseasa or condition resulting in death)	a Myoos	0101 ]	250	grat			15	dory
		F.		Dua to (o	r as a consequence of	f):				1	1
	uted d ansit	듵		b. Coronor	yoppth	4				- 3	23
Ć	exect in and iel-tra	Examiner	Sequentially list conditions, if any, laading to immediate cause. Enter Underlying	Due to (o	r ás a consequance of	):				L	/
68760,	ysicia	cal	that initiated events	c. Due to (o	r as e consequance of	١٠				_	75
68	certificate be executed nding physician and use as the buriel-transit	n/Medical	resulting in death) Last	0419/1		,				,	D.
SOX				d. TTOCY							75
9. B	death he atte	sici	Part ff. Other significant conditions	contributing to death but not ras	ulting in the underlying	causa giv	en in Pert I.	23b. Did	tobacco use co	ntributs to the	cause of death
P.0	res that the death signed by the atter be detached for	y Phy	Depression					10	Yes 3 No	3 Probably	4 ☐ Unknow
Records,	aw requires is been sign 2 should be	Completed by Physicia						24a. Wes	en autopsy ormed?	available	utopsy findings a prior to ion of cause ?
E	The yate h	Co						10	Yas 2 No	1 ☐ Yas	2 □ No
of Vital	Physician: The levels this certificate hes ral director, page 2	Be	25. Was casa referred to medical axaminer?	11		Law	26. Placa of Dee	th (Check only	ona)		
of	5 00	2	1 Yas 20 No		ER/Outpatient 3 C		4 Li Nursing no		danca 6 □Oth		
n	fing F	lon	27. Manner of Death 1 Selectural 5 ☐ Panding	28a. Deta of Injury (Month, Day Year)	28b. Time of Injury	28c. injur Wor		28d. Dascribe	how injury occur	red	
Sic	Attending or deeth. ector: Afte by the fune	Ical	2 Accident investigation 3 Suicide 6 Could not be	De Ope Place of Injury At he			Yes 2 No	28f Location	Street and Numb	er or Pural Pou	ta Alimbar
Division	after Direct din by	Certification:	4 Homicide determined	building, atc. (Specify	//)	ny, onice			wn, State)	er or noral riou	a runou,
_	To the Heapital or Attending Ph within 24 hours after deeth. To the Funeral Director: After th completely filled in by the funeral	edical C	29a. Certifier (Check only one) (Check only one) (Check only one)	nyaician: To the best of my knominer: On the basis of examinal and manner stated.	wledga, daath occurred tion and/or invastigatio	d at tha tin in, in my o	ne, dete and plece, pinion, daath occur	end dua to the red at tha tima,	cause(s) and ma data and place,	nnar as ateted. end due to the o	cause(s)
	within 3	Me	29b. Signeture end fitle of certifier	array (Tight States)	25	9c. Licens	e number		29d. Dete signe	d (Month, Day,	Year)

State Registrar

31. Date filed (Month, Day, Year)

AUG 3 0 1996

THOMAS L. FIELDSON, MD

Freldon DO

30. Nama and addrass of person who complated causa of death (itam 23e) (Type, Print)

Julia Davidson Randall

101923

BRANDYWINE WALDORF CLINIC, BRANDYWINE MD 20613-5907

the first of the second 

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Film G739 item 4a per FH 9-12-96 rja Certificate of Death 3. Time of Death

	1. Decedent's Nama (Firs	t, Middla, Last)
Physician /Medical	ELSIE	EST
Examiner	4a. Facility Nama (If not in	stitution, giva s
	2 NOOTH	FOCA

П	Dharais	,	1. Decedent's Nama (First, Midd	a, Last)				2. Dete of Deat Month		Vee	3. Time of	Death
	Physic /Medi		ELSIE	ESTELLE	ALLE	N		SEPT.	9 1	996	10:3	30 P.1
	Exami		4a. Facility Nama (If not institutio	MOMON+	er)		4b. City, Town, or	Location of Deeth	4c. County			
			2 NORTH F	REMONT	ROAD		BALT	MORE		N/A		
	Funeral		5. Social Security Number	6. Sex 7.	Aga (In yrs. last	Months	1 Year If Undar 24 Hrs Deys Hours Min	(Month Day	Year)	9. Birthp	lace (State or	r Foraign
	Director		212-44-3365	1□M 2 <b>X</b> F	68	Yrs.	50,0	MAY 3,	1928	UIR	GINI	A
	pur *		Usual Rasidance of Decadent 10a. Stata 10b. County		100 City To	own or Location						14.
	sho	5	,	NIA	Too. Oily, To		2		. 1	1	0d. Insida Cit 1⊠ Yas	
	he N	Director	MARYLAND  10e. Streat and Number	NIA			BALTIMOR					2 1110
	with or	급				10f. Zip			Og. Citizan of		try?	
	ours efter death with the Manylan rair, or items 23a or 28a-f show Examiner must be notified a	Funeral	2 NORTH TA	12. Was Daceda		10 Mac Dage	2122			SA.		
_	itarr Itarr	5	11. Maritei Stetus 1 □ Navar Married 2 🏿 Mar	Armed Force	is?	If Yas, spec	lant of Hispanic Origin? (S ify Cuban, Maxican, Puer	to Rican, atc.)		ce - Americ ck, Whita,		
20	irs el	by	3 □ Widowed 4 □ Divorced	H Vac Giva	-	1□ Yas 2	No Specify:		Specif	BLI	TCK	
ŏ	filed within 72 hours efter death with the Maryland Hyglene. ther then "naturel", or itema 23a or 28a-f show ont, the Medical Examiner insist be notified.	8	15. Dacedar	t's Educetion		Sa. Decedant's Usue	ol Occupation		16b. Kind of B			
21215-0020	nin 7	Completed	(Spacify only higha	st grada complated)		(Giva kind of wor lifa. DO NOT us	k dona during most of wo a retired)	orking			,	
21:	be filed within tal Hyglene. d other then event, the M	E	Elemantary/Sacondery (0-12) 8+H GRADE	Coilaga (1-4d	or 5+)	CAS	HIER		GROC	ERV	STOF	E
g	0 = 0 5	Bec	17. Fathar's Nama (First, Middla,	Last)				me (First, Middle, M				
la la		To	WILLIE		RAND	DALL	MILLI	/ An	IN	Coo	PER	
Maryland	2 should and Men is marke aumatic		19a. Informani's Name/Ralations	hip (Typa, Print)	1	9b. Mailing Addrass	(Street and Number or R		City or Town,	Stata, Zip	Coda)	
	27 in		ROSA	ALLEN	é	2 NORTH	TREMONT	ROAD, BA	LTIHOL	2 E. H.	0.21:	129
ore	of Hee		20a. Mathod of Disposition	-5-	20b. Place cema	of Disposition (Nam	na of ther place)	Data	20c. Location	City or To	wn, Stata	(m)
Ĕ	Pages nent of I int: If ite iry or o		1. Buriai 2 ☐ Cramation 4 ☐ Donation 5 ☐ Othar (S				RK CEMETERY	9-13-96	BAIT	I HAD	E HAD	1/ 44
paltimore,	permit. Pages Department of Important: If it any injury or o		21. Signature of Funeral Sarvice	Licansee		22. Nama an	Address of Facility H. BROWN J	D FINED.	LUCAT		-11111	1-11-6
	SSEES		XXXX	12/10/6	7	JUSEPH	H. BRUWN J	K. FUNEKA	L HUME	,P.A.	04047	,
	AND DESCRIPTION OF THE PERSON	17	23a. Part1. Enter tha isa in or shock, or leart feilura. List	complications that cous	sad tha daath. D	o not antar tha mode	a of dylng, such es cardia	c or raspiratory arre	I IMUKE	, MD.	Approximata	a .
10	Physician	(	shock, or heart fellura. List	only ona causa on aacr	ina.						Intarval Batw Onsat and D	
	/Medical	`	disaasa or condition	m.	Itano	Mye	ma				1 110	1
	Examiner		rasulting in death)	a. 1100		a consaguance of	c price			- 1	Tyc	S
6"		ner			Dua to got us	a consaquanou					V	
	ath certificate be executed attending physician end for use as the burlet-transit	Examiner	Sequentially list conditions.	6	Due to (or as	a consaquance of):			7			
o,	an e	EX	Sequantially list conditions, if any, laading to Immadiata causa. Entar Undarlying Causa (Disaasa or injury							i		
Box 68/60	ate b hysic the b	Ilca	that initiated avants rasulting in death) Last	C	Dua to (or as	a consaquance of):						
9	attending ph for use es t	clan/Medical		L.								
o n	ath ca ttend or us	lan/		d								
	the a		Part II. Other significant condition	ne contributing to death	but not rasulting	In the underlying ce	eusa givan in Part I.	23b. Did to	bacco usa co	ntribute to	the cause o	f death?
٦.	The law requires that the de ste hes been signed by the a page 2 should be detached i	Physi						1 🗆 Ye	8 2 No	3 Prot	ably 4 L	Unknown
35,	signe I be d	by								T		
Hecords,	v require been si should b	Completed						24a. Was ar perform	n autopsy ned?	evs	ara autopsy fir ailabla prior to	)
ပ္	law les b	nple								of e	npletion of ca death?	lusa
_		Co						1 □ Ya	s 217 No	1[	Yas 201	No
Vital	delan: The	Be	25. Was casa rafarred to medice exeminar?					ath (Check only one	a)			
0	hysle his c	2	1 Yas 2 No	Hospitai: 1 🗆 Inpa		Outpatient 3 DO		dome 5 Rasida			)	
ב	fter t	ino ino	27. Manner of Death 1 ☑ Naturai 5 ☐ Pandin	28a. Data of Ir (Month, I	njury Da <i>y Year)</i> 28b	Tima of 28	Bc. Injury at Work?	28d. Dascribe ho	w injury occur	red		
20	eath. or: A	catl	2 ☐ Accidant Investig		.3	М	1 ☐ Yas 2 ☐ No					
DIVISION	rerd linect	Certification:	3 ☐ Suicida 6 ☐ Could datarm	ined 288. Place of	Injury - At homa, atc. (Specify)	farm, streat, factory,	, office	28f. Location (Str City or Town	reet and Numb , Stata)	er or Rura	Routa Numb	) <i>01</i> ,
	ital or in a le di i											
	To the Hospital or Attanding Physician: within 24 hours after death.  To the Funeral Director: After this certifical completely filled in by the funeral director,	edical	Check only 2 Madical	Examinar: On the basis	of axamination a	ga, daath occurred a and/or invastigation,	it tha tima, data and place In my opinion, daath occi	e, and dua to tha ca urred at tha tima, da	usa(s) and me	annar as st	ated. tha causa(s)	
	the plant	Med	one) 29b. Signature and title of certifie	and menner	statad.	E						
	5 3 5 8	-	290. Signatura	- le uni		290.	Licanse number		d. Deta signe •	a (ivionin, i	iOO c	
			prizyun	my mil			DISSIT	2	EPT	//	1776	
-	5		30. Name and address of person	who complated ceusa of	f death (Itam 23a	(Type, Print)	ho L	0/1/ 1	30 h	1 12	79	
_	/		1700 GO	may	400	calon	The E	WIB. 11	11	216	_/	
	Sta Registi		31. Data filed (Month, Day, Year)		Strar's Signatura	Rondo B2						
	negisti	al	SEP 12	1996	www (WOOLand							

AND THE STATE OF T 

bute to the cause of death?

that initiated avants rasuiting in deeth) Last	Dua to (	(or as a consequence	of):		
Part il. Other significant conditions	contributing to death but not ra	suiting in the underlying	ng ceusa givan in Part I.	23b. Did tobacco use co	ontribute to the cause of death?
				24a. Was an autopsy performed?	24b. Were autopsy findings available prior to completion of cause of death?  1 🖫 Yas 2 🗆 No
25. Wes casa rafarred to medical			28. Plece of De	eath (Check only one)	
examinar? 1⊠Nas 2□ No	Hospital: 1 ☐ Inpatiant 2 D	XER/Outpatient 3□	Other:	Home 5 ☐ Rasidanca 6 ☐Oth	nar (Specify)
27. Mannar of Death  1 Natural  2 Accidant invastigation	1 0010 3/0/30	28b. Tima of FOUNDY 11:00 P	28c. Injury at Work? 1 ☐ Yas 2 ☐ No	28d. Dascribe how Injury occur UNKNOWN	rred
3 ☐ Suicida 6XXCould not b 4 ☐ Homicida datarmined		ify)	story, office	28f. Location (Straat and Numb City or Town, Stata) 360	ber or Rural Route Number, 6 WINDSOR MILL ROAD

The law requires that the death certificate be executed ate has been signe page 2 should be or Attending Physician: s after death.

i Director: After this od in by the funeral d this To the Hospital of within 24 hours at To the Funeral D completely filled in Hospitai

Completed by

Be

Certification: To

Medical

Records,

of Vital

Division

building, atc. (Specify)
FOUND AT FRIEND'S HOUSE BALTIMORE, MD. 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, dete and place, and due to the ceuse(s) and manner stated.

29b. Signature and title of certified

29a. Cartifian

SEPTEMBER 07, 1996

porte

29c. Licansa number 29d. Data signed (Month, Day, Year)

30. Nama and address of person who complated cause of deeth (Itam 23a) (Type, Print)

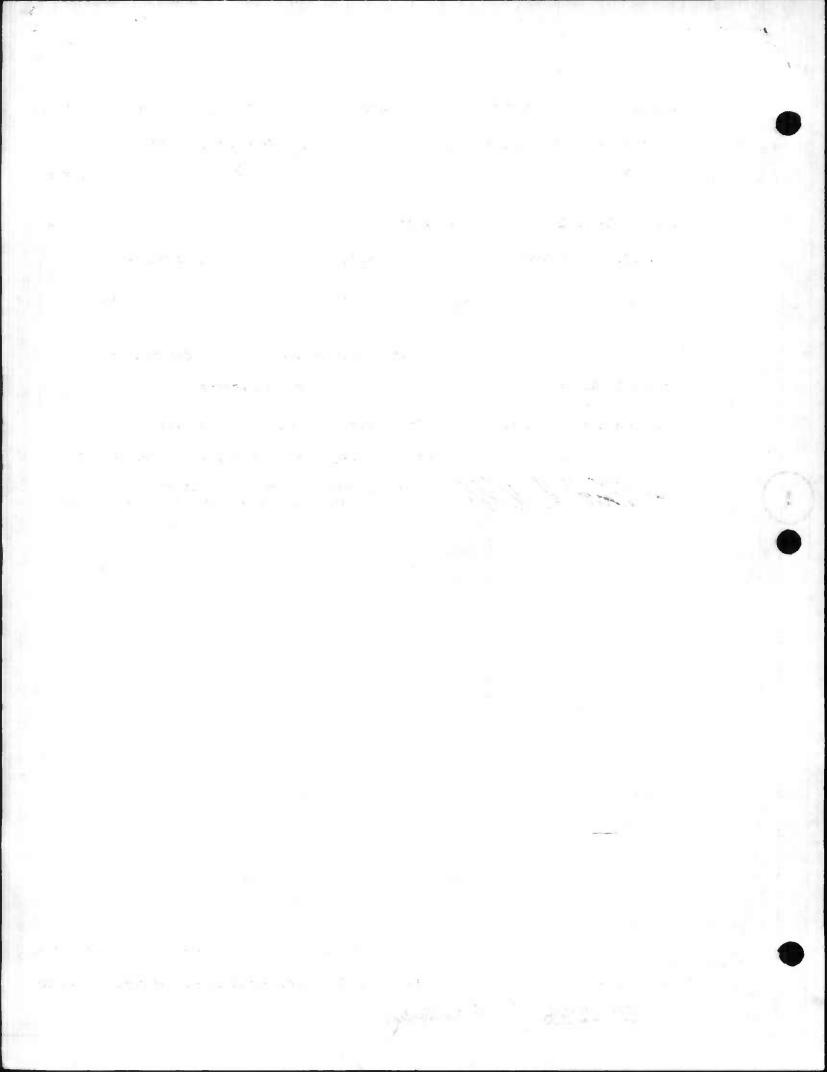
MARGOUTO 1. KORELL dip 111 Penn Street, Baltimore, Maryland 21201 31. Data filad (Month, Day, Yaar)

O.C.M.E.

State Registrar

SEP 121996





State of Maryland / Department of Health and Mental Hygiene

27206

					Cert	iticate of	Death		Reg. No.		
Dhuai	ion	1. Decedent's Name (First, Middle, Las	t)					2. Dete of E		Year	3. Time of Deeth
Physic /Med		HANNAH ANN G		ASH				SEPT.	3,199	6	4:30pm
Exam		4e. Fecliity Neme (If not institution, give					4b. City, Town, o	r Location of Dea	ath 4c. Coun	ty of Deeth	
		10707 BRUNSWI					KENSIN			GOME	
Funera		5. Sociel Security Number 6. Se	9x 7. A □M 2(X)F	ge (In yrs. lest bii	thday)_ Yrs.	Months Deys		n. (Month, I	lirth Dey, Year)	9. Birth	plece (Stete or Foreign ntry)
Directo		Usuel Residence of Decedent		74	118.			OCT.	26,192	I NE	W YORK
and		10a. Stete 10b. County		10c. City, Tow	n or Loca	ation					10d. Inside City Limits
Many	ō	FLORIDA ALACHUA		GAINES	SVII	LE					1 ☐ Yas 2 XNo
288 100	Director	10e. Street end Number				10f. Zlp Code			10g. Citizen of	What Cou	ntry?
with with		8620-221 N.W. 1	3th STR	FFT		32653			U.S.A		,
172 hours effer deeth with the Maryland "neture!", or items 23e or 28e-f show solical Examiner must be muttled at	Funeral	11. Marital Status	12. Was Decedent	Ever in U.S.	13. W		Hispanic Origin? (	Specify Yas or N		ce - Amari	cen Indien,
the rate of the ra	F	1 ☐ Nevar Married 2 ☐ Married	Armed Forces' 1 ☐ Yas 2次					erto Ricen, etc.)		ack, Whita,	
d within 72 hours of glene. or then "neture!", or , the Medical Exam	by	3	if Yes, Give Yaar or Detas:		11	□ Yes <b>ৄ∑</b> ∰o	Specify:		Speci	ty: WHI	TE
"natur	Completed	15. Decedent's Edu	ucetion	16e	Decede	nt's Usuel Occu	petion	and in a	16b. Kind of I		
C * 8	pie	(Specify only highest gred Eiementery/Secondery (0-12)	Coilege (1-4or	5+)	life. Do	O NOT use retire	during most of w	AM			WNER AND
filed within Hygiene.	000	12			EVEL	OPMENT	SPECIA	ALIST	PILOIS	ASS	OCIATION
be filed tal Hyg d other svent,	e	17. Fether's Neme (First, Middle, Last)							le, Meiden Sume	me)	
should be nd Mental marked o	2	ELIAS GARTEL					SARAH	ROCE	KER		
and and		19e. Informent's Neme/Retetionship (7)	ype, Print)				et end Number or I				
C - N L		ALLEN ASH / SON					55th ST				
8 2 2		20e. Method of Disposition  1 Buriel 2 Cremetion 3 1	Removel from State	EORES	or cream	ition (Neme of story or other plans	MEMOR:	Dete	20c. Location	- City or To	own, Stete
mit. Pages 1 er partment of Hee portant: if Nem 2 r Injury or others.		4 ☐ Donetion 5 ☐ Other (Specify,	-	PARK	CEN	TRAL	, HILHOR.	975/96	GAINE	SVIL	LE,FL.
pemit. Page Department of important: If any injury or		21. Signature of Funeral Service Licens	1 1		22. T.V	Name and Addr	ess of Facility ARSON FI	INERAT.	HOMES		
10540		Taul X	ul				IURCH, V				
		23a. Pert1. Enter the disease, or comp shock, or heart feilure. List only o	ne ceuse on each	d the death. Do line.	not enter	the mode of dy	ing, such as cerdi	ac or respiratory	errest,		Approximeta interval Between
Physician	_	,			, 4	1				1	Onset and Deeth
/Medica Examine	_	Immediate Cause (Finel disease or condition resulting in death)	. Met	astat	دخ	Car	CIMOIN	- lu	muor		
	1.0	resulting in deeply		Due to (or es e						Î	
bed nsit	Examiner		b							1	
ificate be execu g physiclan end es the bunel-tra	Xar	Sequentially list conditions, if any, teading to immediate ceuse. Enter Underlying Cause (Disease or injury		Due to (or es e	consequ	ence of):				į	
icate be executed physician end s the bunel-transit		Ceuse (Disease or injury thet initieted events	C	Due to /es es e		amon off:					
certificate be executed iding physician end ise es the bunel-transit	/Medical	resulting in deeth) Lest		Due to (or as a	conseque	erica oi).				\$ }	
	2		d								
the st o	Physician	Part il. Other significant conditions co	ntributing to deeth I	hut not resulting i	n the unc	tertving ceuse g	iven in Pert i	23b. DI	d tobacco usa c	ontribute 1	o the causa of death
thet the dended by the a	hys					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Yes 2 LN6	-	bably 4 Unknow
as the gned be de	by P	-						-			
Physician: The lew requires tithis certificate has been signeral director, page 2 should be									s an autopsy formed?		Pere eutopsy findings vellebia prior to
lew re les bec	piet							-	101111601	00	ompletion of cause death?
The lew ate hes page 2	Completed							10	Yes 2 No	- 11	□Yes 2□No
Iclan: The	BeC	25. Wes case referred to medicei					26. Piece of D	eeth (Check only	/ one)		
Physician: this certific ral director,	To B	exeminer?	Hospitel: 1 ☐ inpati	lent 2□ER/Ou	utpetient	3 DOA	thor		sidence 8 □O	ther (Speci	fy)
		27. Menner of Deeth	28e. Dete of Inju	ury 28b.	Time of	28c. Inju			e how injury occu		,,
or Attending I efter death. Director: After d in by the fune	atio	1 Defeturet 5 Pending 2 Accident investigation	(MOTHE), De	sy rear)	njury		Yes 2□No				
or Atten- efter deat Director:	Certification:	3 Suicide 6 Could not be determined	28e. Plece of In	jury - At home, fe tc. (Specify)	rm, stree	et, fectory, office	)		(Street and Nun own, State)	ber or Rur	al Route Number,
Is ofter at Direct of in by	Cer		Danising, 0	to: (opeony)					,		
To the Hospital or Att within 24 hours efter of To the Funeral Direct completely filled in by	edicai	29a. Certifier / Check only 2 Madical Exam	sician: To the best	of my knowledge	deeth o	occurred et the t	ime, dete end ple	ce, end due to th	e cause(s) and n	anner es s	stated.
the H hin 24 the F	P	one)	and menner s	tated.	000 11110	ougotion, in my	opinion, doon too	outros st the time			
To the within 2 To the comple	Σ	29b. Signeture end title of certifier	41 1			29c. Licen	ise number		29d. Deta sign	ed (Month,	Dey, Year)
		fuchely.	X Den	1	MA	12	2775		9.4.	96	
70		30. Neme and eddress of person who co	ompteted ceuse of	deeth (Item 23e)	(Type, P	rint)					
					CON	SIN AV	E.#134	5 CHEVY	CHASE	, MD	20815-69
	ate	31. Dete filed (Month, Dey, Year) SEP 121996	L. SPREGIST	rer's Signetura							
Regis	trar	3FL T 8 1330 0	1		5						

DHMH 16 Rev 6/95

ч
-
1
ż
3
15
10
- 2
6
4
4
4
5
τ
1
4
4
å
-2
Ē
9
_
5
è
-5
3
2
5
ş
è
ž
.0
2
-
4
3
2
-3
ě
ġ
2
9
ž
9
200
ú
Ť
90
000
this ca
or this ca
that this ca
After this co.
100. After this partitions has been sinced by the otherwise physician and completely filled in the timeson discovery and

DIVISION OF VITAL RECORDS, P.O. BOX 68760

ay be retained by the hospital or attending physician. page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a found and then. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

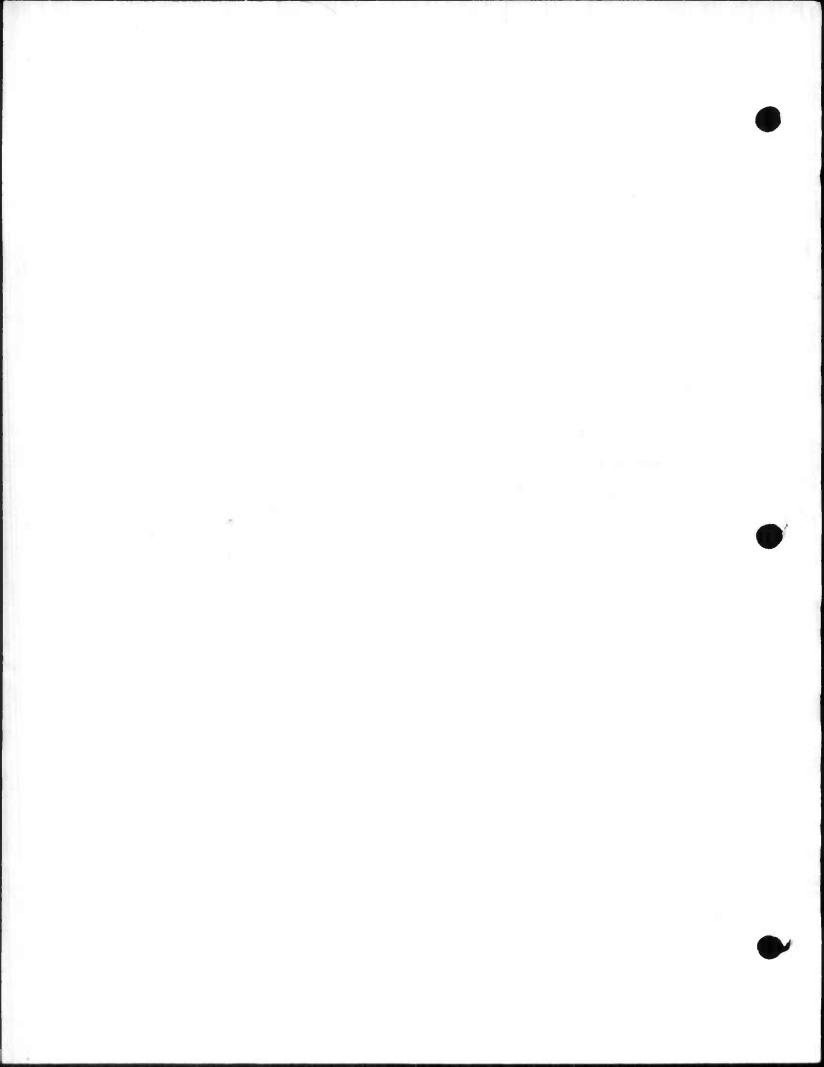
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

										96	27207
	1 - FOR STATE REGISTRAR	STATE OF MARY				IEALTH A		TAL HYGIEN REG. NO	E		
	1. DECEDENT'S NAME (First, Middle, Last)							TE OF DEATH		YEAR	3. TIME OF OEATN
	IRENE	M	32	STB	OL	-	Se	PTember		1996	0242A H
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AG	E (In yrs. last birthda		ER 1 YEAR	IF UNDER 24	HRS. 7. DA	TE OF BIRTN	-	B. BIRTHPI	LACE (State or Foreign
	038-28-7865	1 🗌 M 2 🔯 F	81 YRS	MONTHE	DAYS	HOURS	mins,	onth, Day, Year)	5	Country)	
	9e. FACILITY NAME (If not institution, give st		01	9b. CI	FY, TOWN (	OR LOCATION		J. 191		Spai	
H	SHADY GROVE ADV	ENTIST HOS	SPITAL	, n	1	:11.					
DIRECTOR	RESIDENCE OF DECEDENT	DIVITED INCL	31 1 1 1 1 1 1 J	R	ockv:	rrre			1 1	Montgo	mery
H	10e. STATE 10b. COUNTY	!	10c. 0	HY, TOWN	OR LOCAT	TION				1	Od. INSIDE CITY
	Maryland Mont	gomery	S	ilve:	r Spr	ino				1	CYES 2 NO
AL	10e. STREET AND NUMBER					ZIP CODE			10g. CIT	IZEN OF WH	AT COUNTRY?
FUNERAL	11142 Oak Leaf Dr	ino				2090	1				
3	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13	. WAS DEC		-	GIN? (Specify Yes		I.S.A.	- American Indian,
	1 Never Married 2 Merried	FORCES? 1 YES		- 1	II yes, sp	ecify Cuban, I	Mexican, Puer	to Rican, atc.	0. 140	Black,	White, etc.
ВУ	3 Widowed 4 Divorced	II TES, GIVE MAN ON	DATES		1 X 1E2	2 🗌 NO		nish		Specify:	White
0	15. DECEDENT'S EDUC	CATION	16s. DECEDENT					16b. KINO OF BUS	SINESS/IN	DUSTRY	WILLE
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind a	of work done	e during mo	st of working	-				
7	4 Years Elem.	College (1-4 or 5+)	Footon	T7			- 1	· 1			
N	17. FATHER'S NAME (First, Middle, Last)		Factor	V WO	rker	10 MOTHER	DIG NAME (E)	Jewelr			
BE	Juan Marina  19e. INFORMANT'S NAME (Type/Print)	_				(Unk	nown)	Sirvent			
5								umber, City or Town			
	Ruben Botbol		11142	0ak	Leaf	Driv	e, Sil	ver Spr	ing	MD	20901
	20a, METHOD OF DISPOSITION 1 🔀 Burlai 2 □ Cremetion 3 □ Remo	oval from State	Ob. PLACE AND DAT	E OF DISPO	OSITION (Na	me of 9/	06/19	16 20c. LO	CATION —	City or Town	1, State
	4 Donetion 5 Other (Specify)	G	eorge Wa	shin	gton	Cemet	ery	Ade	elph:	i, Mar	yland
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	11.250	22 C	NAME AP	O ADDRESS	OF FACILITY	ות דעד ה	TATE D	лт ЦОХ	Œ, INC.
	Donald C.	Dtatt	muer								
	23. PART I. Enter the diseases, or c	1		2	32 U	ARRULL	51, 1	W, WASI	TING	LON, I	OC 20012
	shock, or heart fallure. I	List only one cause on	each lina.	TIOL GIR	er tha mo	on or aying	, such as c	srdiac or reapi	ratory sr	reat,	Approximate Interval Between
	IMMEDIATE CAUSE (Finel disease or condition	1.4			0						Onset and Death
	resulting in death)	mult	A CONSEQUENCE	MI	tail	uve.					days
		DUE TO (OR AS	A CONSEQUENCE	OF):	Δ	,	100	A			
Z	Sequentially list conditions,	Severe		hero	I V	rscul	ar o	liseas	e		yrs.
CERTIFICATION	If any, leading to immediate	DUE TO OR AS	A CONSEQUENCE	OF):							
2	CAUSE (Disesse or Injury	acid be	tes 1	ve !	1+40	S					yrs.
드	that initiated events	DUE TO (OR AS	A CONSEQUENCE	OF):							
	resulting in death) LAST	si									
- 1	DART II Other significant condition	a anatalhusian ta dasah	had a see that								
MEDICAL	PART II. Other significant conditions	s contributing to dauth		g in tha t	inderlying	g cause give	en in Part I.	24a. WAS AN PERFOR			VERE AUTOPSY FINDINGS WAILABLE PRIOR TO
ă	rnetastatic	Squamo	us ce	L C	arc	NOM	a	1 TYES 2	NO		OMPLETION OF CAUSE OF DEATH?
闄	lett leg					-/					YES 2 NO
÷ l	DID TOBACCO USE CONTR	RIBUTE TO CAUSE	OF DEATH	YES 🗆	NO E	UNCER	RTAIN				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DE								
S	EXAMINER?	HOSPITAL:	Itpetient 3 DOA	OTHE		a 5   Beeld	lence 8 🗆 O	ther (Specific)			
¥	27. MANNER-OF DEATH	26e. DATE OF INJURY		IME OF	28c. INJ			DESCRIBE HOW II	LIURY OC	CUBED	
	1 Natural 5 Pending	(Month, Day, Year)		NJURY	WO	RK?		ALGORIBLE HOW II		COMED	
B√	2 Accident Investigation	26e. PLACE OF INJUR	TV At home form	a street to				00471011 /0			
	3 Suicide 6 Could not be	building, atc. (Sp	ecify)	, attest, 18	citory, office	•	261. L	OCATION (Street elley or Town, State)	na Numbe	r or Hurai Hou	re Number,
	)Measure										
7		CIAN: To the best of my kno	wledge, death occu	rred at the	time, date	end place, en	d due to the	cause(e) and man	ner ee sta	ted.	
COMPLETED	one) 2 MEDICAL EXAMINES	R: On the basis of examinati	ion end/or investiga	tion, in my	opinion, d	eath occured	at the time, d	ate end place, en	d due to ti	he ceuse(e) e	nd manner ee stated.
	296 SIGNATURE AND TITLE OF CERTIFIER					29c. LICENS		1	95		fonth, Day, Year)
B	" Lole of Frank	MD					4777	3		-	Ser 67, 1996
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED OFFICE								replen	ALL 1110

NHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Pylot)

OX, W.D. 9715 Medical Center Drive, Rockville, Mary obert Fox, M.D. 31. DATE FILED (Month, Day, Year)
SEP 1 2 1996 182. REGISTRAR'S SIGNATURE



0	.5
N	1
0	3
Ö	
7	.5
S	- 3
-	3
Ò	ş
01	é
64	7
	-3
	- 6
Z	- 5
1	-
4	ě
	*
>	- 2
000	-
-	- 3
⋖	- 5
-	- 1
2	
	- 9
111	-
-	8
Œ	8
0	00
$\leq$	-
>	ě
	8
BALTIMORE, MARYLAND 21215-0020	_
	1
-	- 3
•	- 4
m	-
·-	£
	.79
	t
	3
_	2
_	
	а
7	'n
100	3
9	B
376	a per
978	a pepro
6876	w betrae
( 6876	executed a
X 6876	a procuded at
OX 6876	he executed w
30X 6876	the he executed at
BOX 6876	cate he executed at
. BOX 6876	ificate he executed at
O. BOX 6876	ordificate he executed a
.O. BOX 6876	nertificate he executed a
P.O. BOX 6876	th nertificate he executed a
P.O. BOX 6876	ath nertificate he executed
3, P.O. BOX 6876	leath nertificate he executed a
S, P.O. BOX 6876	a death nertificate he executed
DS, P.O. BOX 6876	the death nertificate he executed
3DS, P.O. BOX 6876	t the death nertificate he executed
RDS, P.O. BOX 6876	at the death rectificate he executed
ORDS, P.O. BOX 6876	that the death nertificate he executed
CORDS, P.O. BOX 6876	so that the death nectificate he executed
CORDS, P.O. BOX 6876	ires that the death nertificate he executed
ECORDS, P.O. BOX 6876	mires that the death certificate he executed
RECORDS, P.O. BOX 6876	requires that the death certificate he executed
RECORDS, P.O. BOX 6876	y requires that the death neglificate he executed
L RECORDS, P.O. BOX 6876	law requires that the death certificate he executed
AL RECORDS, P.O. BOX 6876	law requires that the death neclificate he executed
AL RECORDS, P.O. BOX 6876	The law requires that the death certificate he executed
TAL RECORDS, P.O. BOX 6876	The law requires that the death certificate he executed
ITAL RECORDS, P.O. BOX 6876	N. The law requires that the death certificate he executed
VITAL RECORDS, P.O. BOX 6876	IAN. The law requires that the death certificate he executed
· VITAL RECORDS, P.O. BOX 6876	CIAN. The law requires that the death certificate he executed
F VITAL RECORDS, P.O. BOX 6876	SICIAN: The law requires that the death neglificate he executed
OF VITAL RECORDS, P.O. BOX 6876	AVSICIAN. The law requires that the death nertificate he executed
OF VITAL RECORDS, P.O. BOX 6876	PHYSICIAN: The law requires that the death certificate he executed
N OF VITAL RECORDS, P.O. BOX 6876	S PHYSICIAN. The law requires that the death certificate he executed
IN OF VITAL RECORDS, P.O. BOX 6876	NG PHYSICIAN. The law requires that the death negligible he executed
ON OF VITAL RECORDS, P.O. BOX 6876	DING PHYSICIAN. The law requires that the death certificate he executed
SION OF VITAL RECORDS, P.O. BOX 6876	SNDING PHYSICIAN. The law requires that the death certificate he executed
SION OF VITAL RECORDS, P.O. BOX 6876	TENDING PHYSICIAN: The law requires that the death certificate he executed
IISION OF VITAL RECORDS, P.O. BOX 6876	ATTENDING PHYSICIAN. The law requires that the death certificate he executed
VISION OF VITAL RECORDS, P.O. BOX 6876	ATTENDING PHYSICIAN. The law requires that the death certificate he executed
DIVISION OF VITAL RECORDS, P.O. BOX 68760	OR ATTENDING PHYSICIAN: The law requires that the death rediffrate he exercised

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed without after death. Page 6 may be retained by the hospital or attending physician.

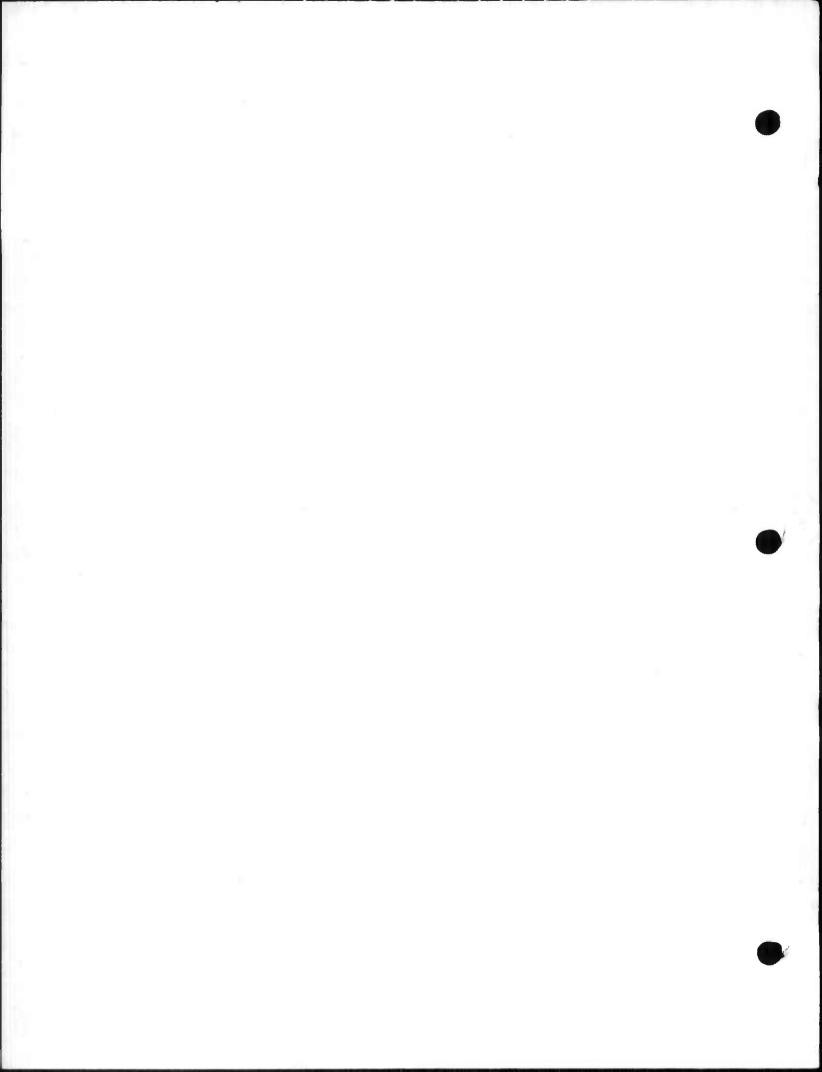
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complainty fleet in the first director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, chemical examiner must be netified at once,

1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO.

	REGISTRAR		CE	RTIFIC	CATE OF	DEATH	REG.	NO.			
	1. DECEDENT'S NAME (First, Middle, Last,	)					2. DATE OF DEATH	1		3. TIME OF DEATH	
	ITA BARKAGAN						Septembe	r 9.	1996	7:34 PM	м
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF BIRTH		0 00.00000	PLACE (State or Foreign	-
	212-94-4639	1 □ M 2√√F	84		ONTHS DAYS	HOURS MIN.	Jan. 30,	1012	Countr	y)	
	9s. FACILITY NAME (If not institution, give			1200	9b. CITY TOWN	OR LOCATION OF D			RUS		
oc							CAIH				
FUNERAL DIRECTOR	Suburban Hospita	11			Bethe	sda		Mo	ntgon	nery	
m	10a. STATE 10b. COUNT			10c. CITY,	TOWN OR LOCA	TION				10d. INSIDE CITY	_
듣	Maryland Mont	gomery		Ta	koma Pa	rk				LIMITS?	
ا بَ	10e. STREET AND NUMBER				- 14	H. ZIP CODE		40 00		1 X YES 2 NO	
≨					"			10g. Cr	IZEN OF W	HAT COUNTRY?	
빌	7620 Maple Avenu					20912			S.A.		
2	1 Never Merried 2 Merried	12. WAS DECEDENT FORCES? 1	EVER IN U.S. AR		13. WAS DE	CENDENT OF HISPAI pecify Cuban, Mexico	NIC ORIGIN? (Specify in, Puerto Ricen, etc.)	Yes or No-	14. RACE Block	- American Indian, White, etc.	
BY	3 🖾 Widowed 4 🗌 Divorced	IF YES, GIVE WA	R OR DATES			S 2 KNO Specif			Speci		
	15. DECEDENT'S ED	HOATION	1							White	
<u>"</u>	(Specify only highest gred	le completed)	(Gi	ve kind of wo Do NOT use	SUAL OCCUPATI rk done during m	ON ost of working	16b. KIND OF	BUSINESS/IN	DUSTRY		
ا ج	Elementary/Secondary (0-12)	College (1-4 or 5+)			rearea.)						
COMPLETED	12 Years	_	Nur	se				sing			
3	17, FATHER'S NAME (First, Middle, Last)					200 000000	ME (First, Middle, Mei				
u Q	Mendel Barkagan						er (Unkno				
0	19a, INFORMANT'S NAME (Type/Print)		198	MAILING A	DDRESS (Street	and Number or Rural	Route Number, City or	Town, State, Z.	ip Code)		
-	Gene Dubensky		1	3 Sun	croft C	ourt, Si	lver Spri	ng, M	aryla	ind 20904	
	20e. METHOD OF DISPOSITION 1 IX Burlet 2 Commention 3 Rem	movel from State					/1996 20c.				
	4 Donation S Other (Specify)		Judean	n Memo	orial G	ardens	1 1990	lnev.	Mar	yland	
l i	Judean Memorial Gardens Olney, Maryland  21. SIONATURE OF FUNERAL SERVICE LICENSEE  STEIN HEBREW MEMORIAL FUNERAL HOME, INC.  WASHINGTON, STREET, N. WASHINGTON,										
	Donald C.	Stattle.		_	232 0	ARROLL S	MEMOKIAL TREET N	FUNER	AL HO	ME, INC.	
					WASHI	NGTON,	D.C. 200	12			
ŀ	23. PART i. Enter the diseases, pr shock, or heart fallure.	compilcations that List only one caus	caused the de	eth. Do no	t enter the me	ode of dying, suc	h as cardiac or re	apiratory a	rreat,	Approximate	
- 1	ahock, Dr heart fallure. List only one cause Dn each line.  IMMEDIATE CAUSE (Final  Onset and De										ath
- 1											
ľ	disease or condition resulting in death)  a. CONCESTIVE HEART FAILURE MONTHS  DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions,  b. CALCIFIC CONSTRICTIVE PERICARDITIS YEARS										
z		· CALCI	FIC	CON	STRICE	TIVE	PERICA	RDI	TIS	YEAD.	7
2	Sequentially list conditions, if any, leading to immediate	DUE TO (C	OR AS A CONSEC	UENCE OF):						10111	
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury	C								<u> </u>	
⊑	that initiated events	DUE TO (	OR AS A CONSEC	UENCE OF):							
5 1	resulting in deeth) LAST	d									
	DART II Other of the second										
T C	PART II. Other significant condition	ons contributing to d	A	sulting in	the underlyin	g cause given in	Part i. 24a. WAS PERI	AN AUTOPSY	24b.	WERE AUTOPSY FINDIN	GS.
ś II	CHRONIC RE	NAC P	TILUR	=,	HYPE	RIENSI	ON 1 YES	2 5 NO		COMPLETION OF CAUSE OF DEATH?	E
Z .								•	1	1   YES 2   NO	
	DID TOBACCO USE CONT	RIBUTE TO CAU	ISE OF DEAT	TH YES	□ NO □	UNCERTAIL	1 IZI V				
SICIAN	25. WAS CASE REFERRED TO MEDICAL				(Check only one)						
5	EXAMINER?  1 YES 2 NO	HOSPITAL:	ER/Outpetient 3		OTHER:	ne 5 🗆 Residence	6 Other /Cres#1				
	27. MANNER OF DEATH	28s. DATE OF II	NJURY	28b. TIME	OF 28c. IN.	JURY AT	28d. DESCRIBE HO	W INJURY OF	CURFO		
- 10	1 Netural 5 Pending	(Month, Day	( Year)	INJUI		ORK? YES 2 NO					
	2 Accident Investigation 3 Suicide 6 Could not be	28e, PLACE OF	INJURY — At hor	ne. ferm. str			281. LOCATION (Stre	et and Mumbe	or Over 10	and Market	_
3	4 Homicide 6 Could not be	building, at	tc. (Specify)	.,,	, wellery, with	-	City or Town, St.	ete)	or numai H	oute Number,	
,	29s. CERTIFIER			_							
	(Check only										
COMPLE	2 MEDICAL EXAMIN	ER: On the basis of exa	mination end/or i	weatigation,	In my opinion, o	leath occured at the	time, dats and place,	end dus to t	he cause(s)	and manner as stated	
- 16	296. SIGNATURE AND TITLE OF CERTIFIE	R ()			_	29c. LICENSE NUM	MBER	29d. DAT	TE SIGNED	(Month, Day, Year)	_
4	Steven	Just.	Ton	M	D	DO55	185				
2	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUSE	OF DEATH (ITEN	27) (Type, P.	rint)	3 3 0				1	
	STEVEN LI	PSON	612			ROSE	RD,	Roc	KU	196 142	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR		2_							
- 1	SEP 1 2 1006	a kavids	and and hard								





burial-transit attending physician. use as the l may be retained by the hospital or page 5 should be detached for once. notified at pe must examiner medical event, the and completely for burial, cremation traumatic ue uning physician a other attending the atten and an any Health a t. of Heah has be Dept. OR ATTENDING PHYSICIAN: The law

**JMORE, MARYLAND 21215-0020** 

BOX 6876

DIVISION OF VITAL RECORDS,

certificate h the State 1, or Item

L DIRECTOR: After the Phours after death with them 28 is market

TO THE HOSPITAL
TO THE FUNERAL IDE FILED WITHIN 72 h

**BE** 

this c is marked,

permit. Pages 1, 2, 3 should

Film G739 item 23 part II per PH 9-12-96 rja 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATN BETHANY ERIN BRADLEY September 10, 1996 1:40 AM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTNPLACE (State or Foreign MONTHS DAYS HOURS 1 M 2 1 F YRS 220-31-4061 19 Dec. 14 Ohio 9s. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH 9b. CITY. TOWN OR LOCATION OF DEATH DIRECTOR 5501 Spring Lake Way N/A Baltimore RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. N/A **Baltimore** 1 XYES 2 NO 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 5501 Spring Lake Way 21212 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married If yes, specify Cuben, Mexican, Puerto Rican, etc.) IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: Specify: 3 Widowed 4 Divorced White 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16b. KIND OF BUSINESS/INDUSTRY E Elementary/Secondary (0-12) College (1-4 or 5+) COMPL Never Employed None 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Bradley Oscar Leslie Karen 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Oscar L. Bradley 5501 Spring Lake Way Baltimore, Md. 21212 20b. PLACEAND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE Hilltop Service Corp. 4 Donation 5 Other (Specify) 9/12/96 Towson, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Ruck Towson Funeral Home, Inc. 1050 York Rd. Towson, Md. 21204 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in death) Interstitial lung disease DUE TO (OR AS A CONSEQUENCE OF): respiratory arres CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS 24s. WAS AN AUTOPSY Syndrone PERFORMED? WAILABLE PRIOR TO normal COMPLETION OF CAUSE swallow, aspiration 1 TYES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES TO NO W UNCERTAIN [ PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATN (Check only one) HOSPITAL: OTHER:
4 | Nursing Nome 5 | Residence 8 | Other (Specify) 1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DDA home 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK?
1 YES 2 NO 28a. DATE OF INJURY (Month, Day, Year) 28d. DESCRIBE NOW INJURY OCCURED 5 Pending Investigation 8 2 Accident 28e. PLACE OF INJURY — Al home, farm, atreet, factory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be COMPLETED 4 Homicide

29a. CERTIFIER
(Check only one)

29 MEDICAL EXAMINES: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, -11-96 Pamela Zeitlen MD 033202

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Park 316 Johns
31. DATE FILED (Month, Day, Year) Hopkin

9-11-96

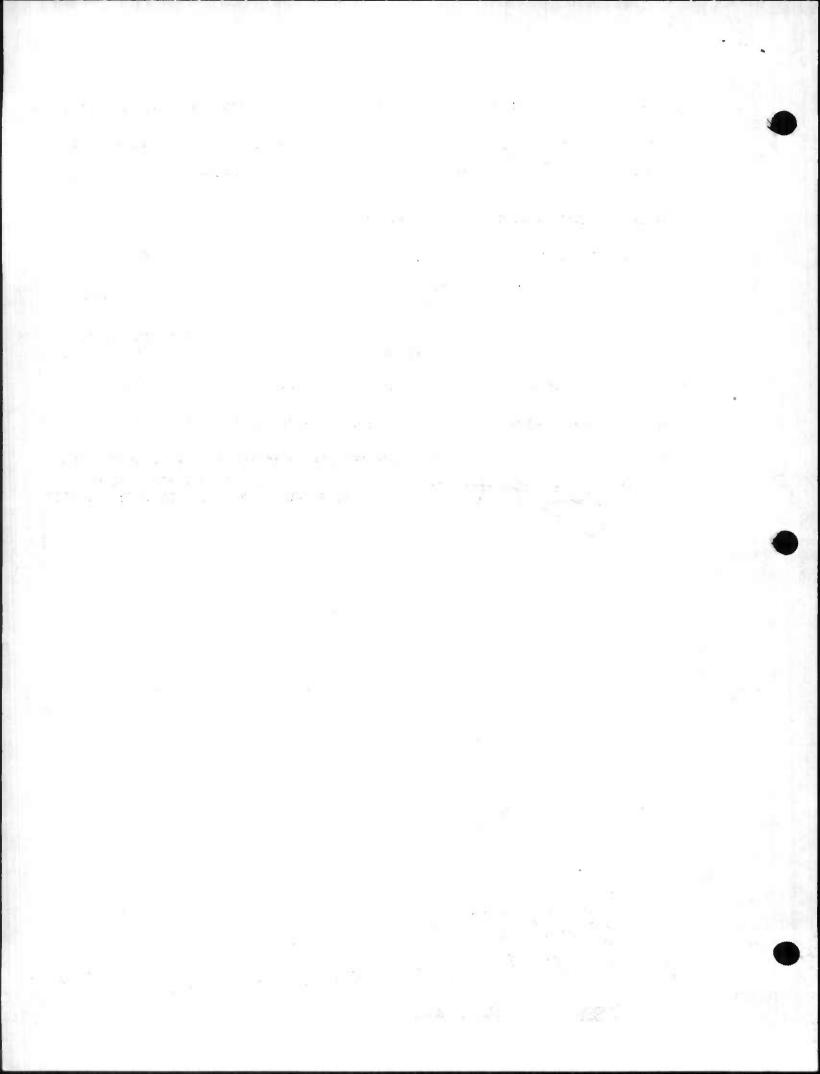
Jahi Studencharles

27210

State of Maryland /	Department of Health a	nd Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Lest) 2. Date of Deeth 3. Time of Death Month Day **Physician JAMES** BROWN URIAH SEPTEMBER 11, 1996 1:00 A.M. /Medical 4a. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner ANNE ARUNDEL MEDICAL CENTER ANNAPOLIS ANNE ARUNDEL If Under 24 Hrs. B. Date of Birth (Month, Day, Year) 05-09-1920 If Under 1 Year 5. Social Sacurity Number 6. Sax 1 M 2 □ F 7. Age (In yrs. lest birthday) Birthplece (State or Foreign Country) **Funeral** Months Days Yrs. Director 214-14-2148 76 MARYLAND Usual Residence of Decedent the Marylend 10a, State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show a or 28a-f sh 1 ☐ Yes 2 No Director ANNE ARUNDEL 10e. Street end Number 10f. Zip Code 10g. Citizan of What Country? death with ms 23a 771 STEVENSON ROAD 21144 U.S.A. Funeral Heme 12. Was Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puarto Rican, atc.) 14. Race - American Indian, Bleck, White, etc. 11. Marital Status The Medical Examiner Peges 1 end 2 should be filed within 72 hours efter inent of Health and Mental Hygiene. Int: If Item 27 is marked other then "natural", or ite 1 ⊠Yes 2 No 1939-If Yes, Giva Year or Dates: 1942 1 ☐ Never Married 2 Married 21215-0020 1 ☐ Yas 2 X No Specify: WHITE þ Specify: 3 Widowad 4 Divorced Completed 16e. Decedent's Usual Occupation (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b, Kind of Business/Industry MARYLAND SEAFOOD Elementary/Secondary (0-12) College (1-4or 5+) MARKETING MARKETING DEPARTMENT 12 aftimore, Maryland 17. Father's Name (First Middle Last) 18. Mother's Nama (First, Middle, Maiden Surneme) Be HOWARD BROWN HORACE MARGARET SNEE 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) THERESA 771 STEVENSON ROAD, SEVERN, MD. 21144 BROWN (WIFE) other 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20c. Location - City or Town, State 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from Stata 4 ☐ Donation 5 ☐ Other (Specify) ò permit. Pege Department of Important: If any Injury or GLEN HAVEN MEMORIAL PARK 9/14/96 GLEN BURNIE, MD. 21. Signature of 22. Name and Address of Facility SINGLETON FUNERAL HOME, meral Service Licensee 1 SECOND AVENUE, S.W., GLEN BURNIE, MD. 21061 23a. Part1. E complications that ceused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, only one cause on each line. Approximate tnterval Between Onset and Deeth Physician /Medical Immediate Cause (Final month neumonia disease or condition resulting in death) **Examiner** Due to (or es a consequence of): The lew requires that the death certificete be executed Sequentielly list conditions, if any, leeding to immadiate ceuse. Enter Underlying Cause (Disease or Injury that initiated events rasulting in death) Lest buriel-trer Due to (or es a consequence of): P.O. Box 68760, Physician/Medical the Dua to (or as a consequence of): use es Part II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by 1 Yes 2□ No 3 Probably 4 ☐ Unknown Records, pege 2 should be 24b. Were autopsy findings available prior to Completed 24e. Wes an autopsy performed? peen completion of causa of death? certificate hes 1 Yes 1 ☐ Yes 2 ☐ No Division of Vital nepital or Attending Physician: Theoris siter death.
Ineral Director: After this certificate y filled in by the funeral director, pe 25. Was cese referred to medical examiner? Be 26. Piece of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 10 1 Yas 2 No 1 Inpatient 2 ER/Outpetient 3 DOA 28a. Date of Injury (Month, Dey Year) 27. Manner of Deeth Certification: 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred 1 Neturel 5 Pending 1 Yes 2 No 2 Accident invastigation 6 Could not be determined 3 Sulcide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Routa Number, City or Town, Stete) 4 T Homloide To the Hospital c within 24 hours at To the Funeral D completely filled i Medical Certifying Physicien: To the best of my knowledge, death occurred et the time, date end place, and due to the cause(s) and manner es stated.

| Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred et the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier 29b. Signature end title of certifie 29c. License number 29d. Date signed (Month, Day, Year) and 30. Name and address of person who completed ceuse of death (Item 23a) (Type, Print) W. halfs no 180 Admira herles 32. Registrer's Signature 31. Dete filed (Month, Dey, Yeer) SEP 1 2 1996 State 1 2 1996 Registrar



State of Maryland / De

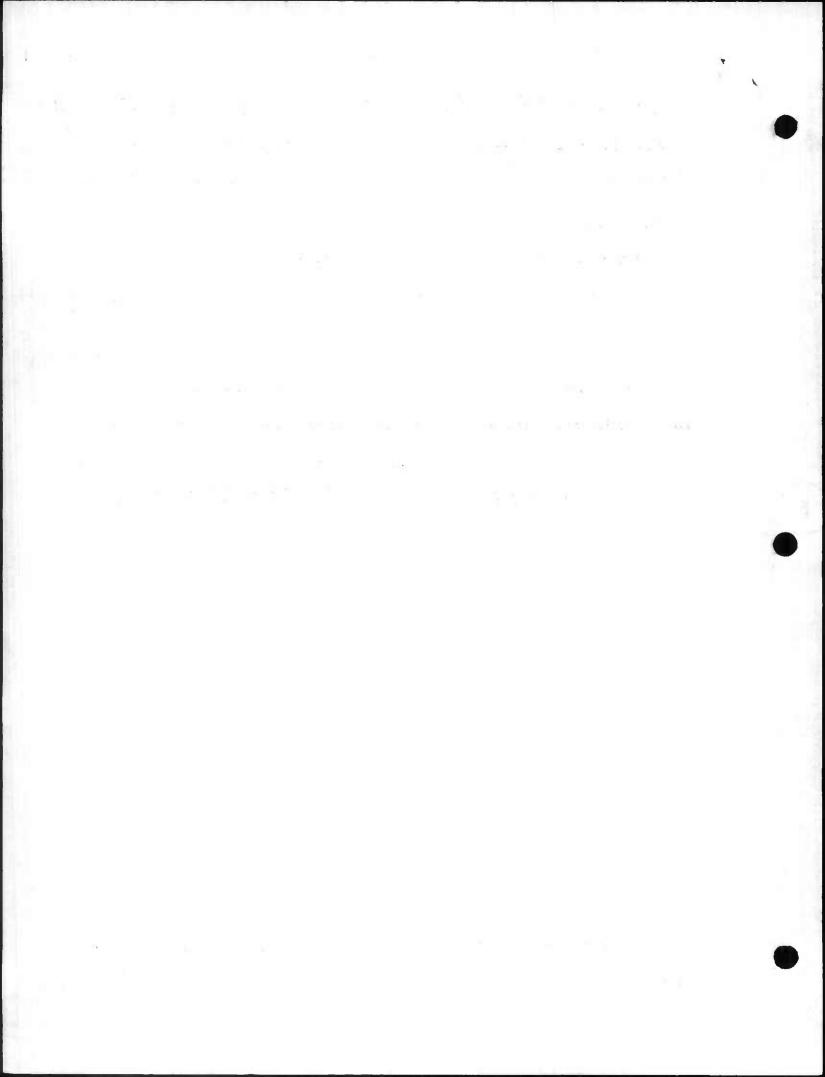
partment of Health and Mental H	ygiene	9	6	2	72	1	
Certificate of Death	Don No						

1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth 3. Time of Death BAIDWIN SEPT. BEATRICE **Physician** 9.18 PM /Medical 4a. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Baltimore Northwest Hospital Center Randallstown 7. Age (In yrs. last birthday) If Under 1 Yeer If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 5. Social Security Number 6. Sex Birthplece (State or Foreign Country) **Funeral** 1□M 2⊠F Deys Yrs. 75 Director 219-05-4085 May 30, 1921 Maryland Usual Residence of Decedent the Maryland 10e. State 10b. County 10c. City, Town or Location 10d. Inside City Limits tem 27 is marked other than "naturel", or items 23s or 28s-f show other traumetic event, the Medical Examiner must be nothled at 1 ☐ Yes 2 ☑ No Director Sykesville Maryland Carroll 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 1407 Streaker Rd. 21784 USA Funeral 12. Was Decedent Ever in U,S. Armed Forcea? Was Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 14. Race - American indian, Black, White, etc. 1 ⊠ Yes 2 □ No If Yes, Give Yeer or Dates: WW2 1 ☐ Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: þ Specify: White 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry filed within 7 Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) 9th Grade Check Processor Federal Reserve Bank permit. Pages 1 and 2 should be filed Department of Health and Mental Hygii Important: If Item 27 is marked other any Injury or other traumatic event. It 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Jacob Lovalvo Rose Libertini 19a. Informent's Name/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Ronald J. Baldwin 1407 Streaker Rd. Sykesville, MD (Husband) 20b. Piace of Disposition (Name of cemetery, crematory or other place) 20e. Method of Disposition 20c. Location - City or Town, State 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removel from Stete 4 ☐ Donation 5 ☐ Other (Specify) Lake View Memorial Park 9-12-96 Sykesville, MD 21. Signature of Funeral Service Licensee 22. Name end Address of Facility Loring Byers Funeral Directors, Inc. 8728 Liberty Rd. Randallstown, MD 21133 23a. P. 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on eech line. **Physician** CARDIAC ISCHEMIA /Medical immediate Cause (Final disease or condition resulting in death) Examiner Due to (or as a consequence of): physician and the buriel-transit certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initieted events resulting in death) Last Box 68760, Completed by Physician/Medical Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. P.O. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown BILATERAL MASTELTOMY FOR CA BREAST Records, HUPELTENSON STROILE, SEIZURES, CORONARY ARTON 24e. Was en autopsy performed? 24b. Were autopsy findings available prior to completion of cause of death? DISEASE, EMPHYSEMA, APHASIA 1 ☐ Yes 2 ☐ No 1 Yes 2 TNo cartificate Division of Vital septat or Attending Physician: 'hours efter death.
neral Director: After this cartifica by filled in by the funeral director, g 25. Was case referred to medical examiner?

1 Yes 2 No Be 26. Place of Death (Check only one) Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28b. Time of 28d. Describe how injury occurred Certification: 28c. Injury at Work? 5 Pending investigation 1 Netural 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide To the Hospital or within 24 hours aft To the Funeral Di completely filled in 29a, Certifier 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(s) and manner as stated. Medical (Check only one) 2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, dete and place, and due to the cause(s) and manner stated. 29b. Signeture and 29c. License number 29d. Dete signed (Month, Day, Year) title of certified Mon BG 4439128 SEPT, 9, 1996 MD 5401 OLD COURT RD 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) THOMAS GEORGE, MD 21133 NORTHWEST HOSPITAL CENTER RANDALLSTOWN 31. Date filed (Month, Day, Year) & Se. Registrar's Signature State

Registrar

s



#### Please Type or Print in Biack Indelible Ink. Assure Ali Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Fish G739 item 1 per PH 9-12-96 rja Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Time of Death Andrew 1996 5-10 PM SEPT Chism, Sr. ation of Dean. ), MD 8. Date of Birth (Month, Day, Year) 25, 1927 4b. City, Town, or Location of Death 4a. Facility Neme (If not institution, give street and number) 4c. County of Deeth 4017 Balto Grana da Nursing Home 1). S. A Liberty H if Under 24 Hrs. 5. Sociel Security Number 6. Sex Z ge (In yrs. last birthday) 9. Birthplace (State or Foreign Months -36-3991 Days 12M 20F Hours 35 Usuai Residence of Decedent 10b. County 10c. City, Town of Location 10a. State 10d. Inside City Limits Yes 2 No 4 Ba 10e, Street and Number 10f. Zip Code 10g. Citizen of What Country? 12. Was Decedent Ever in U,S. Armed Forces? 2 No. 2120 Heights Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 11. Marital Status 14. Race - American Indian. 1 Yes 2 No If Yes, Give Yeer or Detes: 1 Never Married 2 Married WWII 1 □ Yes 2 TNo. Specify: Dack 3 Widowed 4 Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry 0 meetary/Secondery (0-12) College (1-4or 5+) Grace laintenance 18. Mother's Name (First, Middle, Maiden Surname) 17. Father's Name (First, Middle, Last) mitche 115m 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Pnint) Daught. Ella-marie Brown -Rd Balto, mod 026 Wicklow 20b. Place of Disposition (Name of 20a. Method of Disposition Date 20c. Location - City or Town, State alidas cemetery, crematory or other place) Buriai 2 Cremetion 3 Removal from State Forest vet 4 □ Donation 5 □ Other (Specify) Tournson 21. Signeture of Fameral Service Licensee 22. Name end Address of Fecility F. H- West March a 4300 Walbash Aut 23a. Fart1. Enter the disease, or complications thet ceused the death. Do not enter the mode of dying, such as cerdiac or respiretory errest, ahock, or heer feilure. List only one cause on eech line. Immediate Cause (Finel disease or condition resulting in death) Due to (or es a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 ☑ Unknown 24e. Was en eutopsy performed? 24b. Were autopsy findings available prior to completion of cause No

Physician /Medical Examiner

permit. Peges 1 and 2 should be filled wir Department of Heelth and Mental Hygien, Important: If item 27 is marked other thy any hijury or other traumatic event, the obtes.

**Physician** 

/Medical

Examiner

**Funeral** 

Director

r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at

Director

Funeral

þ

Completed

Be

filed within 72 hours efter death with the Maryland

altimore, Maryland 21215-0020

Division of Vital Records, P.O. Box 68760,

Physician/Medical Examiner attending physician and for use as the burial-transit Sequentially list conditions, if eny, leeding to immediate ceuse. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last ð Completed

												of death?	
										1 🗆 Yes	2 10 No	1 🗆 Yes	2
25.	. Was case referred to medical examiner?						28.	Place of De	ath (C	heck only one)			
	1 Yes 2 No	Ho	spital: 1 ☐ Inpatient 2 ☐	ER/Outpatient	3□	DOA	Other: 4	Nursing 1	Home	5 Residence	6 Other	(Specify)	
	Manner of Death  Natural 5 Pending  Accident investigation	on	28a. Dete of Injury (Month, Day Year)	28b. Time of Injury	М	28c	Injury et Work? 1  Yes	2 🗆 No	28d.	. Describe how in	jury occurred	d	
	3 ☐ Suicide 6 ☐ Could not determine		28e. Place of Injury - At h		t, fac	tory, o	ffice		28f.	Location (Street City or Town, Str	and Number	or Rural Route	e Nurr

21.	Mariner of Death	
	Natural	5   Pe
	2 Accident	inv
	3 Suicide	6 □ Ç

ber. City or Town, State)

29a. Certifier (Check only one) The Certifying Phyelclan: To the best of my knowledge, death occurred at the time, date and piece, end due to the ceuse(s) and manner as steted.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piace, and due to the ceuse(s) and manner stated.

29b. Signeture and title of certified

29d. Dete signed (Month, Day, Year)

30. Name and address of person who completed cause of death (Item 23a) (Type, Print) JAEEM, SOI DOPhin street Baltimore MD 2/2/7

Registrar

Be

Certification: To

Medical

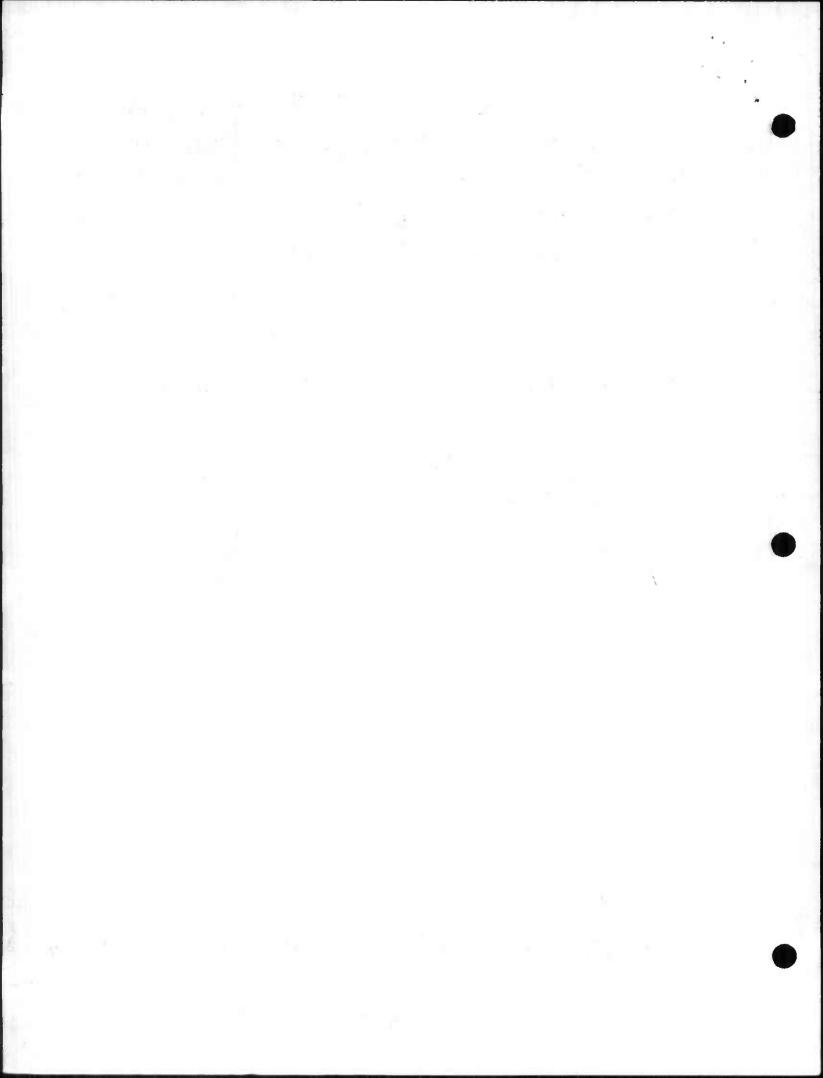
After this death. I or Attend after death Director:

To the Hospital or within 24 hours at To the Funeral D

10+

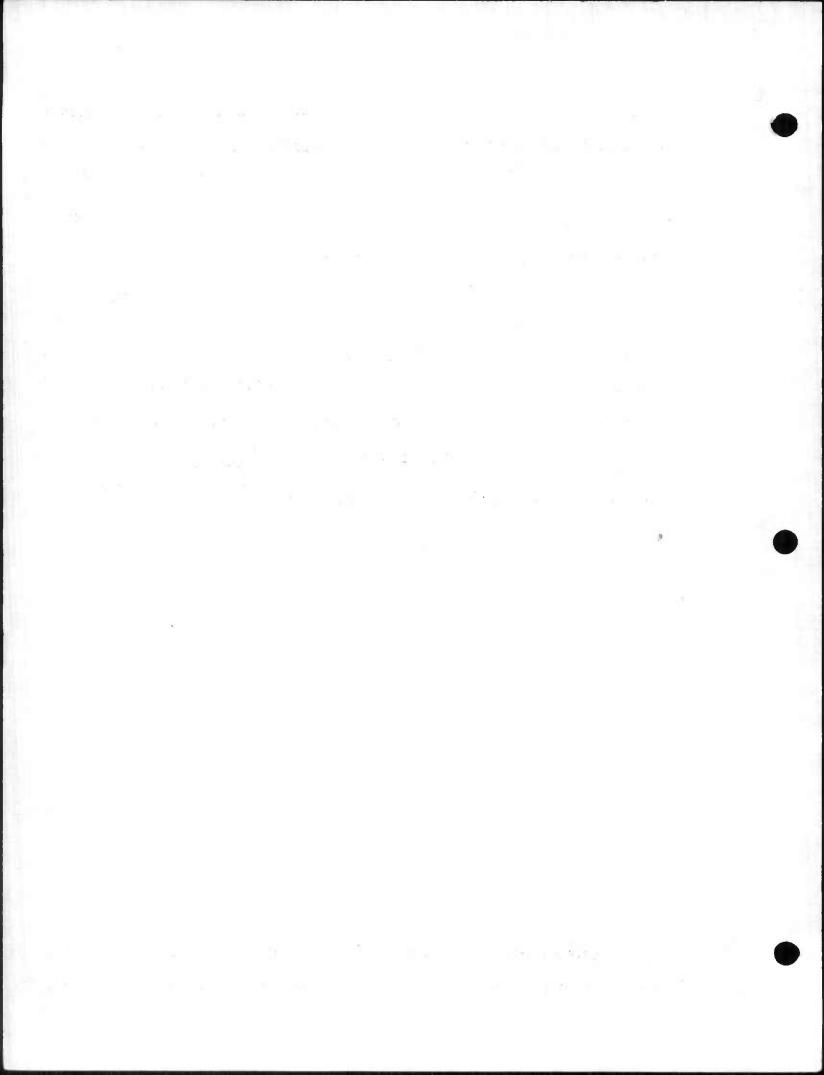
31. Dete filed (Month, Day, Year) 32. Registrar's Signature Alia Navidson

Masem Mil)



## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 27213

	Film	G <b>7</b> 3	9 item 26,27,29 per P		ja	Certi	ficate of	Death		Reg. No.		
	Physic	ian	Decedent's Name (First, Middle, La	est)					2. Dete of De Month	eth Dey	Year 3.1	Time of Deeth
>	/Medi	cal	CINDY 4e. Facility Neme (If not Institution, gh	re street end number)			СН	ERRY 4b. City, Town, or		28, 199		15 AM
22	Exami	ier	THE JOHNS HOPKI	THE PERSON NAMED TO A STATE OF THE PERSON NAMED TO A STATE OF				BALTIMORI		N/A		
	Funeral Director		5. Sociel Security Number 6. S	Sex 7. Age	(In yrs. last b		f Under 1 Yeer fonths Deys	If Under 24 Hrs	8. Dete of Bir	th ly, Year)	Country)	State or Foreign
	Maryland f show	tor	10a. Steta 10b. County  MD N/A	1	10c. City, Tov	wn or Locat		ALTO				side City Limits
	ath with the Marylen 23s or 28s-f show ust be notfled at	i Director	10e. Street end Number 1720 NEW CASTI	Æ RD	-		10f. Zip Code			10g. Citizen of 1		
020	aftar de	by Funeral	11. Meritel Stetus  12 Never Merried 2 Merried 3 Widowed 4 Divorced	12. Wes Decedent Ev Armed Forces? 1  Yes 2/ No If Yes, Give Yeer or Detes:	Contract of the Contract of th		2124 s Decedent of es, specify Cul	Hispenic Origin? (S pan, Mexican, Puer	Specify Yes or No to Rican, etc.)		a - American Inc ck, White, etc.	dien,
121	within bne. than	Completed	15. Decedent's E (Specify only highest gn Elamentary/Secondery (0-12)	completed) Collega (1-4or 5+)		(Give kin life. DO	t's Ususl Occu d of work done NOT use retin	during most of wo	rking	16b. Kind of B	usiness/Industry	7
0	Hygin H		4th 17. Fether'e Neme (First, Middle, Last	N/A		JNEME	PLOYED		me (First, Middle		ne)	
Jan	0 2 0 0	To Be	UNKNOWN					MI	NNIE C	HERRY		
ary	s 1 and 2 should I Health end Men tem 27 la marke other traumatic	_	19e. Informent's Neme/Reletionship (	Type, Print)	19	b. Melling A	Address (Stree	t and Number or R	ural Route Numb	er, City or Town,	State, Zip Code	)
Σ	1 and 2 Heaith em 27 le		BETTY CARR					STLE RE	BALT	O, MD	21244	
	Pege nent o ant: if i		20e. Method of Disposition  XXBurlal 2 Cremetion 3 C 4 Donetion 5 Other (Specific		20b. Plece cemete		on (Neme of ory or other pie CEM	ace)	SEP 4	BALTO,	City or Town, S	itste
Balt	Departr Departr Imports any Inje		21. Signature of Plineral Service Licer	1900			eme end Addr	ess of Facility BE CAROLIN	TTS FU	NERAL I	HOME	1.2
	Physician		23a. Pert1. Enter the diseese, or com shock, or heert fellure. List only	plicetions thet caused tr one ceuse on each line	ne deeth. Do						Appr	oximata val Between et and Death
	/Medical Examiner	ŀ	Immediate Cause (Finel disease or condition resulting in death)	e. ASYSTOLE	ua to (or as a		non offi				1 F	IOUR
	secuted end el-transit	Examiner	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury	b. MYASTHENI		IS			_		1	
×	n certificate be executed anding physician end use as the burlet-transit	Medical	cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest	d	ue to (or es a	consequer	nca of):				1	
ROX	for for	clan	Don't I. Other of million of any different			t. Maria and de	d for a local control	and to Daily	nos Did			
7. O	thet the led by th detach	y Physician/	Pert II. Other significant conditions of	ontributing to death but	not resulting	in the unde	mying cause g	ven in Pen I.		Yes 2 No		4 Unknown
or vital Records,	aw requir is been s 2 should	Completed by								en autopsy ormed?	svsllable	stopsy findings prior to ion of cause ?
r =	The ate b	Com							10	Yes 2□No	1 🗆 Yes	202 No
_ <u> </u>	Physician: The this certificate oral director, page	To Be	25. Wes case raferred to medical exeminer?  Yes 2□ No	Hospital: 1 ☐ Inpatient	2 DERVO	utpetlent	3□ DOA O	her pearati	eth (Check only on the control of th	ncy roon	er (Specify)	and toloby
DIVISION O	Affing Ph Affer thi funeral	Certification: 1	27. Menner of Deeth  1XX Neturel  2 Accident  5 Pending Investigation		(ear) 28b.	Time of Injury	28c. Inju		1	how Injury occur		7116
	ital or Attendins after deatl		3 ☐ Suicide 6 ☐ Could not b determined	building, etc.	(Specify)		•		City or To			te Number,
	To the Hospital within 24 hours a To the Funeral I completely filled	edicai	29a. Certifier (Check only one) Check only one)	ysfcian: To the best of r niner: On the basis of e end menner stete	xaminetion e	a, deeth oc nd/or Invest	courred et the t tigetion, in my	me, dete end plece opinion, deeth occi	e, end due to the urred et the time,	cause(s) and mo dete and plece,	annar as stated. and due to the c	cause(s)
	With Tot	Σ	29b. Signature end title of certifier				29c. Licen	se number		29d. Dete signe		
)			30. Nama and eddress of person who	completed cause of dee	th (Item 23e)	(Type) Prin	DO o	05056	8	lugust	28,6	196 2MSC-14
	Sta	ite	Tem Adv im 31. Dete filed (Month, Dey, Year)	MD Johns	+Cook	1415 U	niversh	Hospital	600 N	orthwolfe	Sheet (	'usc-14



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth eler ornist **Physician** 30 Am /Medical 4b. City, Town, or Location of Deeth 4e. Facility Neme (If not institution, give street end number) **Examiner** Hospital Baltimore City reneral maryland 5. Sociel Security Number If Under 1 Year If Under 24 Hrs.
Months Deys Hours Min. 7. Age (In yrs. last birthdey) 6. Sex Birthplace (State or Foreign Country) 1□M 20 F 2/5-28-6363 Usuel Rasidence of Decedent Deys Director the Maryland 10b. County 10d. Inside City Limits ortant: If Item 27 is marked other than "natural", or hema 23a or 28a-f show Injury or other traumatic event, the Modical Examinal must be notified at 10 Yes 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? pemit. Pages 1 and 2 should be filed within 72 hours after death with 1 Department of Health and Mental Hygians.

Important: If Item 27 is marked other than "natural", or Items 23a or 2 any injury or other traumstic event Funeral Race - American Indian, Bleck, White, etc. 11. Meritel Status 12. Wes Decedent Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Yes 2 V If Yes, Give / Year or Detes: 1 ☐ Never Merried 2□ Merried 2 000 1 ☐ Yes 2 ☐ Yo Baltimore, Maryland 21215-0020 þ Specify: 3 Widowed 4 Divorced Completed 15. Decedent's Education 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life JDO NQT use retired) 16b. Kind of Business/Industry Elamentary/Secondary (0-12) College (1-4or 5+) apor er's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surnems) inknown 19e. Informent's Neme/Reletionship (Type, Print) SiSter 19b. Melling Address (Street end Number of Rurel Route Number, City or Town, aw 20e. Method of Disposition
1 Deuriel 2 □ Cremetion 3 □ Removei from Stete 20b. Plece of Disposition (Neme of cametery, cremetory or other piece) n. Stete 4 Donetion 5 DOther (Specify) 21. Signeture of Funerei Service Licensee 22. Neme end Address of Fecility, 23a.1 ert1. Enter the disease, or complications that caused the deeth. Do not entar the mode of dying, such as cardiac or respiretory shock, or hear tailura. List only one cause on each line. **Physician** /Medical Immedieta Ceuse (Finel diseese or condition resulting In deeth) eus. Examiner Dua to (or es e consequance of): Hospital or Attending Physician: The law requires that the death cardicate be executed 24 hours after death.
 Furnaral Director: After this certificate has been signed by the ettending physician and etely filled in by the furneral director, page 2 should be detached for use as the buriah-transit Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Last Due to (or es e consequance of): Records, P.O. Box 68760 Physician/Medicai 08 ailure Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☑ Unknown Completed by 24e. Wes an autopsy performed? 24b. Were autopsy findings available prior to completion of cause of deeth? page 2 1 🗆 Yes 1 ☐ Yes 2 ☐ No Division of Vital 25. Wes case ratarred to medical examiner? Be 28. Piece of Deeth (Check only one) 1 Yes 2 No Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 ER/Outpatient 3 DOA edical Certification: To 1 Inpatient 28b. Time of Injury 27. Manynar ot Daath 28e. Date of injury (Month, Dey Year) 28c. injury et Work? 28d. Describe how injury occurred 1 Neturel 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 3 Sulcide 6 Could not be detarmined 28e. Plece of Injury - At home, ferm, etreet, fectory, offica building, atc. (Specify) Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicida To the Hospital of within 24 hours at To the Funeral D completely filled I 29a. Certifier 1 🗹 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) and menner as steted. 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and piece, and due to the cause(s) and menner stated. 29b. Signeture end title of cortifion 29c. License number 29d. Date signed (Month, Dey, Year)

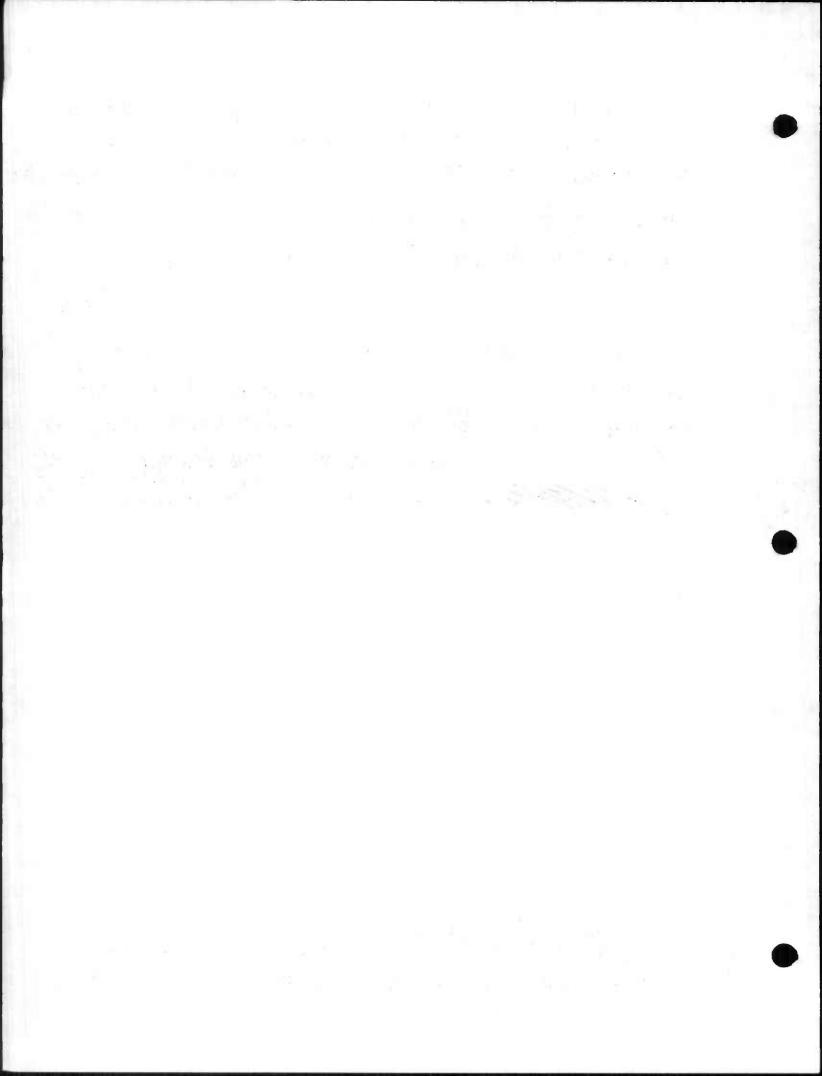
23a) (Type, Print)

39 Registrer's Signeture

State Registrar 30. Name end address of person

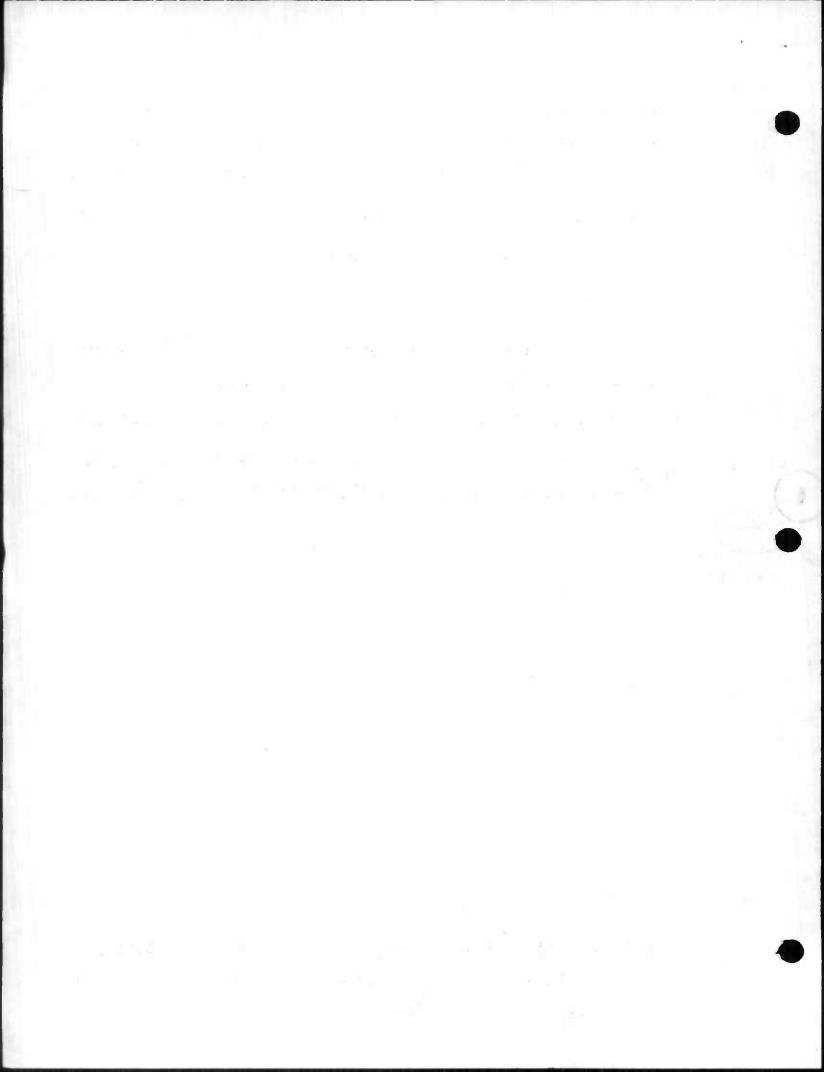
3chwartz,

**DHMH 16 Rev 6/95** 



State of Maryland / Department of Health and Mental Hygiene 27215 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month **Physician** Yeer 10:55 PM 1996 Sept. Dorothy A. Dubel /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City. Town, or Location of Deeth 4c. County of Deeth **Examiner** 830 W. 40th Street Apt. 202 Baltimore if Under 24 Hrs. 7. Age (In yrs. last birthdey) If Under 1 Year 5. Social Security Number 6 Sex 8. Date of Birth (Month, Day, Year) Funeral Birthplece (Stete or Foreign Country) 1 M 2 X F Deys Yrs. Director 219-18-5809 93 July 11, 1903 Maryland Usuel Residence of Decedent with the Maryland 10e Stete 10h County 10c. City, Town or Location show 10d. Inside City Limits must be notified at Director 1☑ Yes 2☐ No Maryland N/A Baltimore 10e. Street and Number 10f. Zip Code 10a. Citizen of What Country? 830 W. 40th Street Apt. 202 21211 United States 12. Was Decadent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No or items Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. the Medical Examiner filed within 72 hours after 1 Never Married 2 Married altimore, Maryland 21215-0020 1 Yes 2 No Specify: à Specify: 3 ☑ Widowed 4 ☐ Divorcad White natural Completed 18e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decadent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Baltimore City al Hygiane. Elementery/Secondary (0-12) College (1-4or 5+) Public Schools Masters Degree English Teacher permit. Pagas 1 end 2 should be file.
Department of Health and Mental Hy
Important: if Item 27 is marked other
any Injury or other traumatic avera-17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surneme) Be James Edward Dubel, Sr. Susan Augusta Minnick 19e. Informent's Name/Reletionship (Type, Print) 19b. Malling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Dr. Robert Y. Dubel (Nephew) 7309 Prince George Road Baltimore, MD 20e. Method of Disposition 20b. Pieca of Disposition (Name of cametery, cremetory or other piece) 20c. Location - City or Town, Stete 1 Burlel 2 □ Cremetion 3 □ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Quaker Burying Grounds 9/9/96 | Galesville, MD 21. Signeture Funeral Service Licenses 22. Name end Address of Fecility Loring Byers Funeral Directors, Inc. ell 23. Part. There the disease or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, or heart failure. List only one cause on each line. 21133 Approximete Interval Between Onset and Deeth **Physician** Immediate Ceuse (Finei disease or condition resulting in death) /Medical Colonory **Examiner** Due to (or es e consequence of) Examiner FSCUD The law requires that the death certificate be axecuted Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in deeth) Last and Due to (or es e consequenca of). Box 68760, Physician/Medical Due to (or es e consequenca of): Division of Vital Records, P.O. Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by 1 Yes 2540 3 Probably 4 Unknown à Completed 24e. Wes en eutopsy 24b. Were autopsy findings eveilable prior to completion of cause of deeth? certificate 1□ Yes 2500 1 Yes 2 No or Attending Physician: 25. Was case referred to medical exeminer? director. Be 26. Place of Deeth (Check only one) Hospitel Other: 4 Nursing Home 5 Residence 6 Other (Specify) 10 1 Yes 2 No 1 inpatient 2 ER/Outpatlent 3 DOA After this funeral 27. Manner of Deeth 28e. Dete of Injury (Month, Dev Year) 28c. Injury et Work? Certification: 28b. Time of 28d. Describe how injury occurred 5 Pending investigation Naturel daath. 1 Tes 2 No efter daath Diractor: A 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Pleca of Injury - At home, farm, street, fectory, offica building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide To the Hospital of within 24 hours of To the Funeral D completaly filled in 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the cause(s) end menner as steted.
2 Medical Examiner: On the basis of exeminetion end/or investigetion, in my opinion, deeth occurred et the time, dete end piece, end due to the ceuse(s) end menner steted. edicai 29a. Certifier (Check only one) 29b. Signeture entit title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) 28812 30, Name end address of person who completed cause of deeth (Item 23a) (Type, Print) York Rd Towsen MD Vincent 7801 32. Registrer's Signeture 31. Dete filed (Month, Dey; Year) State Registrar

DHMH 16 Rev 6/95

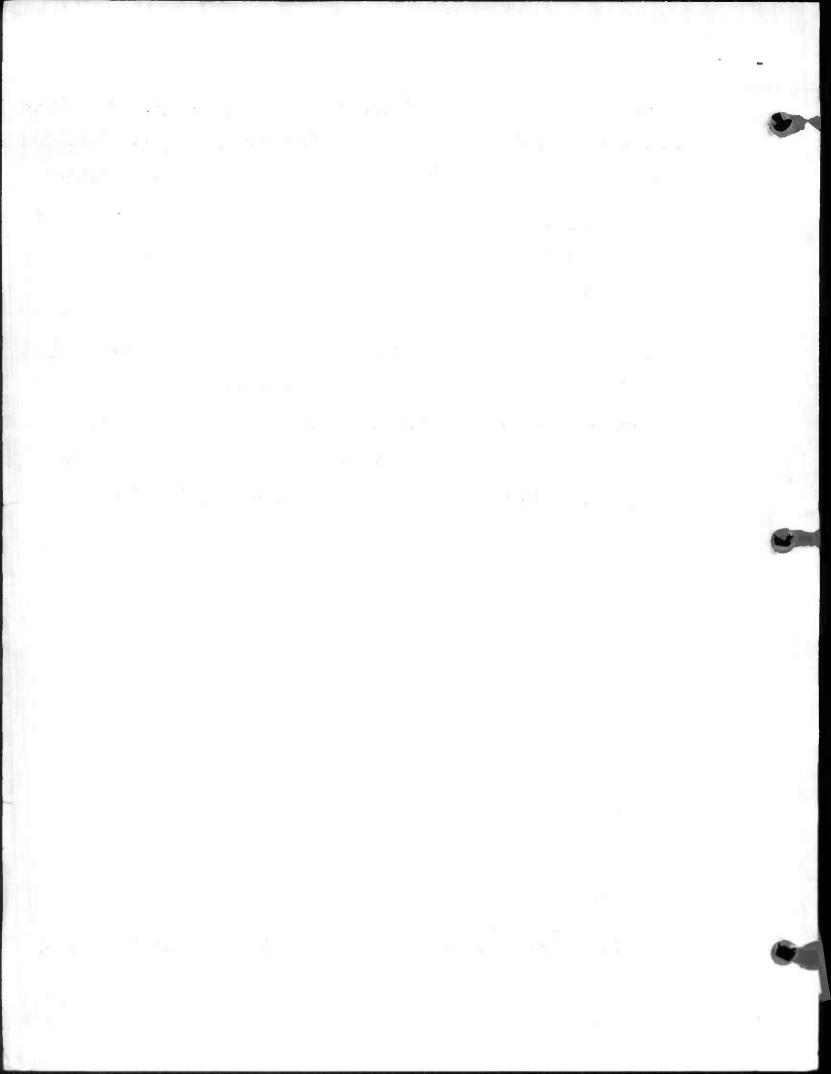


0	-	0	1	0
6	1	4		0

hysician	1. Decedent's Nama (First, Middla, Las	st)		ertificate o		2. Data of De	Reg. No.		3. Tima of Death
IVSICIAII	La a a	31/	1	JRY		Month	/ Day	Yaar	17275
Medical	TATERY			SIEY		Septan		1996	1261
aminer	4a. Facility Nama (If not institution, give	. 1 .			4b. City, Town, or Lo				- 1
	WARTHWEST HOSEN	MAL CENTER			RAUM/157		BAHIA	your (	ounty.
eral	5. Social Security Number 6. S	Sex 7. Aga (In )	yrs. last birthda	y) If Undar 1 Yas Months Day		8. Data of Bir (Month, De	rth ay, Year)	9. Birthpla	aca (Stata or Foraig
tor	218-05-7429 Usuat Residence of Decedant	MM ZUF	74 Yrs.			Feb. 2	24, 1922	Mary	yland
	10a. Stata 10b. County	10c	City, Town or	Location				100	d. Insida City Limits
To Be Completed by Funeral Director	Manual and Rolltons		Uabbyy	411 <sub>0</sub>					1 ☐ Yas 2X No
Director	Maryland Baltimo	re	Hebby	10f. Zip Code			10g. Citizan of V	What Countr	rv?
ā	7615 Windsor Mi	ill Road		2124			United		
Funeral	11. Maritai Status	12. Was Decedant Evar i	in U,S. 1:		f Hispanic Origin? (Spuben, Maxican, Puarto	ecity Yas or No		e - Amarica	n Indian,
교	1 Nevar Married 2 Married	Armed Forcas? 1 ☐ Yas 2 No				Rican, atc.)	Blac	ck, Whita, at	tc.
à	3 ☐ Widowed 4 ☐ Divorced	If Yas, Giva Year or Datas:		1 ☐ Yes 2 🔼 N	o Specify:		Specify	" Whit	te
Completed	15. Decedant's Ed	ducation	16a. De	cedent's Usuai Occ	upation		16b. Kind of Bu	usinass/Indu	ustry
pie	(Specify only highast gra Eiamantary/Secondary (0-12)	Collaga (1-4or 5+)	(G)	va kind of work dor i. DO NOT use reti	upation ia during most of work red)	ing			
E	7th Grade	Collaga (1-401 5+)	Owne	er			Agricu:	ltural	1 Store
Be C	17. Fathar's Nama (First, Middla, Last)	1			18. Mothar's Name	a (First, Middle	, Maidan Sumam	na)	
To B	Julius Espey				Minnie	Gillesp	oie		
	19a. tntormant's Name/Ralationship (	Type, Print)	19b. Ma	iling Addrass (Stre	et and Number or Run	al Routa Numb	per, City or Town,	Stata, Zip C	Code)
	Mrs. Grace Espey	- Wife	7615	Windsor	Mill Road	Ra1t	imore, l	MD 21	1244
	20a. Mathod of Disposition	20		sposition (Nama of ramatory or other p		Data	20c. Location -		270
	1 ☑ Burial 2 ☐ Cramation 3 ☐	JHamovai from Stata		n Cemeter		9/13/96	Woodlaw	m Ma	rvland
	4 Donation 5 Other (Specify 21. Signature of Futural Service Licen		NOOGIAW	22. Nama and Add		7/13/50	WOOdlaw	ii, iia	Lyland
	21. Signature of Paper at Service Section	. /			yers Funer	al Dire	ectors.	Inc.	
	Joseph wa	24		8728 Lib	erty Road	Randa1	1stown.	MD 2	21133
1	23a. Part. Enter the disusse, or com- shock, or hear failura. List only	plications that caused tha cona causa on each iina.	daath. Do not a	antar tha moda of d	ying, such as cardlac	or raspiratory a	arrest,	1 1	Approximate Interval Between
1				1					Onset and Death
	immediata Causa (Finai disaasa or condition	( ORONA	ray 1	4RIERY	PISE	ASE		i	
	resulting in death)		to (or as a con:						
اق		D. DIATETE	25 l	1521170	S				
Examiner	Sequentially list conditions,		to (or as a cons						
	Sequentially list conditions, if any, laading to immediata cause. Entar Undarlying Cause (Disaase or injury that initiated avants	· CHRONIE	1 DE	TRUCTI	it fULHE	WARY	DISEA	Se-	
edicai	that initiated avants resulting in death) Last	V	o (or as a cons						
1 %	THE PARTY OF THE P								
92		d							
92								1	
92	Part It. Other algolificant conditions of	ontributing to death but not	t rasuiting in the	a undarlying cause	given in Part t.	23b. Did	tobacco use co	ntribute to	the cause of death
Physician/M							tobacco use co		
by Physician/M		contributing to death but not					1		
by Physician/M						24a. Was	1	3 ☐ Probe	ebly 4 Unknown
by Physician/M						24a. Was	2 □ No	3 Probe	ebly 4 Unknow
by Physician/M						24a. Was	2 □ No	3 Probe	ra autopsy findings ilable prior to apiation of cause leath?
Completed by Physician/M	CONGESTI					24a. War	s an autopsy ormed?	3 Probe	ebly 4 Unknown ra autopsy findings ilable prior to applation of cause
o Be Completed by Physician/M		VE HEAR	TFA	AILURE	26. Placa of Deal	24a. Was perf	s an autopsy ormed?	24b. War avai com of do	ebly 4 Unknown autopsy findings ilable prior to applation of cause eath?  Yes 2 No
To Be Completed by Physician/M	CONGETTI	Hospitai: 1   Inpatiant	Z FA/Outpai	tient 3 DOA	26. Placa of Deal Other: 4 ☐ Nursing Ho	24a. Was perf	s an autopsy ormed?	24b. War avai com of do	ebly 4 Unknown autopsy findings ilable prior to applation of cause eath?  Yes 2 No
To Be Completed by Physician/M	25. Was case reterred to medical axaminar?  1	Hospital: 1   Inpatiant   28a. Data of Injury (Month, Day Yea	Z FA/Outpai	elient 3 DOA Cot 28c. in	26. Placa of Deal Other: 4 ☐ Nursing Ho	24a. Was perf	s an autopsy ormed?  Yas 200 No ona)	24b. War avai com of do	ebly 4 Unknown autopsy findings ilable prior to applation of cause eath?  Yes 2 No
To Be Completed by Physician/M	25. Was case reterred to medical axaminar? 1	Hospitai: 1   Inpatiant   28a. Data of injury (Month, Day Yea	2 ER/Outpal	elient 3 DOA Control of the Control	26. Placa of Deal  Other: 4 □ Nursing Hoursing Hours at Jork? □ Yas 2 □ No	24a. Wa: perf	s an autopsy ormed?  Yas 200 No ona)	3 Probe  24b. War avai com of de 1   mar (Specify)	ebly 4 Unknown ra autopsy findings ilable prior to raplation of cause eath?  Yes 2 No
To Be Completed by Physician/M	25. Was case reterred to medical axaminar?  1 Yas 2 No  27. Manner of Death 1 Natural 5 Panding invastigation	Hospitai: 1   Inpatiant   28a. Data of injury (Month, Day Yea	2 ER/Outpat 1r) 28b. Time Injur	elient 3 DOA Control of the Control	26. Placa of Deal  Other: 4 □ Nursing Hoursing Hours at Jork? □ Yas 2 □ No	24a. Was perful to the (Check only oma 5 Res 28d. Dascribe	yas 2 No ona)  idance 6 Oth	3 Probe  24b. War avai com of de 1   mar (Specify)	ebly 4 Unknown autopsy findings liable prior to applation of cause leath?  Yes 2 No
Certification: To Be Completed by Physician/M	25. Was case reterred to medical axaminar? 1	Hospital: 1 Inpatiant  28a. Data of Injury (Month, Day Yea  28a. Placa of Injury - building, atc. (Sp	2 ER/Outpat 28b. Time Injur At home, farm,	client 3 DOA Capt 28c. in y M 1 street, factory, office	26. Place of Deal Other: 4 □ Nursing Ho jury at ork? □ Yas 2 □ No	24a. Was perful to the (Check only oma 5 Res 28d. Dascribe	yas 2 No  yas 2 No  ona)  idance 6 Oth  how injury occur  (Street and Numboun, Stata)	3 Probe 24b. War avai com of di 1   mar (Specify) rred ber or Rural	ebly 4 Unknown autopsy findings illable prior to uphation of cause eath?  Yes 2 No  Routa Number,
Certification: To Be Completed by Physician/M	25. Was case reterred to medical axaminar? 1	Hospital: 1 Inpatient  28a. Data of Injury (Month, Day Yea  28a. Placa of Injury - building, atc. (Sp	2 ER/Outpal 28b. Time Injur At home, farm,	eient 3 DOA a ot 28c. in y M 1 streat, factory, office the coursed at the	26. Placa of Deal Other: 4 □ Nursing Ho jury at ork? □ Yas 2 □ No	24a. Warperfi	yas 2 No s an autopsy ormed?  Yas 2 No ona) idance 6 Oth how injury occur (Street and Numb	3 Probe  24b. War avai com of de  1 D  har (Specify) rred  ber or Rural	ebly 4 Unknown autopsy findings liable prior to applation of cause leath?  Yes 2 No  Routa Number,
To Be Completed by Physician/M	25. Was case reterred to medical axaminar?  1   Yas   2   No  27. Manner of Death  1   Natural   5   Panding invastigation   2   Accident   3   Suicide   4   Homicide   6   Could not be detarmined   29a. Cartifiar (Check only one)   Medical Examination   Medical E	Hospitai: 1 Inpatiant  28a. Data of injury / (Month, Day Yea  28a. Place of injury - building, atc. (Sp	2 ER/Outpal 28b. Time Injur At home, farm,	client 3 DOA 28c. in y M 1 straat, factory, office the occurred at the invastigation, in m	26. Placa of Deal Other: 4 □ Nursing Ho jury at ork? □ Yas 2 □ No	24a. Warperfi	Yas 2 No ona)  Yas 2 No ona)  idance 6 Oth how injury occur  (Street and Numb wm, Stata)	24b. War avai com of de 1	ebly 4 Unknown ra autopsy findings ilable prior to raplation of cause leath?  IYes 2 No  Routa Number,  ated. tha cause(s)
edical Certification: To Be Completed by Physician/M	25. Was case reterred to medical axaminar?  1	Hospital: 1 Inpatient  28a. Data of Injury (Month, Day Yea  28a. Placa of Injury - building, atc. (Sp	2 ER/Outpal 28b. Time Injur At home, farm,	client 3 DOA 28c. in y M 1 straat, factory, office the occurred at the invastigation, in m	26. Place of Deat Other: 4 \( \) Nursing Ho jury at ork? \( \) Yas 2 \( \) No ce time, date and place, y opinion, death occur onse number	24a. Warperfile to the Check only on To City or To and dua to the red at the time	yas 2 No s an autopsy formed?  Yas 2 No ona) idance 6 Oth how injury occur (Street and Numb wm, Stata)  a causa(s) and mm, data and piaca, 29d. Data signe	24b. War avai com of did 1	ebly 4 Unknown real autopsy findings illable prior to real autopsy findings illable prior to real
edical Certification: To Be Completed by Physician/M	25. Was case reterred to medical axaminar?  1   Yas   2   No  27. Manner of Death  1   Natural   5   Panding invastigation   2   Accident   3   Suicide   4   Homicide   6   Could not be detarmined   29a. Cartifiar (Check only one)   Medical Examination   Medical E	Hospital: 1 Inpatient  28a. Data of Injury (Month, Day Yea  28a. Placa of Injury - building, atc. (Sp  ayslclan: To the best of my niner: On the best of axen and manner stated.	2 ER/Outpat 28b. Time Injur At home, farm, knowledga, de mination and/or	client 3 DOA Control of the coursed at the invastigation, in m	26. Placa of Deal  Other: 4 □ Nursing Ho jury at /ork? □ Yas 2 □ No  tima, data and place, y opinion, daath occur	24a. Warperfile to the Check only on To City or To and dua to the red at the time	yas 2 No s an autopsy formed?  Yas 2 No ona) idance 6 Oth how injury occur (Street and Numb wm, Stata)  a causa(s) and mm, data and piaca, 29d. Data signe	24b. War avai com of did 1	ebly 4 Unknown real autopsy findings illable prior to real autopsy findings illable prior to real

DHMH 16 Rev 6/95

Registrar



State of Maryland / Department of Health and Mental Hygiene

96 27217

						Cer	tificate d	of Death	F	Reg. No.		~ / lm   /				
	1 5		1. Decedent'e Neme (First, Middle,	Last)					2. Dete of Dee	ith		3. Time ot Deeth				
	Physici /Medi		EDNA ENGNOTH						Month	0 9	Year 96	5:25 P.I				
٠,	Examir		4a. Facility Nama (If not institution,	give street end num	ber)			4b. City, Town, or	ocation of Death	4c. County		J. 25 P.F				
1	EAGIIII		SAINT JOSEPH N	MEDICAL.	CENTE	eR.		TOWSON, M	ID.	BALTI	MODE					
	Funeral					last birthday)	If Under 1 Yo		8. Data of Birtl	)		ca (Stata or Foreign				
d.	Director		215-48-4703 Usuel Rasidance of Dacedant	1□ M 2[3 F	8		Months De	ys Hours Min.	(Month, Day Nov. 1,	', Year)	Country	Md.				
	how		10a. State 10b. County		10c. C	ity, Town or Lo	cation				100	d. Inside City Limits				
	Me La	Director	Md. Balti	more	L	uthervi	lle					1 Yas 2 No				
	1 28	- S	10e. Street and Number				10f. Zip Coo	ia		I Og. Citizen ot V	Vhat Country	13				
	3a o		324 Felton Rd.				210	093		USA						
	The 2	Je.	11. Meritel Stetus	12. Wes Daced			Ves Decedent	of Hispenic Origin? (S	pecify Yes or No-	14. Rao	e - Americar	Indian,				
020	a within 72 hours after death with the Menyland jiene. I than "natural", or items 23s or 28s-f show the Medical Examiner must be multipled at	by Funeral	1 ☐ Never Merried 2 ☐ Married 3 ☑ Widowed 4 ☐ Divorced	Armed Ford  1 Yas 2  If Yas, Giva  Yeer or Det	2 No		Yas, specify 0	Cuban, Mexican, Puert No <i>Specify:</i>	o Rican, etc.)	Specify	whita, etc. White					
9	2 ho	8	15. Decedant's			16a. Deced	ant's Usual Oc	cupation		16b. Kind of Bu						
15	In 7	Completed	(Specify only highast			(Giva	kind of work do OO NOT use re	one during most of wor tired)	king							
7	within ene. than	E	Elementary/Secondary (0-12)	Collega (1-	4or 5+)					Oum Ho	mo					
D	e filed other vent, p			ist)		Home	Maker	18. Mothar's Nar	na (First, Middla,							
an	od be	Be			*** . 1 1											
2	is 1 and 2 should be filed theelth and Mental Hyg tem 27 is marked other other traumatic event,	P		(T	wickn		A-11 (O)									
Z Z	12 shows a second secon											ode)				
m	of Heelth of Heelth Them 27 I			Daughter	Tan											
õ	1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			□Ramoval from S		cematary, crem	natory or other	plece)	Data	20c. Location -	City or Town	n, Stata				
Ξ	Pages nent of P ant: If Ne ury or of					klawn C	emeter	У	9/12/96	Baltim	ore, N	1d.				
Baltimore, Maryland 21215-0020	permit. Pages Department of Important: If it any injury or ones.		21. Signature of Funeral Service Lic	Home Maker   Own Home												
	Physician /Medical Examiner		Immediata Causa (Final diseesa or condition rasulting in daath)	a RUPTI		ABDOMI		ISCUS		LESS THAN						
	70 8	ner									24	HOURS				
	rtificate be executed ng physician and as the burlel-transit	Examiner	Sequentially list conditions,	D,	Dua to (	or as a conseq	uance of):									
68760,	clan		If any, leading to immadiata cause. Entar UndartyIng Cause (Disaase or injury	c												
87	ohysi the	Medical	that initiated avants rasuiting in death) Last		Due to (	or es e consequ	uence of):				į					
9 ×	E 0 0			<b>d</b>												
Box	- 2 -	Physician/									i i					
o	the death by the atter	/slc	Part II. Other significant conditions	contributing to dea	th but not ras	sulting In the ur	dariying cause	givan in Part I.	23b. Did to	obacco use co	ntribute to ti	he cause of death?				
۵.	that det								101	es 20XNo	3 Probe	bly 4 Unknown				
Vital Records,	law requires that as been signed is 2 should be det	sted by							24a. Was a		avail	a autopsy tindings abia prior to				
3ec	has b	Completed									of de	plation of causa eath?				
=	F 98 8	ပ္ပ							1□ Y	as 2 No	10	Yas 2 No				
) E	Physician: The rhis certificete oral director, pag	æ	25. Was casa ratarred to medical exeminar?	TANKS MIN				4 7 7 7	ath (Check only or	na)						
of	5 00 0	70	1 ☐ Yas 2 No	Hospital:	patient 2	ER/Outpatien	3□ DOA	Othar: 4 Nursing H	ome 5 Resid	ence 8 Oth	ar (Specify)					
_	ding Pi		27. Mannar of Death 1 Neturel 5 □ Panding	28a. Data of (Month)	Injury Day Year)	28b. Time of injury	28c. i	njury et Work?	28d. Dascribe h	ow injury occur	red					
0	Attending at death.  ector: After by the fune	atic	2 ☐ Accidant investigat	tion				1 ☐ Yes 2 ☐ No								
Division	f or Attender death Director:	Certification:	3 ☐ Suicide 8 ☐ Could not datarmine	ed 28a. Place o	t Injury - At h , atc. (Speci	ome, farm, stre	eat, factory, off	ica	28t. Location (S City or Tow	traat and Numb n, Stata)	er or Rural F	Route Number,				
	To the Hospital or Attending Ph within 24 hours effer death. To the Funeral Director: After thi completely filled in by the funeral	edical C	29a. Certifiar (Check only one)	Physician: To the baseliner: On the baseliner	is ot axamina	owledga, daath ation and/or inv	occurred at the	a tima, data and piace ny opinion, daath occu	, snd dua to tha c rred at tha tima, c	ausa(s) and ma data and place,	nnar ss stat and dua to th	ed. na cause(s)				
	ithin o the	Me	29b. Signatura and titla of cartifier	and mailine	. Janeu.		29c. Lic	ansa number		29d. Deta signe	d (Month, Da	ay, Year)				
	F 3 F 8		Reatin	Pa	mon	_ M.	1	5492		Sept		1996				
	10		30. Nama and addrass of person we	o completed cause	death (Ital	m 23a) (Type, I										
	(		BEATRIZ P. DIZ	ON, M.D.	7620	YORK	ROAD,	TOWSON,	MARYL	AND 21:	204					

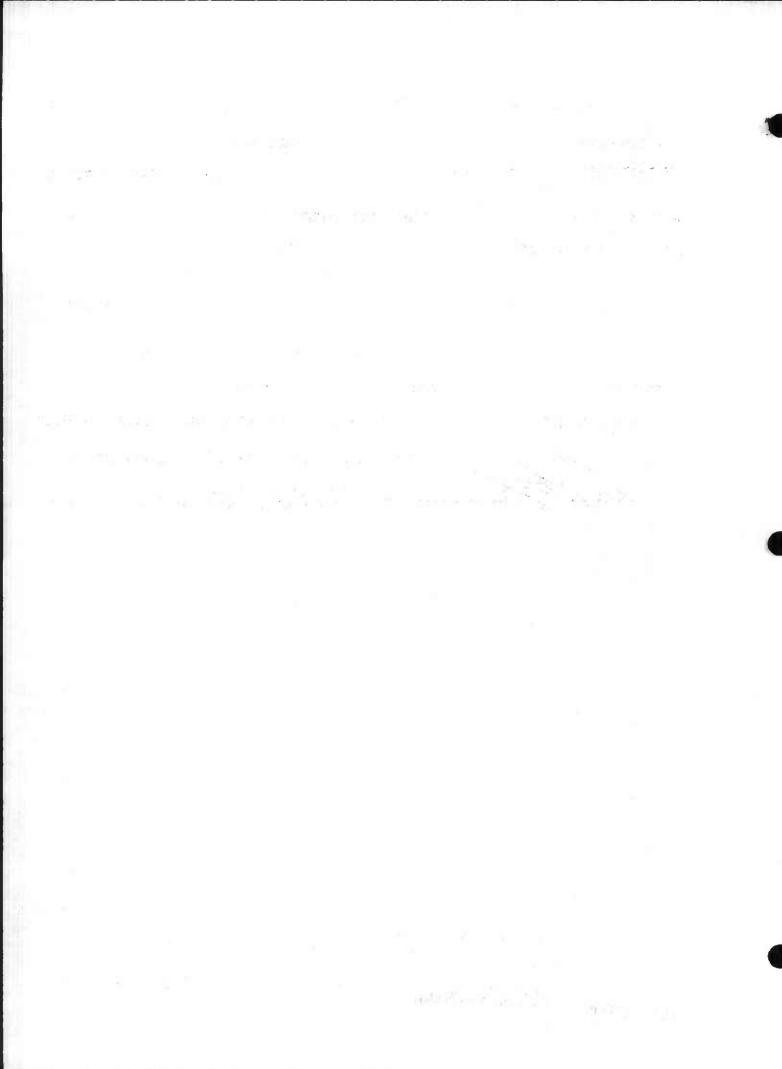
DHMH 16 Rev 6/95

State Registrar

State of Maryland / Department of Health and Mental Hygiene 96

96 27218

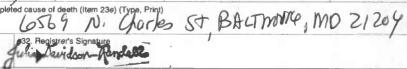
						Certi	ficate of	Death			Reg. No.			
	Physic	ian	Decedent's Name (First, Middle, L			110				2. Date of Dec	ath	Year	3. Time	of Death
	/Medi		BER		Fin	1K				SEPT	9 19	96	7	PM
<i>J</i>	Examir	ner	4a. Facility Name (If not institution, go LEVINDALE	ive street end number)					wn, or Lo	ocation of Deeth	4c. County o			
R	Funeral Director		5. Sociel Security Number 6.	Sex 7. As	ge (In yrs. lest bir		f Under 1 Yeer Months Deys	If Under		8. Date of Birt (Month, De		9. Birthpl Count	lace (Stete try) ARYLA	e or Foreign
	pu »		Usuel Residence of Decedent  10a. Stete 10b. County		100 City Town	!!								
	show	2	MARYLAND N/A		10c. City, Town	LTIMC						10		City Limits es 2 □ No
	the N	Director	10e. Street and Number		13/11						10a Chinas of 181	Data Cause		
	filed within 72 hours after death with the Maryland Hygiene ther than "natural", or items 23a or 28a-f show ont, the Medical Examiner must be notified at		2450 W. BELVEDERE	AVE.	_		10f. Zlp Code	212	215		10g. Citizen of W US		ryr	
	Her de	Funeral	11. Meritel Stetus  1 ☐ Never Married 2 ☐ Married	12. Was Decedent Armed Forces? 1 Yes 2 X		13. Wes	s Decedent of es, specify Cul	Hispanic Ori pan, Mexicar	igin? (Sp 1, Puerto	ecify Yes or No- Rican, etc.)		- America k, Whita, e		
200-61212	urs al	by	3 ☐Widowed 4 ☐ Divorced	If Yes, Give Year or Dates:	(10	10	Yes 2 No	Specify:			Specity:	WE	HITE	
5	n 72 hours "natural", nuical Exe	Completed	15. Decedent's 8	Education rade completed)	16a.	Deceden	t's Usual Occu d of work done	pation during mos	t of work	ina	16b. Kind of Bus			-
7	d within piene. r than	mple	Elementary/Secondary (0-12)	College (1-4or	5+)	life. DO	NOT use retire	ed)	. 07 11 277	9				
7	Hygiene. Hygiene. ther than		12 17. Father's Name (First, Middle, Las	e)			HOUSE		ara Nama		WN HOME			
0	S a b S	To Be	EMANUEL	DAHNE ROSE								TZ		
Maryiana	SEE	F	19a. Informant's Name/Relationship	(Type, Print)			Address (Stree	t and Numbe			er, City or Town, 5			
	475		MR. MARTY FINK (S	SON)		_					INGS MIL			117
Baikimore,	200		20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremation 4 ☐ Donation 5 ☐ Other Spec			ry, cremati	on (Neme of ory or other pie VYOUNG		_	Date 9-11-199	20c. Location - 0			)
	Demit. Pag Department Important: If any injury or once.		21. Signature of Europid Service Ling	//		_	ame end Addr		- 1				-,	
	Pedm Peda Impo		1 How 1	2			Sol L	evinso	on &	Bros.	Inc.	MD	23.20	20
			23a. Part1. Enter the disease or cor shock, or heart fallers. List odd	nplettions that cause	the death. Do r						cesville		Approxim	nate
F	hysician		STREET, OF THESE TRANSPORTS	Ceuse on each	110.							- 1	Onset and	d Death
	/Medical Examiner		Immediate Cause (Final disease or condition resulting in death)	GAN	GRENE	F	EET					3	WE	EKS
		-e-	resulting in obality	CEVE	Due to (or as a c			100 C		100 0	30 mg			
	ertificate be executed ing physician and e as the burial-transit	Examiner	Sequentially list conditions.	Due to (or as a consequence of):										
2	e exe		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury									i		
00/00	ohysic the b	Medical	that Initiated events resulting In death) Last	Ç	Due to (or es a c	consequer	nce of):			,				
Y .	ocarificate be executed and and use as the burial-transit	√Me		d										
	for alth	Physician/	Pert II. Other significant conditions	contributing to death b	ut not resulting in	the unde	rhylna cause a	iven in Pert I		23h Didi	obacco use con	tribute to	the caus	a of death
	hat the de ed by the detached	hys	NON INSUI	_	_									Unknow
ń	es tha igned be de	by	1904 1901	_110 Dure	וישכוייו		IN ISE I	62 (4)	ELLI	201	^			
Division of vital necolds,	been s	Completed	HADERZEN	4012							an autopay rmed?	ava	re autopsy illeble prio npletion of death?	or to
	The law ate has b page 2 s	шо								101	es 2 No		Yes 2	
9		BeC	25. Was case referred to medical					28. Place	of Deetl	n (Check only o			7100 21	
>	G 10 Z	To	exeminer?	Hospital:	ent 2 ER/Ou	tpatient	3□ DOA O	ther: 4 Nu	ırsing Ho	me 5 Resid	lence 6 Othe	r (Specify	)	
	ding Ph After th funeral		27. Menner of Death  1. Netural 5 □ Pending	28a. Date of Inju (Month, De	y Year) 28b. T	Time of njury	28c. Inju Wo	ry at ork?			now injury occurre			
<u></u>	Attending or death.	cat	2 Accident investigation 3 Suicide 6 Could not	20				Yes 2		006 1				
5	i or Attendi after death Director: / d in by the f	Certification:	4 ☐ Homicide determined	building, et	ury - At home, fer c. (Specify)	rm, street,	, factory, office			City or Tox	Street and Numbe yn, Stete)	r or Hurai	Houte Nu	umber,
	To the Hospital or Attending Is within 24 hours after death.  To the Funeral Director: After completely filled in by the funeral	edical C	29a. Certifier t Certifying P (Check only one) 2 ☐ Medical Exa	hysician: To the best miner: On the basis o	f examination and	, death oc	curred at the ti	ime, date en opinion, dea	d place,	and due to the ded at the time,	cause(a) and man date and place, a	ner as stand	ated. the ceuse	e(s)
	o the	Σ	29b. Signeture end title of certifier	end menner st	ELLDIA	1/-	29c. Licen	se number			29d. Dete signed	(Month, I	Day, Year!	)
'	- s - ő		(8,65	Pil.	761610	4 0.	D2	5611	C	-	SEPT. 10			
	7		30. Name and eddress of person who LEVINDALE 2	completed cause of d	leath (Item 23a) (	Type, Prir	nt) SE	T	741	7-8				
	1		LEVINDALE 2	4.34 W.1	BELVER	DER	RE AVE	ENDE	13	ALTIM	ORE M	(1)	212	15
	Sta	ite	31. Date filed (Month_Day, Year)	Culie Stephan	are blandage	7 :								
	Registr	ar	SEP 1 2 1996	V										

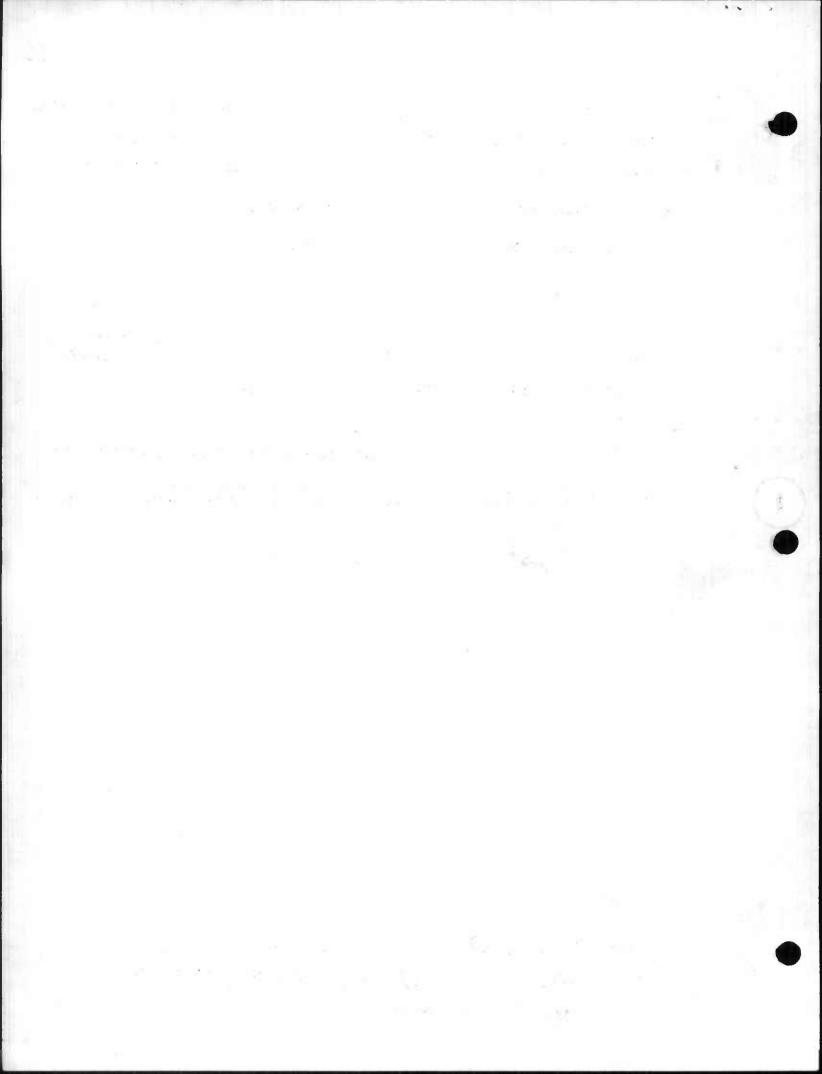


State of Maryland / Department of Health and Mental Hygiene

			Certifica				Re	eg. No.		
Decedent's Neme (First, Middle, L.	Last)						ete of Deet	h	Vaar	3. Time of Deeth
PETER FOLGER						3	SEPTE	MBER 10	, 199	6 2:00AM
						, or Location	of Death			
								BALTIN	10RE	
39-23-7792	Sex 7. Age	F-0	Month:				ate of Birth Conth, Day	/ <b>1</b> 943	9. Birthple	ca (Stete or Foreign YORK
10e Stete 10h County		10c. City. Town	or Location						10	d. inside City Limits
IARYLAND BALTI	IMORE	-		CC	CKEYSV	ILLE			10	Yes 2 No
10e. Street end Number 804 LORD BYRON LAN	NE, APT. 20	2	10f. Z	ip Code	21030	4.)	10	Og. Citizen of t	Whet Countr USA	y?
11. Maritei Status  1 Never Married 2 Married 3 Widowed 4 Divorced	Armed Forces?		If Yes, sp	ecify Cuba	lispenic Origin In, Mexicen, F Specify:	? (Specify Y Puerto Rican	es or No- , etc.)	Blac	ck, White, e	
15. Decedent's E (Specify only highest g	Education rede completed)	160. [	Decedent's Us (Give kind of w	uel Occup	etion during most of	f working	1	1etapro 1	xcella	nce
Elementery/Secondery (0-12)	College (1-4or 5-	+)			"/		M	ETRAPRO		
	st)				18. Mother's	Neme (Firs	t, Middle, N	Maiden Sumen		TOTE
TRVTN	BERRY	FOLGER				ADELE		SCI	HENKER	
			Meiling Addre	s (Street	end Number o					
RS BETH ATKINSON (	(DAUGHTER)	88	BELV	OIR_C	CIR.; N	EWPOR	r New	S, VA	23608	
20e. Method of Disposition  1 Buriai 2 Cremetion 3	☐Removel from State	20b. Piace of cemetery	, cremetory or	other pted	ERVICE					
	<i>"</i>		22. Name a	nd Addre	ss of Facility	_1_				
immediate Cause (Final disease or condition resulting in death)	e	Hode k	INS prisequenca of	Lyng	homo	1				3 mes
Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying	D	Due to (or es e co	onsequence of	):						
that initiated events resulting in deeth) Lest	C. C	lue to (or es e co	nsequence of	•						
D-11 01 1 11 11										
Pert II. Other significant conditions	contributing to death but	not resutting in	tne underlying							
				cause giv	en in Pert i.	1		-		he cause of death
				cause giv	en in Pert i.		3b. Did tol	_	3 Probe	
				cause giv	en in Pert I.			e 25 No	3 Probe	
				cause giv	en in Pert I.		1 ☐ Ye	e 25 No	3 Probe	e autopsy findings eble prior to pletion of cause eeth?
25. Wes case referred to medical exeminer?				cause giv	en In Pert I.	2	1 Ye	n eutopsy ned?	3 Probs	e autopsy findings eble prior to pletion of cause seth?
25. Wes case referred to medical exeminer? 1 ☐ Yes 2 ☐ Yes	Hospitai:	t 2□ ER/Outp	petient 3⊡ [	Oth	26. Piece of	2 Deeth (Che	1 Ye  4a. Wes ar perform  1 Ye  ck only one	n eutopsy ned?	24b. Wern aveil commof de	e autopsy findings eble prior to pletion of cause eeth?
exeminer?  1 Yes 2 140  27. Menner of Deeth  Attrurel 5 Pending investigation	28e. Date of Injury (Month, Dey	28b. Tir		OA Oth	26. Piece of er: 4□ Nursii	Deeth (Che	1  Ye  4a. Wes ar perform  1 Ye  ck only one	n eutopsy ned?	3 Probs  24b. Wer aveil com of de 1  er (Specify)	e autopsy findings eble prior to pletion of cause eeth?
exeminer?  1 Yes 2 Ho  27. Menner of Deeth  waturel 5 Pending	28e. Date of Injury (Month, Dey	Year) 28b. Tir	me of ury M	OA Oth- 28c. injun Word	26. Piece of er: 4□ Nursir / et (7	Deeth (Che	1 Ye  4a. Wes are perform  1 Ye  ck only one  Reside	n eutopsy ned?  s 2 No.  no. 8 Oth will night your occur.	3 Probe  24b. Wer avoii com of de 1   er (Specify) red	e autopsy findings eble prior to pletion of cause eeth?
exeminer?  1 Yes 2 1 10  27. Menner of Deeth	28e. Date of Injury (Month, Dey	Year)  28b. Ting Year)  y - At home, fam (Specify)  my knowledge, examination end/	me of ury M m, street, fecto	OA Oth. 28c. Injun Word 1 Ty, office	26. Piece of  9r: 4 Nursin  7 et  7 Yes 2 No	Deeth (Cheing Home & 28d. D	1 Ye  4a. Wes ar perform  1 Ye  ck only one  5 Reside rescribe ho position (String or Town)	n eutopsy ned?  s 2 No.  )  nce 8 Oth w Injury occur eet and Numb , State)	3 Probe  24b. Wer avoid common of de to the common of de to the common of de to the common of de to the common of de to the common of de to the common of de to the common of de to the common of the	e autopsy findings eble prior to pletion of cause eith?  Yes 20 No
exeminer?  1 Yes 2 2 No  27. Menner of Deeth	28e. Place of Injury  28e. Place of Injury  28e. Place of Injury  building, etc.  hyelclan: To the best of miner: On the bests of a	Year)  28b. Ting Year)  y - At home, fam (Specify)  my knowledge, examination end/	me of ury M m, street, fector deeth occurred or investigation	OA Oth	26. Piece of er: 4 Nursing the state of the	Deeth (Cheing Home & 28d. D	1 Ye  4a. Wes are perform  1 Ye  ck only one  Reside rescribe ho recation (Striy or Town)	n eutopsy ned?  s 2 No.  )  nce 8 Oth w Injury occur eet and Numb , State)	3 Probe  24b. Wer aveil com of de 1   er (Specify) red  per or Rurel is come as statend due to the state of t	e autopsy findings eble prior to pletion of cause eith?  Yes 2 No  Route Number,
	PETER FOLGER  4e. Fecility Name (If not institution, g GREATER BALTIM  5. Sociel Security Number 39–23–7792  Usuel Residence of Decedent 10e. Stete 10b. County BALT:  10e. Street end Number 304 LORD BYRON LAI  11. Maritel Status 1 Never Married 2 Married 3 Widowed 4 Divorced  15. Decedent's (Specify only highest g Elementery/Secondery (0-12) 12  17. Fether's Neme (First, Middle, Lest IRVIN  19a. informent's Neme/Reletionship  RS_BETH_ATKINSON 20e. Method of Disposition 1 Buriai 2 Cremetion 3 4 Donetion 5 Other (Specify Only Nemeroletionship) 21. Signeture of Funerel Service Lice 23a. Parti. Enthr the disease, or contact, or near feiture. List only immediate cause. Enter Underlying Cause (Disease or injury the Initiated events resulting in deeth) Lest	GREATER BALTIMORE MEDICAI  5. Sociel Security Number 39-23-7792  Usuel Residence of Decedent 10e. Stete 10b. County BALTIMORE  10c. Street end Number 304 LORD BYRON LANE, APT. 20:  11. Maritel Status 1 Never Married 2 Married 3 Widowed 4 Divorced  15. Decedent's Education (Specify only highest grede completed)  Elementery/Secondery (0-12) 12  17. Fether's Neme (First, Middle, Lest)  IRVIN BERRY  19a. informent's Neme/Reletionship (Type, Print)  RS BETH ATKINSON (DAUGHTER) 20a. Method of Disposition 1 Buriai 22 Cremetion 3 Removel from State 4 Donetion 5 Other (Specify) 21. Signeture of Funerel Service Licensee  23a. Fart Enter Underlying 2ause (Disposes or injury that Initieted events resulting in death) Lest  C. Decedent's Education (Type, Print)  RS BETH ATKINSON (DAUGHTER) 20a. Method of Disposition 1 Buriai 22 Cremetion 3 Removel from State 4 Donetion 5 Other (Specify) 21. Signeture of Funerel Service Licensee	PETER FOLGER  4e. Fecility Name (If not institution, give street end number)  GREATER BALTIMORE MEDICAL CENTER  5. Sociel Security Number  39–23–7792  Usuel Residenca of Decedent  10e. Stete  10b. County  MARYLAND  BALTIMORE  10c. Street end Number  30-4 LORD BYRON LANE, APT. 202  11. Maritel Status  1 Never Married 2 Married  3 Widowed 4 Divorced  15. Decedent's Education  (Specify only highest grede completed)  Elementery/Secondery (0-12)  17. Fether's Neme (First, Middle, Lest)  IRVIN  BERRY  19a. informent's Neme/Reletionship (Type, Print)  19b. SETH ATKINSON (DAUGHTER)  20b. Place of cemetery  21a. Signeture of Funerel Service Licensee  22a. Part First, the disease, or complications that caused the death. Do not complete cause. Enter Underlying Ceuse (Disease or injury test Initiated events  Due to (or es e complete in the first individed on injury test initiated events  Due to (or es e complete in test in the conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury test initiated events  Due to (or es e completed in the conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury test Initiated events  Due to (or es e completed intertions or injury test Initiated events  Due to (or es e completed intertions or injury test Initiated events  Due to (or es e completed in the conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury test Initiated events  Due to (or es e completed in the conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury test Initiated events  Due to (or es e completed in the conditions)  Baltimum 20c (Processed in the conditions)  Baltimum 20c (Processed in the conditions)  Baltimum 20c (Processed in the conditions)  Baltimum 20c (Processed in the conditions)  Baltimum 20c (Processed in the conditions)  Baltimum 20c (Processed in the conditions)  Baltimum 20c (Processed in the conditions)  Baltimum 20c (Processed in the conditions)  Baltimum 20c (Processed in t	PETER FOLGER  4e. Fecility Name (if not institution, give street end number) GREATER BALTIMORE MEDICAL CENTER  5. Social Security Number 6. Sex 39-23-7792  Usuel Residence of Decedent 10e. Stete 10b. County BARYLAND  BALTIMORE  10c. City, Town or Location 10f. Z  10f. Z	PETER FOLGER  4e. Fecility Name (If not institution, give street end number) GREATER BALTIMORE MEDICAL CENTER  5. Social Security Number 6. Sex 39–23–7792 112M 21F 52	PETER FOLGER  4e. Fecility Name (If not institution, give street end number)  GREATER BALTIMORE MEDICAL CENTER  5. Social Security Number  6. Sex  7. Age (In yrs. lest birthday)  10. City, Town or Location  10. Stepsed Poly Residence of Decedent  10. Stepsed Poly Residence of Decedent  10. Stepsed Poly Residence of Decedent  10. Stepsed Poly Residence of Decedent  10. Stepsed Poly Residence of Decedent  10. Stepsed Poly Residence of Decedent  10. Stepsed Poly Residence of Decedent  10. Stepsed Poly Residence of Decedent  10. Stepsed Poly Residence of Decedent  10. Stepsed Poly Residence of Decedent  10. Stepsed Poly Residence of Decedent  10. Stepsed Poly Residence of Decedent  10. Stepsed Poly Residence of Decedent Poly Residence Poly Residence Poly Residence Poly Residence Poly Residence Poly Residence Poly Residence Poly Residence Poly Residence Poly Residence Poly Residence Poly Residence Poly Residence Poly Residence Poly Residence Poly Resident Poly Residence Poly Resident Poly Residence Poly Resident Poly Residence Poly Resident	PETER FOLGER  4e. Feelility Name (If not institution, give street end number)  GREATER BALTIMORE MEDICAL CENTER  5. Social Security Number  6. Sex  139—23—7792  Usuel Residence of Decedent  10e. Stete  10b. County  BALTIMORE  10c. City, Town or Location  COCKEYSVILLE  10c. Stete  10b. County  BALTIMORE  10c. City, Town or Location  COCKEYSVILLE  10c. Stete and Number  304 LORD BYRON LANE, APT. 202  11. Marriel Status  1 Never Married  2 Married  1 Never Married  3 Was Decedent Ever in U.S. Armed Forces?  1 Yes, Specify Cuban, Mexicen, Puerto Rican  1 Never Married  1 Specify:  1 Specify:  1 Specify:  1 Sales	PETER FOLGER  4e. Fecility Name (If not institution, give street and number)  GREATER BALTIMORE MEDICAL CENTER  5. Sociel Security Number  5. Sociel Security Number  6. Sex 2 7. Age (In yrs. lest birthday)  10x 10x 10x 10x 10x 10x 10x 10x 10x 10x	PETER FOLGER  4e. Fecility Name (If not institution, give street end number)  5. Social Security Number  5. Social Security Number  6. Sex  5. Social Security Number  6. Sex  5. Social Security Number  6. Sex  6. S	PETER FOLGER  4e. Fecility Name (If not institution, give street end number)  GREATER BALTIMORE MEDICAL CENTER  5. Social Security Number  5. Social Security Number  6. Sex  1

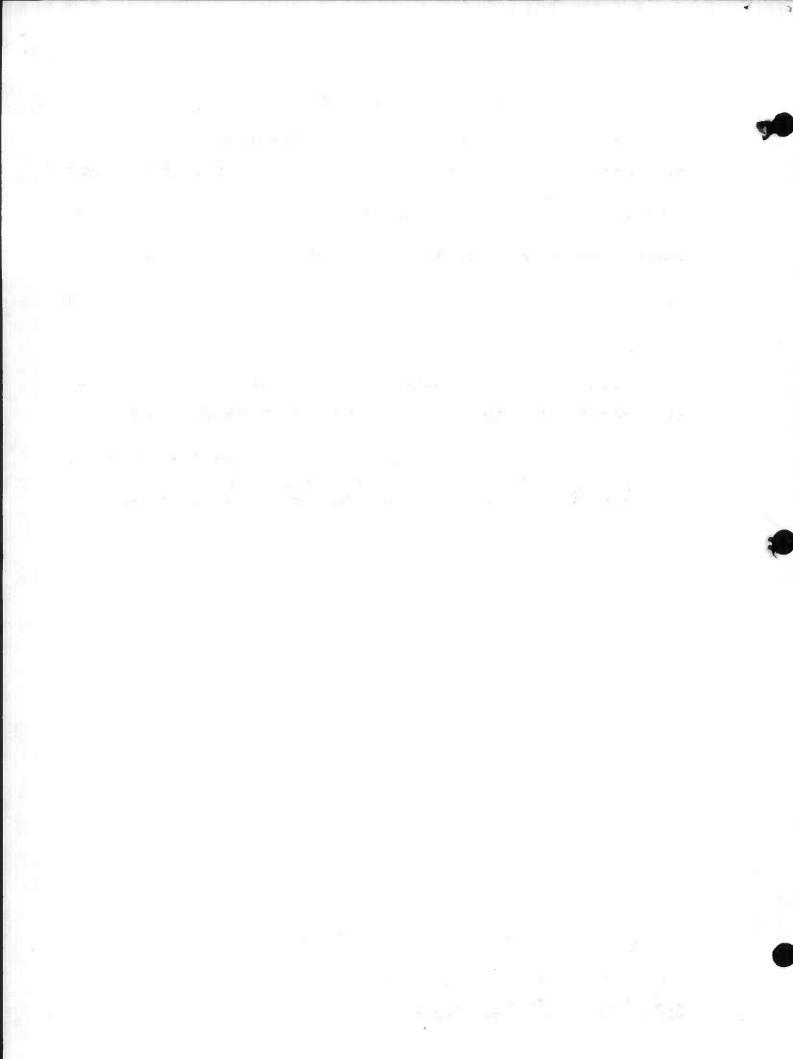
State Registrar



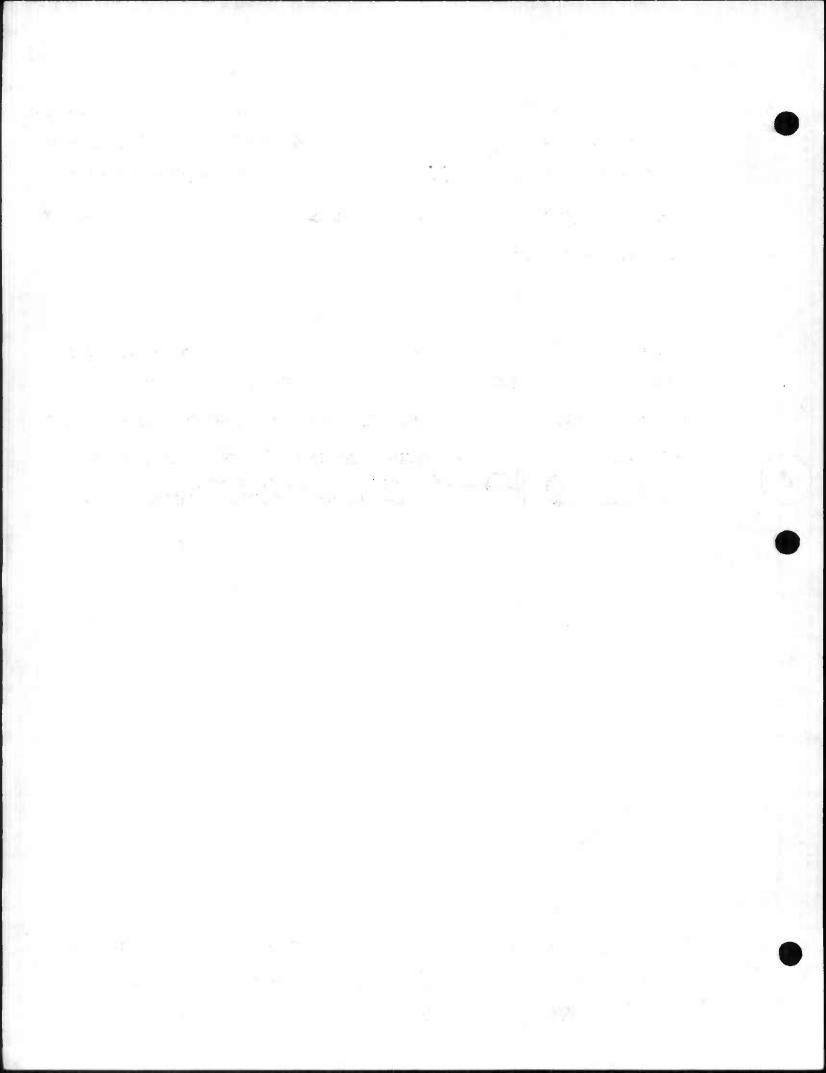


State of Maryland / Department of Health and Mental Hygiene

			Certi	ificate of Death		Reg. No.		
	Physici /Medi		1. Decedent's Name (First, Middle, Last) ANNA GOLDMAN			Dey 1BER 10	Yeer 96	3. Time of Death $09\frac{40}{AM}$
	Examir		4e. Facility Name (If not institution, give street and number)  NORTHWEST ITOSPITAL CEN		LSTOWN	BAL	-TIM	ORE
	Funeral Director			If Under 1 Year If Under 24 Hrs.  Months Days Hours Min.	8. Dete of Bird (Month, Da MAR • I	, Year) 4, 1906	9. Birthpi Count AUS	ace (State or Foreign
	72 hours efter deeth with the Maryland naturel', or frems 23e or 28e-1 show dical Examiner must be notified at	ctor	10e. State 10b. County 10c. City, Town or Local NARYLAND N/A BALTIM				10	od. Inside City Limits 1 ☑ Yes 2 ☐ No
	F 2 2	Director	10e. Street end Number	10f. Zip Code		10g. Citizen of V		try?
	eth w	rai	2500 W. BELVEDERE AVE., apt. 319	21215		US		
	Herra Herra Inst. m	Funeral	11. Merital Status  1 □ Never Merried  1 □ Never Merried  1 □ Never Merried  1 □ Yes 2 □ ♠ No	s Decedent of Hispanic Origin? (Sp es, specify Cuban, Mexican, Puerto	Rican, etc.)		e - America k, White, e	
20	F, or	by F	Mildowed 4 Divorced Yes, Give 15	Yes 2 No Specify:		Specify	:	WHITE
21215-0020	72 hours natural', dical Ex	Pe	15. Decedent's Education 16a. Deceden	nt's Usuai Occupation		16b. Kind of Bu	siness/Ind	lustry
215	8 . 8	ple	life DO	nd of work done during most of work NOT use retired)	king			
	70 00 5	Completed	Elementary/Secondary (0-12) College (1-4or 5+)	HOUSEWIFE			OWN H	IOME
Maryland	Mental Mental arked o	To Be	17. Fether's Name (First, Middle, Last)  LIEBER SCHECHTER	18. Mother's Nam	ne (First, Middle, RYNA		CHECH	ITER
, Mar	s 1 and 2 short if Health and Hem 27 is ma other traum		19e. Informant's Name/Relationship ( <i>Type, Print</i> ) DR. EMANUEL GOLDMAN (SON)  19b. Mailing 2902—E	Address (Street and Number or Run B TERRY DRIVE BAI	TIMORE,	MD 2120	State, Zip	Code)
timore,	Pege ment o		1 & Burial 2 Cremation 3 LXHemoval from State	tory or other placa)	Date -11-199	20c. Location - SAFFE		
Ba	Depart Import any inj			Name and Address of Facility Sol Levinson & 200 Reisterstown			e, MI	21208
-			23a Fart. Intermediatese, or confoliations that caused the death. Do not enter the shoot or hear failure. List only one cause on each line.	the mode of dying, such as cardiac	or respiratory a	rrest,		Approximate Interval Between
	Physician							Onset and Deeth
- 44	/Medical Examiner		immediate Cause (Final disease or condition resulting in death)  SEPSIS					IDAY
		-	Due to (or as e conseque	nce of):			i	
- 11	and I-transit	edical Examiner	Sequentially list conditions.  Due to (or as a consequentially list conditions).	nce of):			i	
68760,	sician burie	calE	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events expected by the cause (Disease or Injury that initiated events expected by the cause (Disease or Injury that initiated events expected by the cause (Disease or Injury that initiated events expected by the cause of	nee of			i	
×	te death certificate be executed the attending physician and shed for use as the buriel-transit	₹	resulting In death) Last  d	100 01).				
. Bo	death e atter ed for u	by Physician	Part if. Other significant conditions contributing to death but not resulting in the under	erlying cause given in Part i.	23b. Did 1	tobacco uss cor	ntributs to	the cause of death?
P.0	of the	Phys	GI BLEED, RENAL ZAIL	UDE	10	Yss 2 No	3 Prob	ably 4)Efunknown
	es the		GI DELLO, KUME TAIL	-U/C				
Records,	s law requires that the death cert has been signed by the attendin ge 2 should be deteched for use	Completed				an autopsy med?	con	re autopsy findings iliable prior to appletion of cause death?
æ	B - E	E C			101	res 2 000	1 🗆	Yes ZONo
/ita	iclan: The certificate rector, pag	Be (	25. Was case referred to medical examiner?	26. Place of Deal	th (Check only o	ne)		
5	Physician: this certific	2	1 ☐ Yes 2 ☐ No Hospitel: 1 ☐ Napatient 2 ☐ ER/Outpatlent			denca 6 □Oth		)
Division of Vital	Attending P	Certification:	27. Manner of Death  1 Neturel 5 Pending (Month, Day Year)  2 Accident investigation  3 Suicide 6 Could not be	28c. injury at Work?  M 1 Yes 2 No	28d. Describe I	now injury occurr	ed	
Divi	ital or Ati ins after d ral Direct lied in by	Certifi	4 Homicide determined determined building, etc. (Specify)		City or Tov			
	To the Hospital or Attanding Ph within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral	Medical	29a. Certifier (Check only one)  Certifying Physician: To the best of my knowledge, death or cone)  Medical Examiner: On the basis of examination and/or invessand manner stated.	stigetion, in my opinion, deeth occur	red at the time,	dete and placa,	and due to	the cause(s)
	2 1 1 2	~	29b. Signature end title of certifier	29c. License number D 37333		29d. Dete signed		10, 1996
	5			RT RD, BALTO	. Mp :	21133		
I	Sta Registr		SEP 1 2 1996  SEP 1 2 1996  Sinhe Dailson-Randson					



Physician /Medical	AAKUN H	ENRY	GROSS			2. Date of D Month SEPT.	Day 5 1	o &c , 10c &19a & b9/  Year  996  9:40 A.M
Examiner	4a. Facility Name (If not institution, giv.  310 HOLLY MANOR  5. Social Security Number 6. 8	ROAD		av) If Undar 1 Yea	4b. City, Town, or Catons The Hundar 24 Hrs	okille OKE		BALTIMORE NA
uneral frector		M 2 F	(In yrs. lest birthd	Months Days		8. Date of Bi (Month, D SEPT.	ey, Year)	9. Birthplaca (Stata or Foreign
be notified at	MARYLAND BALTIN	10RE	10c. City, Town or	LTIMORE C	Cato	nsvil le		10d. Inside City Limits
	310 HOLLY MANOR	ROAD			228		US	What Country?
Exam by F	3 □ Widowed 4 □ Divorcad	12. Was Dacedant E Armed Forces? 1 Yes 2 N If Yes, Give Year or Dates:		3. Was Decedent of If Yes, specify Cult  1 ☐ Yes 2 🕱 No	ban, Mexican, Puer	to Rican, atc.)	Specia	ce - American Indian, lok, White, etc. by: BLACK
t, the Medical	15. Decadent's E. (Specify only highest green Elementary/Secondary (0-12)	ducation ede completed) College (1-4or 5-	+) (G life	cedent's Usual Occu ive kind of work done b. DO NOT use retire	pation during most of wo ed)	rking	16b. Kind of E	Business/Industry
arked other that overt, the	17. Father's Name (First, Middle, Last,	GROSS	MAIN	TENANCE	MAN 18. Mothar's Nat ESTEL		, Maiden Sumer	G AUTHORITY me) LLIAMS
or trauma	19a. Informant's Neme/Relationship ( LOUISA GROSS	Type, Print) (wife)		ailing Address (Stree				ARYLAND 21228
ant: If item jury or othe	20a. Method of Disposition  1 Durial 2 Cremation 3 4 Donation 5 Other (Specific	Removal from State	20b. Place of Discematery, of	sposition (Neme of remetory or other pla IONAL CEME	3Ce)	Date -11-96	20c. Location	- City or Town, State  MARYLAND
Important any injury sncs.	21. Signatural of Funeral Service Licen	уев . Д		JOSEPH H. 2140 N. F	BROWN JR	R. FUNER	AL HOME	,P.A. , MD. 21217
attending physician and lor use as the burial-transit and clan/Medical Examiner	Immediate Cause (Final disaase or condition resulting in deeth)  Sequentially list conditions, if any, leading to Immediate cause. Entar Underlying Cause (Disease or Injury that initiated events resulting in death) Last	C	OUAVY Due to (or as a cons	equenca or).	nary	end	rolls	years nyears
d by the setached	Part II. Other significant conditions of	ontributing to death but	not resulting in the	underlying cause gi	ven in Part I.		tobacco use co Yes 2,⊠No	ontributa to the cause of death?
2 should		0				24a. Was	an autopsy omed?	24b. Ware autopsy findings available prior to completion of cause of death?
certificate has rector, page 2	25. Wes case referred to medical examiner?				26. Place of Dea		Yes 212 No	1 ☐ Yes 2 ☐ No
S 0	1 Yes 2 No	Hospital: 1 ☐ Inpatien	t 2 ER/Outpat	ient 3□ DOA Oti	her: 4 Nursing H	ome 5 Real	dance 6 Oth	ner (Specify)
the funera the funera cation:	27. Manner of Death  1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be		Year) Injury	M 1	nyat rk? ]Yes 2∐No		how Injury occur	Teatre St.
To the Funeral Director: completaly filled in by the Medical Certifical	4 Homicide determined	28e. Placa of Injur- building, etc.	(Specify)	street, factory, office	me date and slave	City or To	wn, Stete)	ber or Rural Route Number,
To the Funeral Dire completaly filled in b Medical Certi		inar: On the besis of e	xamination and/or	Investigation, in my c	opinion, death occu	rred at the time,	date and place,	anner es stated. and due to the cause(s)  d (Month, Dey, Year)
	Drawis,	& Sur	in, us	> Du	14715		9.9	-96
	30. Nama and address of person who of FRANCIS X - STR	Ann, Mi	301	ST PAL	e PLA	re B	Act to	up 21202
State Registrar	31. Data filed (Month, Dey, Year) SEP 1 2 199	6 July Day	s Signeture	102				



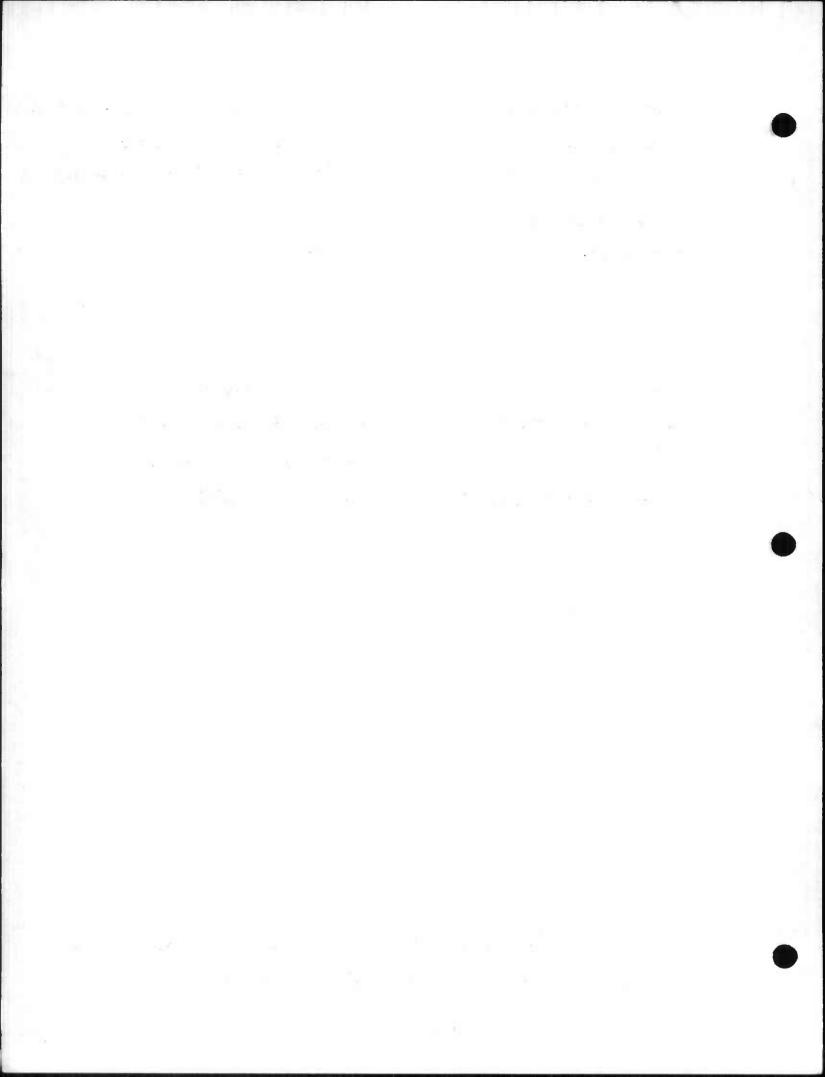
			State of Mary		ertificate			Reg. No.	90	41444
E LANGE		1. Decedent's Name (First, Middle, Last	2)				2. Date of Dea	ath		3. Time of Death
Phys /Me	ıcıan dical	MARIE MARY	GETZ				Month SEPTEM BE	n 9	1996	: 3:15 P. F
Exam		4a. Facility Name (If not institution, giva				4b. City, Town, or	Location of Death	4c. County	of Death	
		Johns Hopkins Bayv				Baltimor		N/	A	
Funer Directe	_	5. Social Security Number 6. Sa 212–28–3000	x	yrs. last birthd Yrs	Months D	aar If Undar 24 Hr ays Hours Mir	8. Data of Birth (Month, Day Oct. 15	, Year) 1919	9. Birthpla Counti Mary]	
Maryland a-f show	ctor	10a. State 10b. County Maryland Baltimore		. City, Town or Dundall					10	d. Insida City Limits 1 ☐ Yes 2 ☑ No
ath with the 23a or 28	Funeral Director	10e. Street and Number 1258 Willow Road			10f. Zip Coo 21222			U.S.A.	What Countr	y?
15-0020 72 hours after death with the Maryland 72 hours after death with the Maryland 7-natural; or frems 23s or 28s-f show 6-cs Examiner must be notified at	2	3  Widowed 4  Divorcad	12. Was Decedent Evar Armed Forces? 1 ☐ Yes 2 No If Yes, Give Year or Datas:	n U,S. 1	3. Was Decedent If Yes, specify (	of Hispanic Origin? ( Cuban, Mexican, Pue No <i>Specify:</i>	Specify Yas or No- rto Rican, etc.)	14. Rad Bia Specifi	ca - Amarica ck, White, a y: Whi	tc.
within ena.	Completed	15. Decedent's Edu (Specify only highest grad Elementary/Secondary (0-12) 8th Grade	cation le completed) Collaga (1-4or 5+)	(G	cedant's Usual Ocive kind of work do b. DO NOT use re	ccupation one during most of wo tired)	orking	16b. Kind of B		istry
	Ü	17. Father's Nama (First, Middla, Last)		1101	CAROLLE	18. Mother's Na	ime (First, Middle,			
riand Lid be file fental Hy rked oth tic event	To Be	Michael Unkn	own :	Stacks		Kathrin				Olei
Maryla d 2 should th end Men 7 is marke traumatic		19a. Informant's Name/Ralationship (T)	rpa, Print)	19b. Ma	ailing Addrass (St	reet a <i>nd N</i> um <i>ber</i> or F			Stata, Zip C	Code)
t and Health Health orn 27		George Mister/Son- 20a. Method of Disposition 1 XXBurial 2 Cramation 3 F	Ramoval from State	<li>b. Placa of Dis cametery, c</li>	sposition (Name or rematory or other	Avenue, place) 9/13/9 Cemetery	6 Date	Mary 20c Location Baltimo	City or Tow	m, Stata
Daillimor Depertment of Important: If it any Injury or or	- BOUCE	4 □ Donation 5 □ Other (Specify)  21. Signature of Funeral Servica Licens		J	22. Name and Adohn C. N	dress of Facility filler, In	c.			
Physicia /Medica Examine	ıl 💮	23a. Part1. Entar the disease, or compi shock, or heart failura. List only of Immediata Causa (Final diseasa or condition resulting in death)	RESPILLE	laath. Do not	enter tha mode of		ac or respiratory and	ast,	í	Approximata Interval Between Onsat and Death
	ē			o (or as a cons			_			1000
. C. DOX 00 four, the death certificate be executed by the attending physician end ached for use es the bunal-transit	VMedical Examiner	Sequentially list conditions, if any, laading to immediata cause. Enter Undarlying Cause (Disassa or injury that initiated events rasulting in death) Last	ATRIM F	O (or as a cons	sequenca of):	CARDIAC	MRMH	tu j A		MXuown MXuown
death death	Iclar	Part II. Other significant conditions con	stributing to death but not	roculting in the		share in Death	non Dida			
det the	by Physician/M	ARTERIA HYPE						\		the cause of death?
The law requires that ate has been signed by page 2 should be detailed.	Completed						24a. Was a perfor	in autopsy med?	com	e autopsy findings lable prior to pletion of cause eath?
The cate to pag	S						1□ Y	as 2 No	1 🗆	Yes 2□ No
Clen Sertifi Sector	Be	25. Was case referred to medical examinar?	lospital:				eath (Check only or	19)		
Physician: This certific rai director,	- To	1 Yes No	1 Inpatiant 2	28b. Time	IENT 3L DOA		Homa 5 Reside			
Attending or death.	cation	1 XNatural 5 Pending Invastigation	(Month, Day Year	) Injun		njuryat Work? I □ Yas 2 □ No	28d. Describe h	ow injury occur	100	
To the Hospital or Attending Physician: The iaw within 24 hours after death.  To the Funeral Director: After this certificate has completely filled in by the funeral director, page 2	Certification:	3 Suicide 6 Could not be 4 Homicida datarminad	28e. Piaca of Injury - A building, etc. (Spe	t home, farm, ecify)	streat, factory, off	Ce	28f. Location (S. City or Town	treet and Numb n, State)	er or Rural I	Route Number,
he Hosp in 24 hou he Funei plately fi	edical	29a. Certifier Certifying Physics (Check only one) Certifying Physics (Check only one)	elcian: To the best of my inter: On the basis of exame and manner stated.	knowladga, da Ination and/or	ath occurrad at the invastigation, in m	e tima, data and place by opinion, daath occ	a, and due to tha c urred at tha tima, d	ausa(s) and ma ata and placa,	innar as stat and dua to ti	ad. na causa(s)
To t withi To th	Σ	29b. Signature and titla of certifiar	wan.	MD		ensa number NC	1015	9d. Date signer		ay. Year) 7, 1996
į		30. Name and address of person who co	mplated cause of death (	tam 23a) (Typ	e, Print)		1	. 1	. A	P. 11.

State Registrar

A-PMOO, MD

# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

						Ce	rtificate	of i	Death			Reg. No.		
	Dharia	·	Decedent's Neme (First, Middle	•							2. Dete of D Month	eeth Day	Yeer	3. Tima of Death
	Physic /Medi		Ruth McComa	s Grant							Sept.	7,	1996	11:30AM
	Exami		4e. Fecility Name (If not institution	n, giva street and n	um <i>ber)</i>			4	4b. City, To	own, or Lo	ocation of Dea	ith 4c. Co	unty of Desth	
1			6515 Lewis Ro	oad					Bald	lwin		Bal	timore	
Γ	Funeral		5. Sociei Security Number	6. Sex		rs. last birthdey)	If Under 1 Months D	Yaer Devs	If Undar Hours	24 Hrs. Min.	8. Deta of B	irth Dav. Year)	9. Birth	placa (Stete or Foreigntry)
	Director	Н	220-46-4658	1□ M 2ဩ F	88	Yrs.					Aug.20	7, 1908	Balt	o.City,Md.
	p .		Usuel Residence of Decedent  10e. State 10b. County		100	City Town or L	antine.							
	sho	_	7.00 72.0		100.	City, Town or Lo								10d. Inside City Limits
	the Marylar 28a-f show	Director	Maryland Balti	more		Baldwi								1 Yas 2 No
	ith th	1	10e. Street end Number				10f. Zlp Co						of Whet Cou	intry?
	23a	- E	6515 Lewis Road						013				J.S.A.	
	72 hours after death with the Maryland natural", or flerns 23a or 28a-f show final Examinet must be notified at	Funeral	11. Meritei Status	12. Wes Dec	cedant Evar in orces? 2 🗷 No	U,S. 13.	Wes Decedan If Yes, specify	t of H Cube	lispanic Or en, Mexicei	igin? (Sp n, Puerto	ecify Yes or N Rican, etc.)	14.	Race - Ameri Bleck, White	
20	s aft	by F	1 ☐ Nevar Married 2 ☐ Merr 3 🌣 Widowed 4 ☐ Divorced	If Yes, G	ive		1□Yes 2X	No	Specify:			Sp	ecify: 1.1L	
9	n 72 hours natural',	D D		Yaarori	Detes:	10. 5						100 100		ite
15	within 72 ho piene. r than "natur me Medical	Completed	15. Decedent (Specify only highes	ts Education st grade completed	)	169. Dece (Give	dent's Usual C kind of work of DO NOT use i	one o	etion <i>during</i> mos	it of work	ing	16b. Kind (	of Business/Ir	ndustry
12	within then the Mag	E	Elementery/Secondery (0-12)	Coilege 4	(1-4or 5+)			omec	-//			Н	ome	
9	al Hygin other		17. Fether's Neme (First, Middle.	·		House	SMTT6		18. Mothe	er's Nem	e (First, Middl	le. Meiden Sui		
an	d be	Be C	James Ross McCo	mas							Living		,	
2	12 should be filed with h and Mental Hygiene. 7 is marked other than traumatic event, the M	2	19e. Informant's Neme/Reletions			19h Melli	ng Address (S	troot					um State 7	in Code)
Maryland 21215-0020	7555		Mr. J. Michael		on)		Lewis					d. 210		<i>p</i> 6566)
altimore,	- 9 E E		20e. Mathod of Disposition	024110 (0	-	Piece of Dispo				Dai	Date	T	on - City or T	own. State
no			1 🔀 Burial 2 🗆 Cremation		State					0/4	10.400			
	it P		4 ☐ Donetion 5 ☐ Other (S)  21. Signeture of Funeral Service		L	hestnut	GFOVE 2. Nama and A				13/96	BelAi	r,Ma.	
6	permit. Page Department of Important: If any injury or otice.		21.00	0 1			. F. La				cal Hom	ne		
		_	67.0	assak	N/	1	1750 Be	ela	air Ro	pad	Kings	sville,	Md. 2	1087
a			23a. Pert1. Enter the disease, or shock, or haert failure. List	complications that only one cause on	ceused the de each line.	eth. Do not en	ter the mode o	if dyln	ng, such es	cerdiec	or respiretory	errest,	i	Approximate Intervel Between Onset and Deeth
	Physician /Medical		Immediete Cause (Finel	1		1 /	7/	_	/				1	1 minute
	Examiner	П	diseese or condition resulting in deeth)	e	yocar	dial	Lota	er	ctio	~·			1	maule
		5	and the second s	,	Due to	(or es e conse	quence of):							
	nsit	Examiner		b			,						i	
	certificate be executed iding physician and ise as the burial-transit	Xai	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying		Due to	(or as a conse	quence of):						į	
260	slciar buri		Cause (Disease or Injury thet Initieted events	C									1	
68760,	phy s the	/Medical	rasulting In daath) Last		Due to	(or es e consec	(uance of):						‡ [	
X	nding use a		1	d										
ă	atten f for u	Physiciar	Contract Con	TO THE WORLD	ELL VII.	- curl - v lu-	Inc. a March 1997	00-1-				WIND TRANS		
o.	law requires that the death as been signed by the atte 2 should be detached for	ys	Part II. Other significant conditio					se giv	en in Pert	I.	-			to the cause of death
٥.	that bed b		Dementio	a, Hy	poth	yroids	321				1	Yes 2001	6 3 □ Pro	bably 4 Unknow
of Vital Records,	uires sign	d by			,						24e. We	s an autopsy	24b. W	ere eutopsy findings
00	beer shou	lete	Microcy	itic A	nemi	2					per	formed?	ar Cr	veileble prior to ompletion of cause
Re	0 - 0	Completed												death?
ā	Ician: The certificate h rector, page		OF Management and the market									Yes 2	0 1	☐ Yas 2☐ No
Ē	certif	o Be	25. Wes case referred to medical examiner?	Hospitel:				Oth	er.		h (Check only			
of	Phys this ral di	$\vdash$	1 Yes 2 No	28a. Dete		☐ ER/Outpatie		_	4 L N	ursing Ho		sidence 8 - e how Injury or		fy)
	After fune	lo	1 Pendin	g (Mor	nth, Dey Year)	Injury	M 200.	Wor	k? Yes 2□	No	200. Describe	s non injury o	Zumeu	
Division	deat deat tor: the	Certification:	2 ☐ Accident investig 3 ☐ Suicide 6 ☐ Could r	not be	n of taken. As	hama fama ak			103 2	140	20f Location	(Street and h	umbar or Du	ral Route Number,
2	or A after Direct in by	artif	4 ☐ HomIcide determ	ined 28a. Plac build	ding, etc. (Spe	home, ferm, st cify)	eat, factory, o	IIICO				own, Stete)	umber or nur	al Houle Humber,
	pital ours oral filled	Ö	29e. Certifler 1/P Certifying	a Dhualalan. Ta th	- h t t t t	n avela da a lata att		6 - Al-	a of allowance		and discharge			
	Hos 24 hc Fun stely	edical	(Check only 2 Medical I	g Physician: To the Examiner: On the b	pasis of exemi	netion end/or In	vastigetion, in	my o	ne, dete an pinion, des	oth occur	end due to the	e, date and pie	ce, and dua	to tha cause(s)
	To the Hospital or Attending Physician: within 24 hours after death. To the Funeral Director: After this certificacompletely filled in by the funeral director,	Mec	29b. Signeture end title of certifier	-	nner steted.	-	29c. l	icens	e number			29d. Dete s	gned (Month	Dev. Year)
	F 3 F 8			1 les	- 6	nl.			3501	12				
	20	-		1.1	0									, 1996.
	1		30. Neme end eddress of person	who completed ceu	ise of deeth (It	em 23e) (Type,	Print) A	e.	R	14	ir, md	. 210	14.	
			31. Dete filed (Month, Dey, Year)	201	Registraria Sia	nature	70 11	-						
	Sta Registi		SEP 1 2 1996	Julia Da	Maken - A	andelle								
	ricgisti	-CII	966 8 T 130	g .	,	100	-							



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Decedent's Name (First, Middle, Last) 2. Data of Death 3. Time of Death / Month TIVEN 4b. City, Town, or Location of Death 4c. County of Deat Nal mor 6. Sex 1 M 2 □ F if Undar 1 Year Bi holace (State or Foreign Dountry) 5. Social Security Number 7. Ag (In yrs, last birthday) Days Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. inside City Limits 1 X Yes 2 □ No arviand 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? war 12. Was Dacedent Ever in U,S. Armad Forcas? 1 ☐ Yes 2 No If Yes, Give Race - American Indian, Black, White, etc. . Was Dacedant of Hispanic Origin? (Spacify Yes or No If Yes, specify Cuban, Maxican, Puerto Rican, atc.) 11. Marital Status 1 Never Married 2 ☐ Married 1 ☐ Yes 2 No Specify: 3 Widowed 4 Divorced egro 16a. Decedent's Usual Occupation
(Give kind of work done during most of working iffe. DO NOT jusa retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Eiamantan/Secondary (0-12) College (1-4or 5+) 17. Father's Name (First, Middle | Last) 18. Mothar's Nama (First, Middle, Maiden Surnama) Given 9 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, informant's Name/Relationship (Type/ 20b. Place of Disposition (Name of cemetery, crematory or other) 20a. Method of Disposition Date/ 20c. Town, State 1 ☐ Burial 2 A Cremation 3 Removal from State 5 ☐ Other (Specify) 4 Donation 22 Nama and Address of Facility re of Funeral Service License 21. Sigga tunera Joseph 2222 W 5 North Ave. ,21216 ase, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or raspiratory arrasf, e. List only one cause on each line. Approximate interval Between Onset and Death CARDLO RESPIRATORY ARREST immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of) Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 3 Probably 1 ☐ Yes 2 ☐ No 4 Unknown HYPERTENSION 24b. Were autopsy findings available prior to completion of ceuse of death? SERURE DISORDER 24a. Was an autopsy performed? ALCOHOLISM 2 No 1 ☐ Yes 2 ☐ No 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Hospital: 1 ☐ inpatient 1 Yes 2 No Other: 4 Nursing Home 2 ☐ ER/Outpatient 3 ☐ DOA 5 Residence 6 ☐ Other (Specify) 28c. injury at Work? 27. Manner of Death 28a. Date of injury (Month, Day Year) 28d. Describe how Injury occurred 28b. Time of 1 Naturat 5 Pending investigation 1 Yes 2 🗆 No 2 Accident

Division of Vital Records, P.O. Box 68760, The law requires that the death certificate Atter this or Attending death. Director

Physician/Medical

Be

2

Certification:

Medical

inbyt

after

Pours Funeral

**Physician** 

/Medicai

**Examiner** 

**Funeral** 

Director

Pages 1 and 2 should be filed within 72 hours after death with the Maryland nent of Heath and Mental Hygiene.
int: If item 27 is marked other than "natural", or items 23a or 28a-f show

permit. Pages 1 and 2: Department of Health at Important: If Item 27 Is any injury or other trau

**Physician** /Medicai

Examiner

Baltimore, Maryland

other traumatic event, the Medical Examiner must be notified at

**Funeral Director** 

Completed by

Be

0

28f. Location (Street and Number or Rural Route Number, City or Town, State)

29a. Certifier (Check only one)

3 Suicide

4 Homicide

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and piace, and due to the causa(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and piace, and due to the cause(s) and manner stated.

29b. Signature and title of or

6 Could not be determined

29c. License number

29d. Data signed (Month, Day, Year)

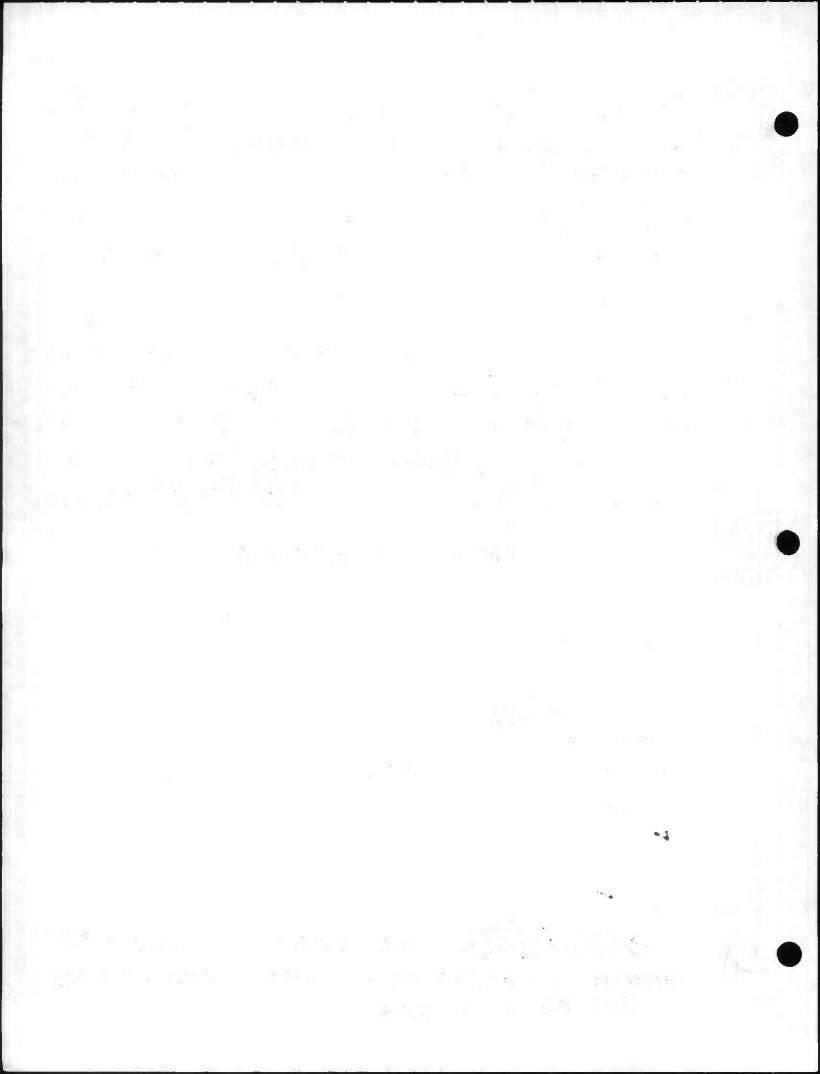
completed cause of death (Item 23a) (Type, Print)

1622 THAMES ST BALTO MD 21231 4. STUMPET

State Registrar

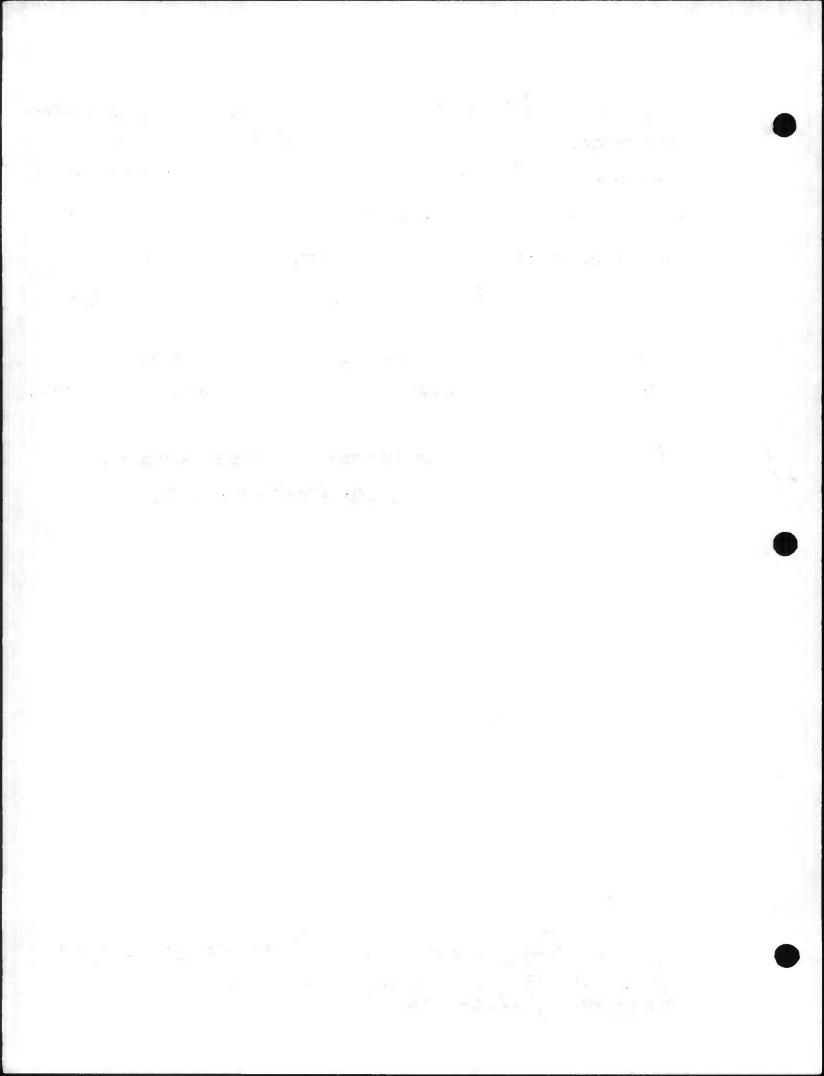


28e. Place of tnjury - At home, farm, street, factory, office building, etc. (Specify)



# Please Type or Print in Black Indelible ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

						Cer	tificate c	of Death		Reg	. No.		
	Physic /Medi		Decedant's Nema (First, Middle, Li  JEAN		LEMA	N.			_ Me	ita of Death onth FC mbc	Day 8	Yaar 1996	3. Time of Death  1250 PM
	Exami		4e. Facility Name (If not institution, git SINAI HOSPITAL	ve street end numbe	r)				m, or Location TIMORE	of Deeth	4c. County	of Death	
	Funeral Director			Sax 7. A 1 □ M 2 🖾 F	ige (In yrs. last i	birthday) Yrs.	If Under 1 Ye Months De		Min. (M	ta of Birth onth, Day, Y	(ear) ,1912	9. Birthpi Coun MARY	laca <i>(Stata or Foreign</i> try) LAND
death with the Mandace	e or 28a-f show be notfind at	tor	10a. Stete 10b. County MARYLAND N/A		10c. City, To	own or Loc						10	0d. Inside City Limits 1 ☐ Yes 2 ☐ No
1	a or 28	Directo	10e. Street and Number	3100 310	m 230		10f. Zip Cod			100	. Citizen of V		try?
_ 1		by Funeral	2500 W. BELVEDERE  11. Marital Status  1 Never Marriad 2 Married  3 Widowed 4 Notorced	12. Was Decedan Armed Forces 1  Yas 2  If Yas, Give Yeer or Datas	t Ever in U,S. ? I No		Vas Decedent (1 Yas, specify C	21215 of Hispanic Original Maxican, No Specify:	In? (Specify Yo Puarto Rican,	es or No-	14. Rec Blac Specify	e - America ck, White, o	an Indian, etc.
15-0	natur	Completed	15. Decedent's E (Specify only highast gr	ducation ada completed)	16	6a. Deced (Giva i	lent's Usuel Oc kind of work do OO NOT usa re	cupation ne during most ( tired)	of working	16	b. Kind of Bu	usinass/Ind	Justry
d 2121	hygiene. her than		Elemantary/Secondary (0-12) 12 17. Fethar's Nama (First, Middla, Lasi	Collega (1-4or	5+)		LESLADY		's Name <i>(First</i>		SHOES		
Maryland 21215-0020	Mental arked or attic eve	To Be	HARRY		FRIE	D		To. Mother	s Name (First	ANNI		10)	KUGAL
Mar	th and the m		19e. Informant's Name/Relationship MAURICE OFFIT, AT					eet and Number					
Baltimore,	nett of Hear net: if Ihem 2 nry or other		20a. Method of Disposition  1 Burial 2 Cramation 3 E  4 Donation 5 Other (Special	Ramoval from Stete	20b. Place ceme	of Dispos tery, crem	sition (Nama of netory or other, R VEREI	place)	Date	a 20	c. Location -	City or To	13.
Balt	Department Important: It any injury o		21. Signature of Poneral Service Lips	Auri	,			dress of Fecility Levinson sterstor		os., I	nc.	MD	21.200
	Medical und physician and phys	/Medical Examiner	Immediate Cause (Final disease or condition rasulting in death)  Sequentially list conditions, if any, leading to immediate cause. Entar Underlying Cause (Disease or Injury the Initiated evants rasulting in death) Last	b. INFER	Dua to (or as Dua to (or as Dua to (or as Dua to (or as	a consaque ART. a conseque ARTE e conseque	uance of):  O'AL in  uance of):  24 Di  uance of):	SEASE -	PATHY leading to H PARCTION EASE-ATHERSSCLER T DIABETES MELL			ALWRE	
		Physician	Part II. Other significant conditions of									ntribute to	the cause of death?
that the death	ned by the a detached	by Phy								15 Yes	2□ No	3 Prob	bebly 4 Unknown
of Vital Records, Physician: The law requires the	has been signe ge 2 should be	Completed b							24	la. Was an a	autopsy d?	ava	ara autopsy findings allable prior to mpletion of cause death?
tal R	Da a		25. Wes case rafarred to medical					00 51	10-40-	1 🗆 Yes	250NO	1 🗆	Yas 2□ No
	0 D	tion: To Be	axaminar? 1 Yas 250 No  27. Manner of Death 1 Natural 5 Panding	Hospital: 1 Inpat 28a. Data of Inj (Month, De	ury 28b	Outpetient  Time of Injury	28c. l	Other		☐ Residano	ce 6 Othe		0
DIVISION tal or Attending	49.5	Certification:	2 Accidant Investigatio 3 Suicide 6 Could not b datarmined	e 28a. Place of In	jury - At home, tc. (Specify)	farm, stre			28f. Lo	cation (Streety or Town,		er or Rura	l Routa Number,
- Hospital	thin 24 hours of the Funeral mpletely filled	edical	29a. Certifiar (Check only one) Certifying Pt	nyelcian: To the best miner: On the basis of and manners									
To the	To the comple	Me	29b. Signatura and tilta of certifiar	_			29c. Lic	ansa number		29d	. Data signe	d (Month, L	Day, Year)
1	2		30. Name and eddrass of person who	completed cause of	MD death (Item 23e	) (Type, F	AS2	402321-	-ST-90	27 Je	ptemb	er 8	, 1996
	1		SEAN H. TRETIAK, SMai Hospital of Baltinara										
	Sta		31. SEP 1 2 1996 (Month, 1996 ar)	Girlia St. Berge	BEA'S PROHEC	E.	•						



# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

					Certifi	cate of	Death		J. No.	
Physic	ian	Decedent's Name (First, Middle,						2. Date of Death Month	Day Y	3. Time of Deeth
/Medi		Ann	E	Horw	ritz			September		
Exami	ner	4a. Facility Neme (If not institution,					4b. City, Town, or L	ocation of Death	4c. County of	Death
		Greater Balt	imore Medic	cal ce	enter		Towson		Baltin	ore
Funeral Director		5. Social Security Number 218-01-9693 Usual Residence of Decedent	. Sex 7. And 1	ge (In yrs. le 85		Under 1 Year onths Days		8. Date of Birth (Month, Day, ) DEC. 17	(ear) 9 ,1910	Birthplace (State or Foreign Country) ILLINOIS
dand dand		10a. State 10b. County		10c. City,	Town or Locatio	n				10d. Inside City Limits
Man,	to	MD	A/N		BALTIMO	ORE				XXYes 2□ No
ath with the Marylan 23s or 28s-1 show	al Director	10e. Street and Number 3701 FORDS LA.,	1ST FL		10	of. Zip Code	21215	100	g. Citizen of Who	
tar daz Items	by Funeral	11. Marital Status  1 Never Married 2 Married  3 Wildowed 4 Divorced	12. Was Decedent Armed Forces  1 Yes 2 New Year or Dates:	? aNo	If Yes	Decedent of I , specify Cub es 2 XNo	Hispanic Origin? (Sp ben, Mexican, Puerto Specify:	ecify Yes or No- Rican, etc.)		American Indlan, White, etc. WHITE
15-002 n 72 hours natural'.	ted	15. Decedent's	Education		16a. Decedant's	Usual Occu	pation	16	b. Kind of Busin	ness/industry
212- d withir giana. r than	Completed	(Specify only highest selementary/Secondary (0-12)	College (1-4or	5+)		OT use retire	during most of worked)	ing	OWN	HOME
be filed tal Hygid d other	Be	17. Father's Name (First, Middle, La	st)				18. Mother's Nam	e (First, Middle, Ma	lden Sumame)	
arylan should be nd Mantal marked o umatic eva	To	HYMAN S		NOVI	CK.		MIRIA	M	L	UBINSKY
Mar nd 2 sh lith and 27 is m r traum		19a. Informant's Name/Retationship MARVIN SCHEIN,		.)			t and Number or Run E ST., SU			
Itimore,		20a. Method of Disposition		0.00	ca of Disposition	(Name of	ace)	Date 20	c. Location - Cit	y or Town, State
Pages nant of int: If its		1 ABurlal 2 ☐ Cremation 3 4 ☐ Donation 5 ☐ Other (Spe			SETH JAC			9/10/96	FINKSBU	RG, MD
in the second		21. Signature of Funeral Service Lic								1107 110
D TEES		1000	A.				NSON & BR			07000
Q /		23a. Part1 Enter the disease, or co	molications that cause	d the death.						Approximate
Physician		23a Part Enter tha disease, or co	ly one cause on each l	Ine.	201101011011110	, mode or dy	ing, score as october	or respiratory erres	٠,	Intervat Between Onset and Death
/Medical Examiner		Immediate Cause (Final disease or condition rasulting in death)	acuk	2 mi	Gocord	yal	(upre)	han		24hN
	e	rasulting in dealin)	\.\	Due to (or	a consaquano	e of);	upic	λ		
S8 /60, icata be axecuted physician and s the burial-transit	Examiner	Consumation that the state of the same state of	b. Aype	A Duck	as e consequenc		iscular	1) ( seace		5 years
axec in an	Exa	Sequentially list conditions, if any, laading to Immediata cause. Enter Underlying Cause (Disease or Injury	7.0	Q 4 1	as a consequenc	a oi).				
68/60 ficata be a physician as tha buria	cai	that initiated events	c. 1)1 all	Due to for a	as a consequence	o of):				ogears
a a a	n/Medical	resulting in death) Last	· Cere	hon	e Oa	DI	reare			3400
	Cla	Part II. Other significant conditions	contributing to death h	out not recult	ting in the underly	dog gouse gi	uno in Bort I	22h Didtoh	noon una aantel	buts to the cause of death?
hat tha detache	by Physician/		oon mouning to double b	out not result	ang in the discern	ring cades gi	ven in Part i.	1 Tes		Probably 4 Unknown
COTC requir been s should	Completed b							24a. Was an a		24b. Were autopsy findings svallable prior to completion of cause of death?
Tha law Tha law ata has paga 2	E							1□ Yes	2 1 No	1 ☐ Yes 2 ☐ No
VITAL I	BeC	25. Was case referred to medical	CBMC	0			26 Place of Deet	h (Check only one)	CBM	
Of VICA Physician: this cartific ral director,	0	examinar? 1 ☐ Yas 2 ☑ No	Hospital: 1 ☐ Inpatio	ent 2 F	R/Outpatient 3	DOA Oth	har:	me 5 Residence		
Attending Physic death.  ector: After this by the funeral d	tion: T	27. Manner of Death  1 ☑ Natural 5 ☐ Pending 2 ☐ Accident Investigat	28a. Date of Inju (Month, Da	iry 2	28b. Time of Injury	28c. Inju		28d. Describe how		opedity)
D page 5	Certification:	3 Suicide 6 Could not determine	be 28e. Place of Inj	ury - At hom c. (Specify)	ne, farm, street, fe	ectory, office		28f. Location (Stree City or Town,		or Rural Route Number,
To the Hospital within 24 hours To the Funeral	edical C	29a. Certifier (Check only one) 1 Certifying F	Physician: To the best aminer: On the basis o and mannar st	f examinatio	edge, death occu n and/or investig	arred at the the	me, date and place, opinion, death occurr	end due to tha caused at the time, date	se(s) and manno and place, and	er as stated. I due to the cause(s)
within To the comple	Me	29b. Signature and title of cartifier	`			29c. Licens	se number	29d	. Date signed (A	Month, Dey, Year)
F > F 0		18N 1.	(,) 0	no	$\circ$	21-	16.22		000	7/
13	-	30. Nama and address of person wh	o completed causa of c	leath (Itam 3	(1) .	NA	TY/		4.4.	6
10		E. Nunka	W. Lan	mail 2	C	2 70.	2 E. Paul	Man G	BMC	C56-N. Choule
,		- WC	A. I And .	-	- Court	2 -	3		-	R1/14071204

DHMH 16 Rev 6/95

3EP 11 FEB

rice of a set of the

Name of the second of the seco

a Prince go se sur

and the second of the second o

90	che		eś.
9	leta		Juc
y th	e e		at o
8	PIN		9
tain	sho		=
9	2		2
ay b	pag		pe
Ë	100		ust
De (	irec		E
Ga.	al d		ine.
ath	une		E S
0	96	<u>a</u>	*
31fe	n h	NO.	ca
SULS	Ξ.	F Te	ned
¥	illed	n, 0	9
1 2	ly f	atio	=
É	plete	rem	ent,
8	mo	e le	S
Bourt	pu	buri	atic
8	E L	2	E
e p	Sicia	rior	Ē
ficat	E	Je L	10
in a	ing	ygie	7
Ę.	tend	교	0
de	e at	hent	un'
the	y th	D N	Ξ
tha	Pe	4	any
res	sign	leall	2
nbe	en	10	bo
W	200	Ħ,	63
le le	ha	Õ	H 2
F	cate	Stat	ē
CIA	PT.	he	0
3	SC	6	ed,
2	E	*	ark
SIN C	Afte	deat	E
EN	ä	ter	8
A	ECI	S	1 2
E.	S.	P	Hen
TO THE CONTROLLING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp		be the more after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
ě.	100	Ŧ	Ë
100	9	7	HTA
£	t	3	PO
2	2	2	$\mathbf{z}$

1. DECEDENT'S NAME (First, Middle, Last)	Warre		Hai	icate of	7			2. DATE MONTH Sept	OF DEATH DE	6.19	YEAR 296	3. TIME OF DEATH 4:45 PM	
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le	st birthday)	IF UNDER 1 YE			R 24 HRS.	7. DATE	OF BIRTH	. / .	8. BIRTH	PLACE (State or Foreign	
213-64-5742	1 💢 M 2 🗌 F	42	YRS.	MONTHS DA	YS H	IOURS	MIN.	Sepi	t. 16,	1953	B Ma	ryland	
9e. FACILITY NAME (If not institution, give a	treet end number)			9b. CITY, TO	WN OR L	LOCAT	ION OF D	-			NTY OF DE		
BAYVIEW JOHNS	HOPKINS	5		BAI	TI	MO	RE				N,	/A	
RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY	,		1	Y. TOWN OR L									
MD	N/A			Baltir								10d. INSIDE CITY LIMITS? 1 YES 2 NO	
100. STREET AND NUMBER	-				10f. ZI	IP COD				10g. CIT		NAT COUNTRY?	
3925 Mortimer	Avenue				L	2.	1215	)			US.	A	
10e. STREET AND NUMBER 3925 Mortimer  11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced		TEVER IN U.S. AI YES 2 X		If ye	s, specif	fy Cub		en, Puerto F	? (Specify Yes	or No-	No- 14. RACE — American Inc. Black, White, etc. Specify: Blac		
15. DECEDENT'S EDU	CATION	16a D	FCEDENT'S	USUAL OCCU	PATION			166	KIND OF BU	DINEGOUN	DUETRY		
(Specify only highest grade Elementary/Secondary (0-12) 12th 17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5	+)	Give kind of e. Do NOT u	work done during se retired.) Manag	g most o	of work	ing	100.		tail			
17. FATHER'S NAME (First, Middle, Last)					-	a. MOT	INER'S NA	AME (First A	Middle, Malden	Sumame)			
									Issac				
19a INFORMANT'S NAME (Type/Print)		11	Db. MAILING	ADDRESS (St	eet and					n. State. Zi	in Code)		
Regina Hayden												MD 21215	
20a. METNOD OF DISPOSITION  1X Burial 2 Cremation 3 Rem  4 Donation 0 Other (Specify)	oval from State	20b. PLACE cemetery, cr	AND DATE	OF DISPOSITIO	N /Name	of		DATI	F 20c, LO	CATION -	City or To		
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSE 1	Int	+	LEE	ROY	ADDRE	DY	ETT	& SO	N FU	JNER	AL HOME	
IMMEDIATE CAUSE (Final disease or condition resulting in death)  s. Starting to core and seco												Approximate Interval Between Onset and Death	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. ACOUL DUE TO	PED 20 (OR AS A CONSE	EOUENCE C	UNOS	EF	-IC	IEN	ocy	Syn	DRE	ome	10 yrs	
	ns contributing to	deeth but not	resulting	In the under	lying c	ceuse	given in	Part I.	24a. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS	
MYCOBACTERIA Y	FULLIM C	OMPLE	X, T		30 C	Y	OPE	WA,	PERFOI	RMEO?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
				ES   NO			CERTAI					1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL	KIDOTE TO CA			ATN (Check only		014	CLKIM						
EXAMINER?	HOSPITAL:	ER/Outpatient	3 DOA	OTHER:	Nome	5 🗆 6	Panidanca	-6 □ Otho	e (Specify)				
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN DESCRIPTION OF DEATH YES NO UNCERTAIN DESCRIPTION OF DEATH YES NO UNCERTAIN DESCRIPTION OF DEATH YES NO UNCERTAIN DESCRIPTION OF DEATH (Check only one)  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1							CCUREO						
3 Suicide 6 Could not be	26a. PLACE building	OF INJURY — At h , atc. (Specify)	ome, 1erm,	street, factory,	offica			26f. LOC City	ATION (Street or Town, State	and Number	er or Rural F	loute Number,	
290. CERTIFIER (Check only one) 2 MEDICAL EXAMINI												) and manner as stated.	
2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and placa, and due to the cause(a) and manner as stated.  29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)  9/9/9/6  30. WANT AND ADDRESS OF PERSON WANT COURT STEE CAUSE OF DEATH (ITEM 27) (Rep. Opinion)													

720 RUZAND ANE

Julia Dandson-Andre

SEP 121996

SALTO MO

State of Maryland / Department of Health and Mental Hygiene

2	7	9	0	0
_	1	6	4	0

						Cei	rtificate c	of Death	7		Reg. No.			
	Physic		1. Decedent's Name (First, Middle, Last	) 	AN	DL	EMA	N		2. Date of De Septem	, Dey _	199/		ime of Death
	/Medi Examii		4a. Facility Name (If not Institution, give	street and number)			_	4b. City, To		cation of Deat		inty of Death	-	1011
	Exami	ici	Laurel Regional Ho					Laur	co1					. 1 -
1	Funeral		5. Social Security Number 6. Se		e (In yrs. las	st birthday)	If Under 1 Ye	ar If Under		8. Date of Bir (Month, De	th	o. Birth		State or Foreign
	Director	ш	578-50-8733 10	M 20%F	96	Yrs.	Months Da	ys Houra		(Month, De Jan 10		Russ		
	· O		Usual Residence of Decedent							1411		IMISS	la.	
	show		10a. State 10b. County		10c. City,	Town or Lo	cation							ide City Limits
	deeth with the Maryland ms 23a or 28af show r mast be notified at	Director	Maryland Montgome	ery	Burt	onsvi	11e						1 2	Yes 2□No
	or 2	Dire	10e. Street and Number				10f. Zip Cod	0			10g. Citizen	of What Cou	intry?	
	23a	la l	14603 McKnew Road				20866				RUSSIA	N		
	Hems Inst.	Funeral		12. Was Decedent E Armed Forces?	Ever in U,S.	. 13. V	Was Decedent of Yes, specify C	of Hispanic Or uban, Mexica	rigin? (Spe in, Puerto I	cify Yes or No Rican, etc.)	)- 14. F	Race - Amer Black, White		an,
20	B 9 E	by Fi	1 Never Married 2 Married	1 ☐ Yes 2 ☐ N If Yes, Give	lo		1□Yes 2⊠1					elfy:		
5-0020	72 hours after natural, or ite		3 ☑ Widowed 4 □ Divorced	Year or Dates:	- 1							Wh	ite	
5	n 72	Completed	15. Decedent's Edu (Specify only highest grad			(Give	lent's Usual Oc kind of work do DO NOT use rei	cupation ne <i>during m</i> os	st of working	ng	16b. Kind o	f Business/I	nduatry	
2121	Jene.	dw	Elementary/Secondary (0-12) 12 Years	College (1-4or 5	+)	Bake		1184)			Hecht	Co		
	● 子 章 ヸ	ŏ	17. Father's Name (First, Middle, Last)			Dance	. L y	18. Moth	er's Name	(First, Middle				
Maryland	0 5 0 6	To Be	Nathan Fishbein					B1	uma /	Ackerma	ın			
2	S P E E	-	19a. informant's Name/Relationship (T)	rpe, Print)		19b. Maljin	ng Address (Str					wn, State, Z	ip Code)	,
	and 2 eith e 27 is or trau		David A. Falchick.	Crandeon										
9	f Heelt f Heelt tam 2 other		20a. Method of Disposition		20b. Pla	ce of Dispo	Crisfi	eTu Ku	lau,	Date	20c. Location	on - City or T	own, St	ate
5	Pages ent of st: If It		to Burial 2 ☐ Cremation 3 ☐ F 4 ☐ Donation 5 ☐ Other (Specify)		B'Na	I Isr	ael Con	gregat	ion	1006	O T	211	M	1 1
saltimore,	permit. Pages 1 e Department of Hei important: if item any injury or othe		21. Signature of Funeral Service Licens		Ceme	22	. Name and Ad	dress of Facil	1/09//] lity		Oxon H			
à	Depre impo any i		DA MARIA	Ar and		ST	EIN HEB	REW ME	MORIA	AL FUNE	ERAL HO	ME, I	NC.	
h	- 5 V		23a. Part1. Enter the disease, or compi shock, or heart failure. List only or	Notice leading that caused	the reath.	Do not ente	2 CARRO	LL STR	EET,	r respiratory a	WASHIN	IGTON,	Appro	oximate
	Physician		shock, or heart failure. List only or							1000		į	Onset	ai Between t and Death
и	/Medicai		immediete Cause (Finai	6		1:	Reart	Enl	luna			į	12	1110
	Examiner		disease or condition resulting in death)	. Cor	Que to (or e	vwe	uence of):	7 44	0.00			1	1 4	1-20
		Je.			neui								12-	-24 HV
	outed	Examiner	Sequentially list conditions	D. ————————————————————————————————————	Due to (or a	s a conseq	uenca of):							
ó	ifficate be executed g physician and es the burlel-transit		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury		Sersei		,,.						2-	24 Hr
68760,	certificate be ding physicia se es the bur	Medical	Cause (Disease or Injury that initiated events resulting in death) Last	,	Due to (or a	_	uenca of):					-		
	certifica ding ph	Med	resulting in death) Last									i		
Box	attendia for use			d								1		
	0 9 8	Physiciar	Part ii. Other significant conditions cor	ntributing to death bu	it not resulti	ing In the ur	nderlylng cause	given in Part	l.	23b. Dld	tobacco uae	contribute	to the c	ause of death
P.0	that tha ed by th detache	Phy	Carcinome	Bores	. 120					10	Yes 2 N	lo 3 Pro	bably	4 Unknow
	8 6 8	by	Canakovo	(0,00	3.									
of Vitai Records,	requires been sign should be	Completed	Carcinome Palmone	ny To	ber	cul	23 c				an autopsy omed?	8	vallable	opsy findings prior to on of cause
ec	98 b	npie		9									f death?	
E.	Pag at	5								10	Yes 2 N	0 1	Yes	2□ No
/ita	Physician: The i this certificata he ral director, page	Be	25. Was case referred to medical examiner?						e of Death	(Check only	one)			
7	Physic this co	2	1 Yes 2 No	lospitai: inpatie	nt 2 E	R/Outpatien	I 3LI DOA			ne 5 Resi			ify)	
Ē	ding P. After t funera	on:	27. Magner of Death  1) Natural 5 ☐ Pending	28a. Date of Injur (Month, Day	Year) 2	8b. Time of injury		njury at Vork?		28d. Describe	how injury oc	curred		
Sio	Attending at death. ector: After by the fune	cati	2 ☐ Accident investigation 3 ☐ Sulcide 6 ☐ Could not be					Yes 2						
Division	frar d frac	Certification:	4 Homicide determined	28e. Place of Inju building, etc	ry - At hom :. (Specify)	e, farm, str	eet, factory, offi	Ce	2	28f. Location ( City or To		mber or Ru	ral Route	Number,
	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral		20a Cartillar Manus -	Internal Total										
	Hos 24 hd Fund Hely f	edicai	29e. Certifier 1 Certifying Physical Check only 2 Medical Examination	ner: On the best of	examination	edge, deeth n and/or inv	occurred at the restigation, in m	s time, date ai y opinion, dei	nd piaca, a ath occurre	and due to the ad at the time,	date and pia	manner as ce, and due	stated. to the ca	iuse(s)
	ithin ithe	Mec	29b. Signature and Itie of certifier	and manner sta	(80.		29c Lle	ense number		<del>-</del>	29d. Date sig	aned /Month	Dav Y	'ear)
	8 4 8 4		Snul	19	0			+228	7)		9	1610	76	
	de		20 Name and disease of	malatad sauss of	t elv .	1941 M					`	( - (		,
4	1		30. Name and address of person who co	-A SK 2	S C C	Sa) (Type,	21160	Ra. 1	Pola	densG	une	mD	20	110
/			1 - 01-10		- V	221 A 101	r - ' ' -			_	()			

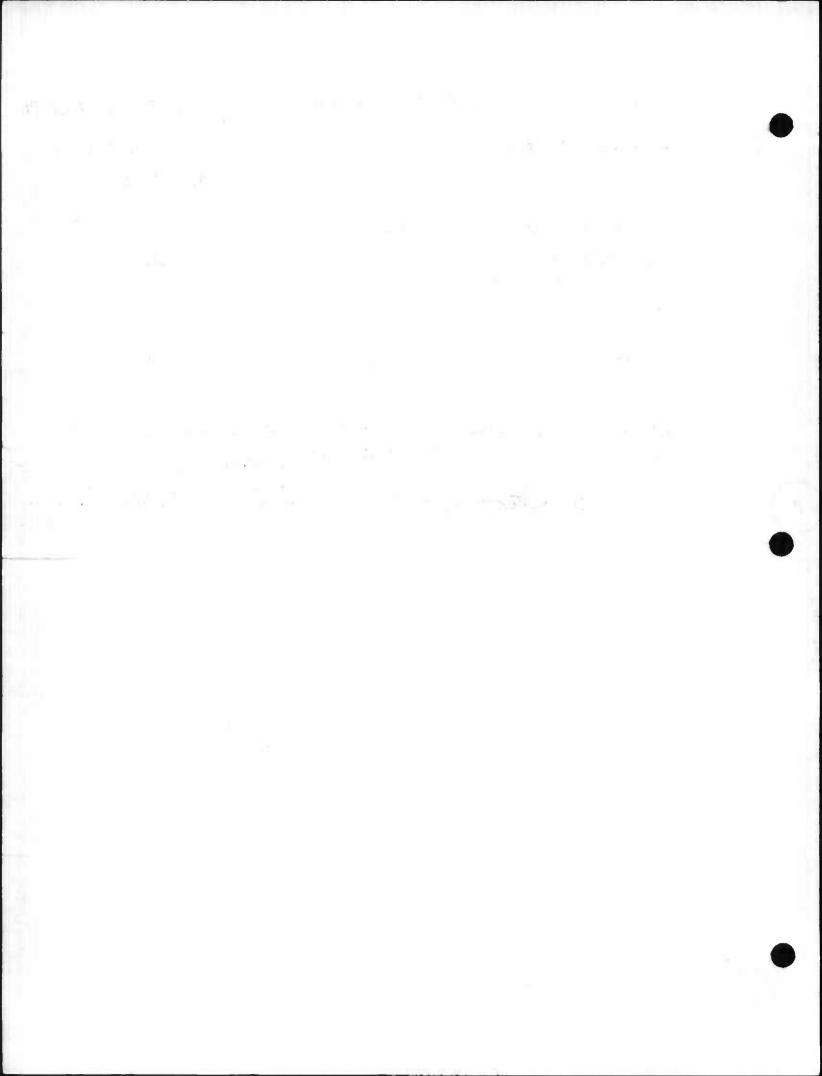
32. Registrar's Signarore

State

Registrar

31. Date filed (Month, Day, Year)

SEP 121996



1											96	2.7229			
	1 - FOR STATE REGISTRAR	STATE OF MAR	YLAND / DEI CERT	PARTME	NT OF H	HEALTH DEAT	AND M	ENTA	L HYGIEI	NE					
	1. DECEDENT'S NAME (First, Middle, Last)								OF DEATH		YEAR 3	TIME OF DEATH			
	Bernadette Halford September 9											5:16 W			
	4. SOCIAL SECURITY NUMBER	5. SEX 8. A	GE (In yrs. last birth		DER 1 YEAR	IF UNDER			OF BIRTH		S. BIRTHPL	ACE (State or Foreign			
	216 78 7584	1 🗆 M 2 💢 F 📉	niety YF	IS. MONTH	S DAYS	HOURS	MIN.	ans	n, pay, Year)	966	Beltar	nore Magres			
	9e. FACILITY NAME (If not institution, give si	reet and number)		9b. C	TY, TOWN	OR LOCATIO	N OF DEA	-	coli	9c. COU	NTY OF DEAT				
DIRECTOR	Mekcy medica		Ba	Hime.	re City										
<u>[</u>	RESIDENCE OF DECEDENT  100. STATE 10b. COUNTY	12	100	CITY, TOW	N GB I OCA	TION !									
뜸	md	115			20	1.	7/					d. INSIDE CITY			
	10e. STREET AND NUMBER				100	. ZIP CODE				10+ 0171		YES 2 NO			
FUNERAL	2855 FIXES	+ Clen	Rd		"	i. zir cobe				109. CITE	g. CITIZEN OF WHAT COUNTRY?				
N.	11. MARITAL STATUS	12. WAS DECEDENT EVE	O IN ILE ADMED							1 0	J. J. T				
	1 Never Married 2 Married	FORCES? 1 Y	ES 2 NO		If yes, sp	ecity Cuban	n, Mexican,		17 (Specify Ye Rican, etc.)	s or No-	14. RACE Black, Y	American Indian, fhite, etc.			
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR O	R DATES/		1 TYES	2 NO	Specify:				Specify:	Black			
8	15. DECEDENT'S EDUC		16a. DECEDE					16b	. KIND OF BU	ISINESS/IND	USTRY				
E	(Specify only highest grade Elementary/Secondary (0-12)	completed) CqHqge (1-4 or 5+)	(Give kind	d of work do: OT use retired	ne during mo 1.)	st of working	7			1					
집	24	X413	('a	shie	0 -			1	Velco	10	other	19			
COMPLETED	FATHER'S NAME (First, Middle, Last)		^			18. МОТН	ER'S NAME	E (First, I	Middle Maide	Sumilme)					
BE C	Comanuel L	lean ?	âr.			1 17	Jan	) .	100	514.	_				
	19a. INFORMANT'S NAME (Type/Print)		19b. MAI	LING ADDRE	SS (Street a	nd Number	or Rural Ro	die Numi	ber, City or To	vn, State, Zip	Code)				
2	Mary Dean-	mother	- 28	55			Glen	0	d B	2alto	o, md	21216			
	20a, METHOD OF DISPOSITION 1 Puriel 2 Cremetion 3 Remo		20/DPLACE AND D	A)E OF DISP	OSITION /No		1		E 20c. Lo	OCATION	City or Town				
	4 Donation 5 Other (Specify) Thoutus Mem PR "1996 Hrbutus, 111d														
	21. SIGNATURE OF FUNERAL SERVICE LIC		^		2. NAME AP	ND ADDRES	S OF FACIL	LITY	1			10			
	* (nhull	0 0 150	W)	- 1	4.4	hf.				1					
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate														
	snock, or heart failure. List only one ceuse on each line.														
	IMMEDIATE CAUSE (Final											Onset and Death			
	resulting in death) a. Metastahi Nevro Fibros 2800MA														
	DUE TO (OR AS A CONSEQUENCE OF):														
ERTIFICATION	Sequentially list conditions,	DHE TO (OR )	S A CONSEQUENC	F 00											
A	if any, leeding to immediate cause. Enter UNDERLYING	00E 10 (0N N	S A CONSECUENC	E OF):											
윤	CAUSE (Disease or injury	DUE TO (OR A	S A CONSEQUENC	E OEV											
E	that initiated events resulting in death) LAST			2 0. 7.											
S		le													
	PART II. Other significent conditions	contributing to deat	h but not resulti	ng in the	underiying	g cause gl	iven in Pa	nrt i.	24a. WAS AI	AUTOPSY		RE AUTOPSY FINDINGS			
5									1 TES		CC	MPLETION OF CAUSE			
Ä								_		- Gall 114		DEATH?			
PHYSICIAN: MEDICAL	DID TOBACCO USE CONTR	IBUTE TO CAUSE	OF DEATH	YES 🗆	NO P	UNCE	ERTAIN				1	_ 120 1 8 110			
X	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF							-					
Sic	1 YES 2 NO	HOSPITAL:	Outpatient 3 DO	A 4 D N		e 5 🗆 Res	idence 8	Othe	(Specify)						
Ě	27. MANNER OF DEATH	28a. DATE OF INJUS	RY 28b.	TIME OF	28c. INJ	URY AT			CRIBE HOW	INJURY OCC	URED				
ВУР	1 Natural 5 Pending	(Month, Day, Yea	17)	INJURY M		RK? YES 2									
	2 Accident Investigation 3 Suicide 6 Could not be	28a. PLACE OF INJU	JRY — At home, fa	rm, street, fo	ectory, office	•	2	er. LOC	ATION (Street	and Number	or Rural Rout	e Number,			
4 Homicide determined City or Town, State)									)						
									na(a) + -						
M	(Check only one)  2 MEDICAL EXAMINER											d manner on stated			
- 1	29b. SIGNATURE AND TITLE OF CERTIFIER				1				and prece, e						
BE	TALL MILE OF CERTIFIER					^	O C					onth, Day, Year)			
2	TO NAME AND ADDRESS OF PERSON WILL	108667 > 50p km by 9 1996													

29c. LICENSE NUMBER 708 66 7 > september PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type I Musical Conte 30. REGISTRAR'S SIGNATURE
FILLIA DAY OSON—RONDOR 31. DATE FILED (Month, Day, Year) 121996 SEP

coff for

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

Physicia /Medica Examine

1. Decedant's Nama (First, Middla, Last)

2. Dete of Death 3. Tima of Death

27230

**Funeral** Director

fmore, Maryland 21215-0020

Physician /Medical Examiner

the attending physician and hed for use as the burial-transit

To the Hospital or Attanding Physician: The law require within 24 hours after death.

To the Funeral Director: After this certificate has been si completely filled in by the funeral director, page 2 should

Division of Vital Records, P.O. Box 68760,

State

FREIDOON

30. Name and addrass of person who complated ceuse of death (Itam 23a) (Type, Print)

A total to and the top	INGLES	, т					,1996 4:10PM
4a. Facility Nama (If not institution, given	/a street and number)			4b. City, Towr	n, or Location of Dea	th 4c. Coun	ty of Death
	MEDICAL CENTER				, MARYLAN		ALTIMORE
	Sax 7. Aga (In yrs. last b	Yrs.	Months Days	if Undar 24 Hours	Min. (Month, D	lay, Year)	Birthplaca (Stata or Foreign Country)
212-48-7509 Usual Rasidance of Decedant	49	113.			May 24	, 1947	Maryland
10a. Sfete 10b. County	10c. City, To	wn or Loca	ation				10d. Insida City Limits
Maren I mail in		-	7				1 ☐ Yas 2♥ No
Maryland Baltir  10e. Street end Number	more Co. Fre	elan	10f. Zip Coda			10a Chinan of	What Country?
	11 Dec 3			2			
1909 Bulls Saw Mi	12. Wes Decedent Evar In U.S.	12 14/	2105		2 (Chaoit: Vac as h		States
11. Marifel Stetus  1 ☐ Never Merried 2 ☑ Married	Armed Forces?	II Y	ras, specify Cub	an, Mexican, f	n? (Specify Yas or N Puerto Rican, atc.)		eck, Whita, atc.
3 ☐ Widowed 4 ☐ Divorced	1 ☐ Yas 2 XNo If Yes, Giva Year or Dates:	10	□Yes 2\\X\\No	Specify:		Spec	"y: White
15. Decedant's E (Specify only highest gr	ducation ada complated) 16	(Giva ki	nt's Usual Occup nd of work dona	during most o	f working	16b. Kind of	Businass/Industry
Elemantary/Secondary (0-12)	Collaga (1-4or 5+)	Iifa. DO	NOT use retired	d)	-		
12		Socia	al Secur		stems Ana		Soc. Secur. Admin
17. Fathar's Nama (First, Middla, Last	)				Nama (First, Middl		oma)
Richard Ingles				Angel	a Chirgot	t	
19e. Informant's Name/Raletionship (	77 7	_			or Rural Route Num		
Debre M. Ingles (V				w Mill	Road Fr	eeland,	Md. 21053
20a. Mathod of Disposition 1 ♣ Burlel 2 ☐ Cramation 3 ☐	an made	of Disposit tery, crame	tion (Nama of story or other place	ce)	Data	20c. Location	- City or Town, Stefe
4 □ Donation 5 □ Othar (Special		ney Va	allev Me	m.Gard	. 9/14/96	Timon	ium, Maryland
21. Signetura of Funaral Service Lice		r 22.1	Nama end Addre	ss of Facility	ral Home,		
Je pung of	· yav	105	50 York	Road T	owson, Ma	ryland	
23a. Part . Enfer the disease, or com shock, or heart failure. List only	ona cause on each lina.	o not entar	tha moda of dylf	ig, such as ce	erdiac or raspiratory	arrest,	Approximata Intervel Between
Immediate Course (Final							Onsef and Deeth
tmmediate Cause (Final diseese or condition rasulting in death)	. CARCINOMA O	F S	TOMACH			_	5 MONTHS
Table 11 and 11 f	Dua to (or as a	a conseque	ance of):				
	b. ABDOMINAL C	ARCI	NOMATO	SIS			
Sequentially list conditions, if any, leading to immadiata	Dua to (or es e	e conseque	ance of):				
Causa (Diseasa or Injury	SUBPHRENIC	ABSC	ESS				
that initiated evants rasulting in death) Last	Dua to (or as e	consequa	ince of):				
L	d SEPSIS AND	ORG	AN FA	ILURE			
				LUCIU			
Part II. Other significant conditions of	contributing to death but not resulting	in tha und	lertying causa giv	an In Part I.	23b. Did	d tobacco use c	ontribute to the cause of death?
					10	Yes 2X No	3 Probably 4 Unknow
					24a Wa	s an autopsy	24h Were autoney findings
					per	formed?	24b. Wara autopsy findings available prior to completion of cause
							of death?
					1□	Yas 2X No	1 □ Yas 2 No
25. Was casa rafarred to medicel axaminer?	Manaital		Val		Death (Check only	one)	
1 ☐ Yes 2)() No	Hospital: 1X Inpatiant 2 ☐ ER/C		3□ DOA Oth	4 LI NUIS	Ing Home 5 Res		
27. Mennar of Death 1 X Netural 5 ☐ Panding	(Month, Day Year)	. Tima of Injury	28c. Injur Wor			how Injury occu	urred
2 ☐ Accidant invastigation				Yas 2□No			
3 Sulcida 6 Could not b 4 Homicida detarmined	28e. Plece of Injury - At homa, building, atc. (Specify)	farm, stree	t, factory, office			(Street and Nun own, Stata)	nber or Rural Routa Number,
(Check only 2   Medical Exar	nysician: To the best of my knowledg miner: On the basis of examination e	ga, daath o and/or inva	stigation, in my o	ne, dete and p pinion, death	place, and dua to the occurred at the time	a ceusa(s) and n	nannar as stated. e, and dua to the cause(s)
one)	and mennar stated.						
29b. Signature and title of certifiar			29c. Licens	e number		29d. Date sign	ned (Month, Day, Year)

D 24435

7600 OSLER DRIVE, TOWSON, MARYLAND 21204

Physician /Medical Examiner
Examiner

<sub>e</sub>Funer Direct

permit Pages 1 and 2 should be filed within 72 hours after death with the Maryland Denarment of Health and Mental Hygiena. Important: If Item 27 is marked other than "natural", or Items 23a or 28a-f show any Injury or other traumetic event, the Medical Examination must be notified as

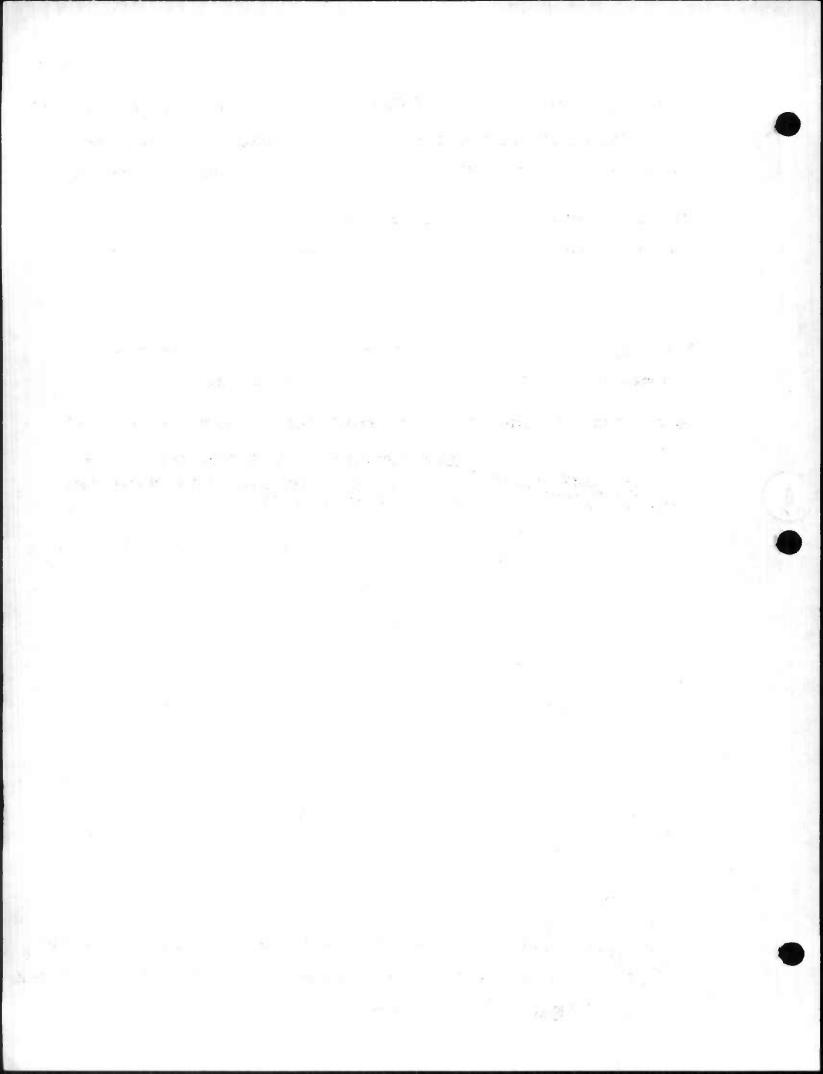
Bartimore, Maryland 21215-0020

Physicia /Medica Examine

To the Hospital or Attending Physician: The law requires that the death certificate be assocuted within 24 hours after death.

To the Funeral Director: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 2 should be detached for use as the burial-transit Division of Vital Records, P.O. Box 68760,

1. Decedent's Name (First, Middle, Last) ROSE REGINA LOCHTE  2. Date of Deeth Month Day Year SEPT. 11, 1996 12:20 F				Certificate o	f Death	B	eg. No.	0 2	160	) 1	
A Facility Name (if not imbilition, pile sease and number)  BRIGHTWOOD MERTIDIAN NURSING HOME  BRIGHTWOOD MERTIDIAN NURSING HOME  200-44-7013  10 N 20 F 20 7, 96 Py 19 Aud brinding)  Fundamental Department of the pile of pile in the pile of pile		die, Last)				2. Date of Dee	th		Time of D	eath	
44. TESTA Years of the Internation of the Internation of Deacher BRICHTWOOD MRITIDATION NURSTING HOME 5. Social Security Nurstine 5. Social Security Nurstine 5. Social Security Nurstine 5. Social Security Nurstine 5. Social Security Nurstine 5. Social Security Nurstine 6. Security Nurstine 7. Age for you see aborthough Worth Depts Note: 1		REGINA	LC	OCHTE					2:20	A.I	
BRICHTWOOD MERIDIAN NURSING BOVE  200-44-7013  10M 20F 2 pp se in through Purising Company of the County British Purising Company of the County Bound Purising Company of the County Bound Purising Company of the County Bound Purising Company of the County Bound Purising Company of the County Bound Purising Company of the County Bound Purising Company of the County Bound Purising Company of the County Bound Purising Company of the County Bound Purising Company of the County Bound Purising Company of the County Bound Purising Company of the County Bound Purising Company of the County Bound Purising Company of the County Bound Purising Company of the County Bound Purising Company of the County Bound Purising Company of the County Bound Purising County Bound Purisi		on, give street end number)			4b. City, Town, or I	-					
Social Security Number  220—440—7013  10 ≥8 F  93		ERIDIAN NURSI	NG HOME		BRIGHTWO	OOD	BAT	TTMORE	2		
Use Bestiere of Decedent 100. State 100. Certy 100. Certy 100. Certy 100. Tourn or Location 101. Tourney 100. Tourney 100. Tourney 100. Tourney 100. Tourney 100. Tourney 100. Tourney 100. State of Marka I Status 100. Tourney		1 M ONE		Months Day	r If Under 24 Hrs.	8. Dete of Birth		9. Birtholece	(State or I	oreig	
The second process of the second process o			-			17 17 03		I WAY TOP			
13. Martial Sillar Address   12. Was Depoched Feer in U.S.   13. Was Depoched of Phispanic Chigh? (Specify Yes on No. 11 / 19 / 19 / 19 / 19 / 19 / 19 / 19	10e. Stete 10b. Coun	у	10c. City, Town o	or Location				10d. 1	nside City	Limit	
13   Martial Status   12   Was Dependent Ever in U.S.   12   Was Dependent Ever in U.S.   13   Was Dependent of Hispanic Cright? (Specify Yes on No-11 Yes, specify Cutars, Marcian Profession Notes)   14   Res. American Indian, 15   Was Dependent of Hispanic Cright? (Specify Yes on No-11 Yes, Specify Cutars, Marcian Profession Res.)   14   Res. American Indian, 15   Was Dependent Education of Was Associated (Specify Cutars, Marcian)   14   Res. American Indian, 15   Was Dependent Status   15   Was De	MARYLAND HOW	ARD	ELLI	COTT CITY					1 ☐ Yes 2	MN	
13. Martial Sillar Address   12. Was Depoched Feer in U.S.   13. Was Depoched of Phispanic Chigh? (Specify Yes on No. 11 / 19 / 19 / 19 / 19 / 19 / 19 / 19	10e. Street end Number			10f. Zip Code		1	Og. Citizen of W	hat Country?			
Type   Specify	9402 SULAND C			2	21042	341		,			
Type   Specify	11. Marital Status	Armed Forces?		<ol><li>Was Decedent of If Yes, specify Cu</li></ol>	Hispenic Orlgin? (Sp ban, Mexican, Puerti	pecify Yes or No- o Rican, etc.)			ndian,		
17. Fabric Name (First, Medide, Las)  JAMES DUFFY  19a. Informent's Name/Flestionship (Type, Print)  19a. Informent's Name/Flestionship (Type, Print)  MARY ALLULIS  DAUGHTER  9402 SULAND CIRCLE ELLICOTT CITY, MD 21042  20a. Method of Disposabin  All Donation Signers (Storest end Number or Flural Rouse Number, City or Town, Stee, Zp Code)  PART ALLULIS  20b. Method of Disposabin  All Donation Signers (Storest end Number or Flural Rouse Number, City or Town, Stee, Zp Code)  9402 SULAND CIRCLE ELLICOTT CITY, MD 21042  20b. Method of Disposabin  All Donation Signers (Storest end Number or Flural Rouse Number, City or Town, Stee)  20b. Method of Disposabin  All Donation Signers (Storest end Number or Flural Rouse Number, City or Town, Stee)  20b. Method of Disposabin  All Donation Signers (Storest end Number or Flural Rouse Number, City or Town, Stee)  20b. Method of Disposabin  All Donation Signers (Storest end Number or Flural Rouse Number, City or Town, Stee)  20c. Location City or Town, Stee  20c. Location City	3 Widowed 4 □ Divorce	If Yes, Give	io								
17. Fabric Name (First, Medide, Las)  JAMES DUFFY  19a. Informent's Name/Flestionship (Type, Print)  19a. Informent's Name/Flestionship (Type, Print)  MARY ALLULIS  DAUGHTER  9402 SULAND CIRCLE ELLICOTT CITY, MD 21042  20a. Method of Disposabin  All Donation Signers (Storest end Number or Flural Rouse Number, City or Town, Stee, Zp Code)  PART ALLULIS  20b. Method of Disposabin  All Donation Signers (Storest end Number or Flural Rouse Number, City or Town, Stee, Zp Code)  9402 SULAND CIRCLE ELLICOTT CITY, MD 21042  20b. Method of Disposabin  All Donation Signers (Storest end Number or Flural Rouse Number, City or Town, Stee)  20b. Method of Disposabin  All Donation Signers (Storest end Number or Flural Rouse Number, City or Town, Stee)  20b. Method of Disposabin  All Donation Signers (Storest end Number or Flural Rouse Number, City or Town, Stee)  20b. Method of Disposabin  All Donation Signers (Storest end Number or Flural Rouse Number, City or Town, Stee)  20c. Location City or Town, Stee  20c. Location City	15. Decede (Specify only high	nt's Education est grade completed)	16a. De	ecedent's Usual Occi	upetion e during most of wor	kina	16b. Kind of Bus	siness/Industr	у		
17. Febre's Name (First, Modifie, Masken Sumeme)  JAMES DUFFY  19a. Informent's Name/Relationship (Type, Print)  MARY ALUULIS  DAUGHTER  9402 SULAND CIRCLE ELLICOTT CITY, MD 21042  20b. Method of Disposition  KNaturia: 2 Corenation. 3 Chemoval from State  All Donation 5 Chone (Specify)  21. Signature of Experies Sample Address (Street and Number or Aural Pourte Number, City or Town, Stee, Zip Code)  PATTINGER NATIONAL CEM. 9/13/96 BALTIMORE, MD  21. Signature of Experies Sample Address (Street and Number or Aural Pourte Number, City or Town, Stee)  22. Signature of Experies Sample Address (Street and Number or Aural Pourte Number, City or Town, Stee)  23. Signature of Experies Sample Address (Street and Number or Aural Pourte Number, City or Town, Stee)  24. Signature of Experies Sample Address (Street and Number or Aural Pourte Number, City or Town, Stee)  25. Signature of Experies Sample Address (Street and Number or Aural Pourte Number, City or Town, Stee)  26. Signature of Experies Sample Address (Street and Number or Aural Pourte Number, City or Town, Stee)  27. Signature of Experies Sample Address (Street and Number or Aural Pourte Number, City or Town, Stee)  28. Signature of Experies Sample Address (Street and Number or Aural Pourte Number)  29. Signature of Signa	Elementary/Secondery (0-12)		+)		ed)		OMNI LI	OME			
JAMES DUFFY  19a. Informent's NamaPlatationship (Type, Print)  MARY ALLULIS  20a. Method of Disposition  XXaurial 2 Coremation 3 Permoval from State 4 Clonation 5 ClOther (Specify)  20b. Page of Disposition (Nama of Cally or Town, State, Zip Code)  ANALY ALLULIS  20b. Page of Disposition (Nama of Cally or Town, State, Zip Code)  ANALY ALLULIS  20b. Page of Disposition (Nama of Cally or Town)  ANALY ALLULIS  20b. Page of Disposition (Nama of Cally or Town)  ANALY ALLULIS  20b. Page of Disposition (Nama of Cally or Town)  ANALY ALLULIS  20b. Page of Disposition (Nama of Cally or Town)  ANALY ALLULIS  20b. Page of Disposition (Nama of Cally or Town)  ANALY ALLULIS  20b. Page of Disposition (Nama of Cally or		4	110	OMEMAKEK	T						
MARY ALLULIS  DAUGHTER  20. Place of Disposition (Name of Name of Disposition (Name of Name of Disposition (Name of Name of Disposition (Name of Name of Disposition (Name of Name of Disposition (Name of Name of Disposition (Name of Name of Disposition (Name of Name of Disposition (Name of Name of Disposition (Name of Name of Disposition (Name of Name of Disposition (Name of Name of Disposition (Name of Name of Disposition (Name of Name of Disposition (Name of Name of Disposition (Name of Disposition (Name of Name of Disposition (Name of Name of Disp	TAMES DIFEY	, Last)						9)			
20. Nethod of Disposition  XXDuris 2   Cernation 3   Removal from State  4   Constitute 2   Cernation 5   Colorer (Specify)  21. Signature of Experts Service Memory of Certain Plants  22. Signature of Experts Service Memory  23. Signature of Experts Service Memory  24. Signature of Experts Service Memory  25. Signature of Experts Service Memory  26. Page of Disposition  27. Many of Disposition  28. Was case referred to medical examined?  28. Was case referred to medical examined?  29. Was case referred to medical examined?  20. Name of Colorer (Specify)  20. Securitian Plants  20. Page of Disposition (Name of Colorer)  20. Page of Disposition (Name of Colorer)  20. Page of Disposition (Name of Colorer)  20. Page of Disposition (Name of Colorer)  21. Signature of Experts Memory  22. Page of Disposition (Name of Colorer)  23. Page of Disposition (Name of Colorer)  24. Page of Disposition (Name of Colorer)  25. Page of Disposition (Name of Colorer)  26. Page of Disposition (Name of Colorer)  27. Many of Disposition (Name of Colorer)  28. Was case referred to medical examine?  29. Page of Disposition (Name of Colorer)  29. Page o	19a. Informent's Name/Relation	ship (Type, Print)	19b. N	Aailing Address (Street	et end Number or Ru	ral Route Number	City or Town, S	Stete, Zip Cod	fe)		
20. Nethod of Disposition  NXBuris 2   Cernation 3   Removal from State  4   Donation 5   Debte (Specify)  21. Signature of Experies Associated the Specify  22. Signature of Experies Associated the Specify  23. Signature of Experies Associated the Specify  24. Signature of Experies Associated the Specify  25. Part 1. Eyrife the disease, or complications that Caused the Specify  26. Part 1. Eyrife the disease, or complications that Caused the Specify  27. Name and Address of Experies Associated the Specify  28. Part 1. Eyrife the disease, or complications that Caused the Specify  29. Part 1. Eyrife the disease, or complications that Caused the Specify  20. Part 1. Eyrife the disease, or complications that Caused the Specify  28. Part 1. Eyrife the disease, or complications that Caused the Specify  29. Part 1. Eyrife the disease, or complications that Caused the Specify  29. Part 1. Eyrife the disease, or complications that Caused the Specify  29. Part 1. Eyrife the disease, or complications that Caused the Specify  29. Part 1. Eyrife the disease, or complications that Caused the Specify  29. Part 1. Eyrife the disease, or complications that Caused the Specify  29. Part 1. Eyrife the disease, or complications that Caused the Specify  29. Part 1. Eyrife the disease, or complications that Caused the Specify  29. Part 20. Part	MARY ALLULIS	DAUGHTE	R 9	402 SULANI	CIRCLE	ELLICOTI	CITY,	MD 21	042		
BALTIMORE NATIONAL CEM. 9/13/96 BALTIMORE, MD  2. Signature of Figures Sarrys Hemisses  2. Harms and Address of Equility 3. District Cause of Figures Sarrys Hemisses  2. Harms and Address of Equility 3. District Cause of Figures Sarrys Hemisses  2. Harms and Address of Equility 3. District Cause of Figures Sarrys Hemisses  2. Harms and Address of Equility 3. District Cause of Figures Sarrys Hemisses  2. Harms and Address of Equility 3. District Cause of Figures 3. District Cause of Figures 4. A S P I R A T O N P ELIMPNITIS 5. District Cause of Figures 5. District Cause of Figures 5. District Cause (Pincal Cause of Figures of Figures) 5. SE VERE DE BLI I TATION  4. YEAR  Due to (or ea e consequence of): 5. SE VERE DE BLI I TATION  4. YEAR  Due to (or ea e consequence of): 6. Cause (Diseas or Figure) 7. District Cause (Diseas or Figure) 8. District Cause (Diseas or Figure) 8. District Cause (Diseas or Figure) 8. District Cause (Diseas or Figure) 8. District Cause (Diseas or Figure) 9. District Cause (Diseas or Figure) 9. District Cause (Diseas or Figure) 1. District Cau			20b. Place of D	isposition (Neme of					State		
JOHNSON FUNERAL HOME 8521 LOCH RAVEN BLVD. TOWSON, MD 21286  Approximate the mode of dying, such as cardiac or respiratory arrest.  Approximate causes (Final disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest.  Approximate causes (Final disease or condition resulting in death)  Due to (or as a consequence of):  Sequentially list conditions, a model in immediate Cause (Diseas or injury that initiated events)  Towson, MD 21286  Approximate causes (Final disease or conditions, a model in immediate Cause (Disease)  Due to (or as a consequence of):  Sequentially list conditions, a model in immediate Cause (Disease or injury that initiated events)  Towson, MD 21286  Approximate causes (Cause (Disease or injury that initiated events)  Towson, MD 21286  Approximate causes (Final disease or conditions of the cause of cause (Disease or consequence of):  CEREBAD/ASCULAR INSUFFICIENCY IO YEA  Cause (Disease or injury that initiated events)  Towson, MD 21286  Due to (or as a consequence of):  CEREBAD/ASCULAR INSUFFICIENCY IO YEA  Cause (Disease or injury that initiated events)  Towson, MD 21286  Due to (or as a consequence of):  CEREBAD/ASCULAR INSUFFICIENCY IO YEA  Cause (Disease or injury that initiated events)  Towson, MD 21286  Due to (or as a consequence of):  CEREBAD/ASCULAR INSUFFICIENCY IO YEA  Cause (Disease or injury that initiated events)  Towson, MD 21286  Due to (or as a consequence of):  CEREBAD/ASCULAR INSUFFICIENCY  IO YEA  Cause (Disease or injury that initiated events)  Towson, MD 21286  Due to (or as a consequence of):  CEREBAD/ASCULAR INSUFFICIENCY  IO YEA  Cause (Disease or injury that initiated events)  Towson, MD 21286  Due to (or as a consequence of):  CEREBAD/ASCULAR INSUFFICIENCY  IO YEA  Cause (Disease or injury that initiated events)  Towson, MD 2286  Due to (or as a consequence of):  CEREBAD/ASCULAR INSUFFICIENCY  IO YEA  Cause (Disease or injury that initiated events)  Towson, MD 2286  Due to (or as a consequence of):  CEREBAD/	MXBurial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)  AND State Commetory or other place)  BALTIMORE NATIONAL CEM. 9/13/96 BALTIMORE										
### Part II. Other elaphic Cause (Final desease, or complications that cause due to the child in the cause of the resulting in death)  ### Part II. Other elaphic Cause (Final desease or condition resulting)  ### Part II. Other elaphic Cause (Final desease or condition resulting)  ### Part II. Other elaphic Cause (Final desease or condition)  ### Part II. Other elaphic Cause (Final desease or condition)  ### Part II. Other elaphic Cause (Final desease or condition)  ### Part II. Other elaphic Cause (Final desease or condition)  ### Part II. Other elaphic Cause (Final desease or condition)  ### Part II. Other elaphic Cause (Final desease)  ### Part II. Other elaphic Cause (Final desease or consequence of):  ### Part II. Other elaphic Cause (Final desease or consequence of):  ### Part II. Other elaphic Cause (Final desease or consequence of):  ### Part II. Other elaphic Cause (Final desease or consequence of):  ### Part II. Other elaphic Cause (Final desease or consequence of):  ### Part II. Other elaphic Cause (Final desease or consequence of):  ### Part II. Other elaphic Cause (Final desease or consequence of):  ### Part II. Other elaphic Cause (Final desease or consequence of):  ### Part II. Other elaphic Cause (Final desease or consequence of):  ### Part II. Other elaphic Cause (Final desease or consequence of):  ### Part II. Other elaphic Cause (Final desease or consequence of):  ### Part II. Other elaphic Cause (Final desease or consequence of):  ### Part II. Other elaphic Cause (Final desease or consequence of):  ### Part II. Other elaphic Cause (Final desease or consequence of):  ### Part II. Other elaphic Cause (Final desease or consequence of):  ### Part II. Other elaphic Cause (Final desease or consequence of):  ### Part II. Other elaphic Cause (Final desease or consequence of):  ### Part II. Other elaphic Cause (Final desease or consequence of):  ### Part II. Other elaphic Cause (Final desease or consequence of):  ### Part II. Other elaphic Cause (Final desease or constraints)  ### Part II. Other elaph	21. Signature of Funeral Service	Liconsoo				OME 852	l LOCH F	RAVEN E	BLVD.		
Immediate Cause (Final disease or condition resulting in death)  Due to (or es a consequence of):  Sequencially its conditions, if any laterially its conditions, if any laterially its conditions, if any laterially its conditions, if any laterially its conditions, if any laterially its conditions, if any laterially its conditions, if any laterially its conditions, if any laterially its conditions, if any laterially its conditions, if any laterially its conditions, if any laterially its conditions, its any laterially its conditions, its any laterially its conditions, its any laterially its conditions, its any laterially its conditions, its any laterially its conditions, its any laterially its conditions, its any laterially its conditions, its any laterially its any laterially its conditions, its any laterially its any la	Part Error the disease	r complications that coursed	the death. De not								
Immediate Cause (Final resulting in death)  a. ACUTE ASPIRATION PREUMANITIS 5 DA  Due to (or as a consequence of):  SEQUENTIAL SEQUENCE DE BILITATION  LYEAT  Due to (or as a consequence of):  SEQUENTIAL SEQUENCE DE BILITATION  LYEAT  Due to (or as a consequence of):  SEVERE DE BILITATION  LYEAT  Due to (or as a consequence of):  CEREBADYASCULAR INSUFFICEROCY  LO YEAT  That initiated event fluory resulting in deeth) Last  CEREBADYASCULAR INSUFFICEROCY  Due to (or as a consequence of):  CEREBADYASCULAR INSUFFICEROCY  LO YEAT  That initiated events fluory resulting in deeth) Last  CEREBADYASCULAR INSUFFICEROCY  Due to (or as a consequence of):  CEREBADYASCULAR INSUFFICEROCY  LO YEAT  That initiated events fluory resulting in deeth) Last  CEREBADYASCULAR INSUFFICEROCY  LO YEAT  That initiated events fluory resulting in deeth) Last  CEREBADYASCULAR INSUFFICEROCY  LO YEAT  LO YEAT  LO YEAT  LO YEAT  LO YEAT  LO YEAT  LO YEAT  LO YEAT  LO YEAT  LO YEAT  That initiate conditions  LO YEAT  LO YEA	shock, or heert failure. Lis	t only one cause on each lin	10.	enter the mode of dy	mg, such es cardiac	or respiratory erre	981,	Inte	rval Retwe	en	
Due to (or es a consequence of):  SEVERE DEBILITATION  LYSA  Due to (or es a consequence of):  SEVERE DEBILITATION  LYSA  Due to (or es a consequence of):  CEREBADVASCULAR INSUFFICIENCY  ID YEA  That initiated events  resulting in deeth) Last  Due to (or es a consequence of):  CEREBADVASCULAR INSUFFICIENCY  ID YEA  That initiated events  resulting in deeth) Last  Due to (or es a consequence of):  CEREBADVASCULAR INSUFFICIENCY  ID YEA  That initiated events  resulting in deeth) Last  Due to (or es a consequence of):  CEREBADVASCULAR INSUFFICIENCY  ID YEA  1	Immediate Cause (Final Dal C. M. A. C. M. D. C. (M. A. C. M. C. M. C. C. M. C. M. C. C. M. C. C. M. C. C. M. C. C. M. C. C. M. C. C. M. C. C. M. C. C. M. C. M. C. C. M. C. C. M. C. C. M. C. C. M. C. C. M. C. C. M. C. C. M. C. C. M. C. C. M. C. C. M. C. C. M. C. C. M. C.										
Due to (or es a consequence of):  SEVERE DEBILITATION  LYSA  Due to (or es e consequence of):  SEVERE DEBILITATION  LYSA  Due to (or es e consequence of):  CEREBADVASCULAR INSUFFICIENCY  LOYER  Due to (or es e consequence of):  CEREBADVASCULAR INSUFFICIENCY  LOYER  Due to (or es e consequence of):  CEREBADVASCULAR INSUFFICIENCY  LOYER  Due to (or es e consequence of):  CEREBADVASCULAR INSUFFICIENCY  LOYER  Due to (or es e consequence of):  CEREBADVASCULAR INSUFFICIENCY  LOYER  Due to (or es e consequence of):  CEREBADVASCULAR INSUFFICIENCY  LOYER  LOYER  DEBILITATION  LYSA  LOYER  LO	disease or condition	ACI	478	ASPIR	ATION	PAE	MONI	115	501	7	
Cause (Disease or influry that initiated events resulting in deeth) Last    Due to (or esign consequence of):			Due to (or es a cor								
Cause (Disease or influry that initiated events resulting in deeth) Last    Due to (or esign consequence of):	Sequentially list conditions, if any, leading to immediate  DEBILITATION  Due to (or es e consequence of):									15	
Cause (Disease or influry that initiated events resulting in deeth) Last    Due to (or esign consequence of):											
Due to (or es e consequenca of):    Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.   Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.   Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.   Pert II. Other significant conditions contribute to the cause of death   Part I.		. ८६०४	BAOVA	SCULAR	INSUF	F1 ( ( En	(27	14	DYE	10	
Pert II. Other algnificant conditione contributing to death but not resulting in the underlying cause given in Part I.  PARK, NSONIS DISEASE  24e. Wes an autopsy performed?  24b. Ware autopsy finding aveilable prior to completion of cause of death of deat	that initiated events resulting in deeth) Last										
25. Wes case referred to medical examiner?    Yes   Ye		L									
25. Wes case referred to medical examiner?    25. Wes case referred to medical examiner?   1		0.									
25. Wes case referred to medical examiner?    25. Wes case referred to medical examiner?   1	Pert II. Other significant condit	one contributing to death bu	t not resulting in th	e underlying cause g	iven in Part I.	23b. Did to	bacco use cont	tribute to the	cause of c	Jeath	
25. Wes case referred to medical examiner?  1   Yes   2   No	DARK	21 NOLL	DISE	326		1 🗆 Ye	s 20 No	3 Probably	4 Un	kno	
25. Wes case referred to medical examiner?    25. Wes case referred to medical examiner?   1	177.77	1,4-1.1	10.00	,							
25. Wes case referred to medical examiner?  1   Yes   2   No								24b. Ware a	utopsy find	lings	
25. Wes case referred to medical examiner?  1   Yes   2   No						perform	ned?	comple	tion of cau	50	
25. Wes case referred to medical examiner?    Yes   Ye							~		V		
examiner?    1						1 ☐ Ye	s 217(No	1 □ Ye	5 2A NO	,	
27. Manner of Death   28a. Dete of Injury   28b. Time of Injury   28c. Injury at Work?   1   Yes   2   No   28c. Certifier   28c. Placa of Injury - At home, farm, street, fectory, office   28f. Location (Street end Number or Rurel Route Number, City or Town, Stete)   29a. Certifier   29b. Signature end title of certifier   29a. Certifier   29b. Certifier   29b. Certifier   20a. Certifier   20	examiner?										
Matural   2   Accident   3   Sulcide   4   Homlcide   28e. Placa of Injury - At home, farm, street, fectory, office   28f. Location (Street end Number or Rurel Route Number, City or Town, Stefe)   29a. Certifier (Check only one)   1   Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated. (Check only one)   29b. Signature end title of certifier   29c. License number   29d. Date signed (Month, Dey, Yeer)   30. Name and address of person who completed ceuse of death (Item 23e) (Type, Print)   30. Name and address of person who completed ceuse of death (Item 23e) (Type, Print)   30. Segistrars Signeture   32. Segistrars Signeture   33. Segistrars Signeture   33. Segistrars Signeture   34. Segistrars Signeture	1 ☐ Yes 2 No	1 L Inpatier		tient 3 DOA	Nursing Ho	ome 5 Reside	nca 8 Other	r (Specify)			
2   Accident 3   Sulcide 4   Homicide 28e. Placa of Injury - At home, farm, street, fectory, office 28e. Placa of Injury - At home, farm, street, fectory, office 28e. Placa of Injury - At home, farm, street, fectory, office 28e. Placa of Injury - At home, farm, street, fectory, office 28e. Placa of Injury - At home, farm, street, fectory, office 28e. Placa of Injury - At home, farm, street, fectory, office 28e. Placa of Injury - At home, farm, street, fectory, office 28e. Placa of Injury - At home, farm, street, fectory, office 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete)  29a. Certifier (Check only one) 2   Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner steted.  29b. Signifier end title of certifier 29c. License number 29d. Date signed (Month, Dey, Yeer) 30. Name and address of person who completed ceuse of death (Item 23e) (Type, Print) 10 1 2 2 Ph D. NOTARANGELOM.D. 301 ST. PAYL PLACE - BALTIMONE 21.		28a. Dete of Injury	Yeer) 28b. Tim	e of 28c. Inju	rry at	28d. Describe ho	w Injury occurre	d			
29b. Signature and title of certifier  29c. License number  29d. Date signed (Month, Dey, Yeer)  \$\int \text{29b} \text{. Do 7316} \text{ \$\int \text{PT} - 11 - 1996}  30. Name and address of person who completed ceuse of death (Item 23e) (Type, Print)  \$\int 30. Name and address of person who completed ceuse of death (Item 23e) (Type, Print)  \$\int \text{30. ST. PAUL PLACE - BALTIMONE ZI  31. Date filed (Month, Dey, Year)  32. Pegistrar's Signeture	2 Accident Invest										
29a. Certifier (Check only one)  1 Cartifying Physician: To the best of my knowledge, deeth occurred at the time, dete end plece, and due to the cause(s) and manner as stated.  29b. Signature and title of certifier  29c. License number  29d. Date signed (Month, Dey, Yeer)  30. Name and address of person who completed ceuse of death (Item 23e) (Type, Print)  10 10 10 10 10 10 10 10 10 10 10 10 10 1		nined 289. Placa of Inju	ry - At home, farm,	street, fectory, office		28f. Location (Sti	reet end Number	r or Rurel Rou	ite Numbe	Γ,	
29b. Signature and title of certifier  29c. License number  29d. Date signed (Month, Dey, Yeer)  30. Name and address of person who completed ceuse of death (Item 23e) (Type, Print)  TOSEPH D. NOTARANCELO M.D. 301 ST. PAUL PLACE - BALTIMONE ZI.  31. Date filed (Month, Dey, Yeer)  32. Registrars Signeture	4 LI HUMIGIO	4 ☐ Homicide building, etc. (Specify)  City or Town, State)									
29b. Signature and title of certifier  29c. License number  29d. Date signed (Month, Dey, Yeer)  \$\int \text{29b} \text{. Do 7316} \text{ \$\int \text{PT} - 11 - 1996}  30. Name and address of person who completed ceuse of death (Item 23e) (Type, Print)  \$\int \text{To \$\int \text{PH} D. NOTARANCELO M.D.} \text{301 \$\int \text{T.PAUL PLACE} - BALTIMONE \$\int \text{21} \text{.}}  31. Date filed (Month, Dey, Year)  32. Pegistrar's Signeture	2 Medical Examiner: On the basis of exeminetion and/or investigation, in my online, death occurred at the time, date and place, and due to the										
30. Name and address of person who completed ceuse of death (Item 23e) (Type, Print)  TOSEPH D. NOTARANCELO M.D. 301 ST. PAUL PLACE - BALTIMONE ZI.  31. Date filed (Month, Dey, Year)  32. Registrat's Signeture		and manner ster	.00.							n-mateurs (i)	
TOSEPH D. NOTARANCELO M.D. 301 ST. PAUL PLACE - BALTIMONE ZI.  31. Date filed (Month, Dey, Year)  32. Registracs Signeture	. Lab. Signature and title of certific	" (X	0	29c. Licen	se number	29	o. Date signed	(Month, Dey,	Yeer)	-	
TOSEPH D. NOTARANCELO M.D. 301 ST. PAUL PLACE - BALTIMONE ZI.  31. Date filed (Month, Dey, Year)  32. Registracs Signeture	Joseph D	· Notora	ngels	MA. D	01316		SEPT	- 11 -	1466	>	
31. Date filed (Month, Dey, Year) 32. Registrar's Signeture	30. Name and address of person	who completed cause of de	ath (Item 23e) (Type CELO M	pe, Print)	1 ST. PAU	IL PLACE	E-BAL	TIMO	1E Z.(	20	
EL 11 I VI APPER   CANEER OF BUILDING AND CONTRACTOR	31. Date filed (Month, Dey, Year	32. Registra	s Signeture	mla92.		-					



State of Maryland / Department of Health and Mental Hygiene 96 27232

							Cer	tificate o	f Deat	h		Reg. No.			
	<u>.</u> .		1. Decedent's Neme (First, Middl	e, Last)				- ,			2. Data of De		Vaca	3. Time of Death	
	Physici /Medi		A DUEN I ATCAIOU					LAN	DEFE	LD,S	Month SEPT.	Month Day Ye SEPT. 11 9		9:30 AM	
	Examir		4a. Facility Name (If not institution		1		_				ocation of Deat		ty of Death		
			GOOD SAMARIT	AN HOSPIT	[AL				BALT	CIMORI	E CITY		N/A		
1	Funeral		5. Social Security Number	6. Sax 1 ØM 2 ☐ F	7. Age	(In yrs. lest	birthday)	If Under 1 Ya Months Day		er 24 Hrs.	8. Date of Bit Month, De 1/14/	th ev Year)	9. Birthp	place (Stete or Foreign NYLAND	
מ	Director	н	215-09-7158	1LD-M 2LIF		87	Yrs.				1/14/	09	MA	RYLAND	
8			Usual Residence of Decedent  10a. Stata 10b. County			10c. City, To	um or Lo	nation					T.	2041-14 00 11 1	
death with the Maryland	a-f show	tor	DAL BETWOOD C						Y				1	0d. Inside City Limits 1 □XYas 2 □ No	
6	77 28 8 not	ire	10e. Straet and Number					10f. Zip Code	Э			10g. Citizen of	What Cour	ntry?	
*	228 228	alc	1517 SHEFFIEL	D ROAD					212	18		USA			
, š	al', or items 23e or 28e-f ahov Examiner must be notified at	by Funeral Director	11. Marital Status  1 Nevar Married 2 Married 3 Widowed 4 Divorced	ied 1 🗆 Yas	12. Was Decedent Ever in U,S Armed Forces? 1 ☐ Yas 2 ☐ No if Yes, Give Yaar or Dates:		13. Was Decedent of Hispanic Origin? (Sperif Yas, specify Cuban, Maxican, Puarto F				ecify Yas or No Rican, atc.)	Spec	ace - Americ ack, Whita, ify: WIH		
9 3	100	P		t's Education	Dates.	16	Sa Deced	ant's Usual Occ	cupation			18b. Kind of			
Maryland 21215-0020 d 2 should be filed within 72 hours at	an u	Completed	(Specify only higha	st grada completed			(Give	kind of work do	ne during m	ost of work	ing	Too. Kalo of	Dualifeediff	Justiy	
A div	the same	mo	Eiamantary/Secondery (0-12) UNKNOWN	Collaga	(1-4or 5-	+)	ASS	ST. FOR	EMAN			SHIP	YARD		
D #	d other event,	Be C	17. Fathar'a Name (First, Middle,	Last)					18. Mo	ther'a Nam	e (First, Middla	, Meiden Surna	ıme)		
d be		To B	LEWIS H. LAND	EFELD					W	ELHELI	MINA RI	TTERPUS	CH		
ary shot	Health and Mer hem 27 is marks other traumatic		19a. Informant'a Name/Ralationship (Type, Print)  19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)												
- E 7	27 24 47 48 48 48 48 48 48 48 48 48 48 48 48 48		MELISSA A. COLLINS GRANDNIECE 300 BOEING COURT ABINGDON, MD 21009												
ē :			20a. Method of Disposition	M.F. 1	20b. Pl			sition (Neme of netory or other p	dece)		Data 20c. Location - C		- City or To	own, Stata	
Pages 1 a	A SE		1 X Burlai 2 ☐ Cremation 4 ☐ Donation 5 ☐ Other (S		n State						9/13/96	באו ייד	MORE,	MD	
1	Department Department Important: I any Injury o gods.		21. Signature of Funaral Service			DALI		Name and Add							
1 8	any to any to any to		2/	//	_			OHNSON I		AL HO	ME 852	1 LOCH	RAVEN	BLVD.	
			236 Part Enter the disease or	complications that	caused	the deeth D	o not ente	TOWSON,	MD 2	21286	or resolvatory a	rrest	1	Approximata	
Dh	ysician	-	234 Paul Enter the disease, or heart failure. List	only one ceuse on	each line	е.							1	Interval Between Onset and Death	
	Medicai		tmmediete Causa (Final	-											
Ex	aminer	Ш	disease or condition resulting in death)	a. CAR									<u> </u>		
		<u>ē</u>			L	Due to (or as	e conseq	uanca of):					i		
X 68/60, certificate be executed	ding physician and se as the buriel-transit	Examiner	Sequentially list conditions.  Due to (or as a consequenca of):												
,	ne tr		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disaase or injury		No. of the last of the second										
D&/DU,	ysicie e bu	Medical	that initiated events	c		Due to (or as	a conseni	ience of):							
Alica O	as th	P P	reaulting in death) Last					301100 0171							
	esn.			d											
deeth	e attended for u	Physician	Part II. Other significant condition	ns contributing to	contributing to death but not resulting in the undarlying cause given in Part I.						23b. Did tobacco use contribute to the cause			the cause of death	
at the	igned by the a be deteched t	hys													
s tha	ped e	by P										02110	and a control		
The law requires that the	61 (0)	D D										an autopsy		ara sutopsy findings	
O §	shoul	Set									репо	ormed?	CO	allable prior to mpletion of cause death?	
F 5	ate has page 2	Completed									10	Yes 2 No			
			25. Was case referred to medica						OR Die	as of Door		110	1.0	□Yas 2⊠No	
Of VITA Physician:		To Be	examiner?	Hospital:	Innettee	nt 2 ER/	Outpotlos	3□ DOA	Whor		h (Check only	dence 6 🗆 O			
o M	£ 70		27. Manner of Death	28a. Date	e of tnjun	v 28b	. Tima of	28c. In	40	Nursing Ho		how injury occu		7)	
DIVISION I or Attending	: After funer	Certification:	1 Naturat 5 ☐ Pandin 2 ☐ Accident investig	9	nth, Dey	Year)	Injury		/ork? □Yas 21	□No					
After A	ener ceam. Director: Af d in by the fu	flea	3 ☐ Sulcide 6 ☐ Could (	not be	a of Inju	ry - At home,	farm, stre	et, factory, offic	×9		28f. Location (	Streat end Num	nber or Rure	al Route Number,	
5 5 6	d in the	ert	4 ☐ Homicide	buik	ding, etc.	."(Specify)					City or To	ion (Streat end Number or Rurel Route Number, r Town, State)			
Hospita 24 hours	within 24 hours effer of To the Funeral Direct completely filled in by	edical C	29e. Certifier 15. Certifyin (Check only one) 15. Certifyin 2 Medical	Examiner: On the I	e best of basia of c	exemination (	ge, death and/or Inv	death occurred at the time, date and place, and due to the cause(s) and for invastigation, in my opinion, death occurred at tha tima, date and pla						lated. o tha cause(s)	
o the	omp	Me	29b. Signature and titla of certifie					29c. Lice	nsa numbe	r '		29d. Data sign	ed (Month.	Day, Year)	
F 3	8 - 8		Dyman Ko	Stort	H	OUSE S	STAR	E F	2105	01					
}	~/											SEPT. 11, 1996 HOSPITAL			
	3		30. Name and addrass of person AYMAN KOTEISH	who completed cau	Loc H	ath (Item 23s	i) (Type, I	SLVD -	BALT	MORI	MD .	21239			
	Sta Registr		31. Date filed (Month, Day, Yeer) SEP 121996	/ ( )	_	r's Signature	22								
		- 1	I330	0			_								

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

Physician
/Medical
Examiner

Director

Funeral

þ

Completed

Be

0

1. Decedant's Nema (First, Middla, Last) GEORGE C. LEIN, SR.

2. Data of Death SEPTEMBER 8, 1996 3. Time th

27233

4a. Facility Nama (If not Institution, giva street and number)

8613 TRUMPS MILL ROAD

4b. City, Town, or Location of Death

6:00 p.m.

**Funeral** 

5. Social Sacurity Number 213-05-3204

7. Aga (In yrs. last birthday) 1**∑** M 2□ F 76 Yrs.

BALTIMORE COUNTY If Undar 1 Yaar | if Undar 24 Hrs.

Hours

4c. County of Death BALTIMORE

Director

7 is merked other than "natural", or items 23a or 28a-f show traumstic event, the Medical Examiner must be not red at

ups 1 and 2 should be filed within 72 hours after death at of Health and Mental Hygiena.

Baltimore, Maryland 21215-0020

the Maryland

10a Stata

10c. City, Town or Location

8. Data of Birth (Month, Day, Year) JANUARY 24,1920 BALTIMORE, MARYLAND

Birthplaca (Stata or Foreign Country)

Usual Rasidenca of Decedant 10h Counts

> MARYLAND BALTIMORE

BALTIMORE COUNTY

10d. Inside City Limits 1 Yas 2 No

10e. Street and Number

8613 TRUMPS MILL ROAD

10f. Zip Code 21237

10g. Citizan of What Country? U.S.A.

11. Meritai Status 1 ☐ Nevar Marriad 2 Married 3 ☐ Widowed 4 ☐ Divorced

12. Was Decedant Ever in U,S. Armed Forces? 1 M Yes 2 □ No If Yas, Giva Yaar or Datas: WW II

 Was Dacedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puarto Rican, atc.) 1 ☐ Yas 2 No Spacify:

Deys

14. Race - Amarican Indien. Bleck, Whita, atc.

15. Dacadent's Education (Specify only highast grada complated)

16a. Decedant's Usual Occupation (Give kind of work done during most of working life. DO NOT usa ratired)

Specify: WHITE 16b. Kind of Business/Industry

Elementery/Secondery (0-12) 6

Coilega (1-4or 5+) N/A

POLICE OFFICER

BALTIMORE COUNTY MD.

GEORGE LEIN

19a. Informant's Name/Raiatlonship (Type, Print)

PRANCES HITERSOH

19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Steta, Zip Coda) 2902 TROUT TERRACE JOPPA, MARYLAND 21085

GEORGE LEIN, JR. (SON)

17. Fethar's Nema (First, Middla, Last)

20a. Mathod of Disposition

20b. Place of Disposition (Nama of cemetery, cremetory or other place)

20c. Location - City or Town, Stete

21. Signatura of Funaral Sarvica Licenses

1 

☐ Burial 2 ☐ Cramation 3 ☐ Removel from Stete
4 ☐ Donation 5 ☐ Other (Specify)

CARDENS OF FAITH CEMETERY SEPTEMBER 12,1996 BALTIMORE, MARYLAND 22. Name and Address of Facility
LASSAHN FUNERAL HOME, INC.

7401 BELAIR ROAD BALTIMORE, MARYLAND 21236-4625

18. Mother's Neme (First, Middle, Maiden Surnama)

Physician Examiner

physician and the burial-transit

attending ğ

signed by i

page 2 should t

has

cartificata

To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this cartifica completaly filled in by the funeral director, I

Ď

Completed

Be

To

Medical Certification:

Division of Vital Records, P.O. Box 68760.

important: 6 any injury o

Immedieta Causa (Final disease or condition resulting In deeth)

Approximate Interval Between Onsat and Deeth

Examiner Sequentielly list conditions, if any, laading to immadiata cause. Entar Underlying Causa (Disaesa or Injury that Initieted evants rasulting in daath) Last Physician/Medical

Dua to (or as a consequence of)

23e. Part1. Entar the disease, or complications that caused the death. Do not enter the mode of dying, such es cardiec or respiratory errest, shock, or heer failure. List only one cause on each line.

Dua to (or as a consequance of):

will

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

23b. Did tobacco use contributs to the cause of death? 1 Tes 2 No 3 Probably 4 Unknown

24a. Was an autopsy

24b. Ware autopsy findings evailable prior to completion of cause of death?

1□Yas 2⊡No 26. Place of Death (Check only one)

1 Yas 2 No

25. Was casa raferred to medical 1 Yas 2 No

5 Panding Invastigation

6 ☐ Could not be datermined

28a. Data of Injury (Month, Dey Year)

1 ☐ Inpatient 2 ☐ ER/Outpetlent 3 ☐ DOA 28b. Tima of

Other: 4 Nursing Home 5 Aasidance 6 Other (Specify) 28c. Injury et Work? 1 ☐ Yes 2 ☐ No

28d. Dascribe how Injury occurred

28a. Placa of Injury - At homa, farm, street, fectory, office building, atc. (Specify)

28f. Location (Street and Number or Rural Routa Number, City or Town, Stata)

29a. Certifie

27. Mannag of Death

1 PNatural

2 Accidant

4 Homicida

3 Suicida

1 Certifying Physician: To the best of my knowledge, daeth occurred at the time, data and place, and due to the causa(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, deeth occurred at the time, data and place, and due to the causa(s) and manner stated.

29c. Licansa number

29b. Signetura end titla of certific

29d. Data signed (Month, Day, Year)

30. Nama and address of person who complated causa of death (itam 23a) (Type, Print) 966 mp

Han 31. Date filed (Month, Day, Year) SEP 1 2 1996

Julia Augustrar's Signatura

State Registrar

**DHMH 16 Ray 6/95** 

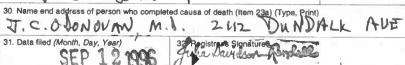
The second section is 6 3 Kin . . . pulsed the control of the first of the second of the secon gar in julia in the less problems to the 

## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

	Iter	n1,1	Film739,9/20/	'96,1t	Olalo C	n warylar		rtificate of	Death	, ,	g. No.		41604	
	Physici	an	1. Decedent's Nama ADOLPH						2. Data of Deat Month	Day Year		3. Tima of Death		
d	/Medical Examiner  ABOLF JOSEPH LACINIT  4a. Facility Nama (If not Institution, give street end number)								4b. City, Town, or	SEPTEMBER Location of Death	8, 1996 4c. County	of Death	6:55 P.M.	
1	LAdiiii	iei	MERIDIAN HEA				NOODS		BALTIMORE (	YTMUCX	BALTI			
	Funeral Director		5. Social Security Nu 212-07-7069	1	x M 2□F	7. Aga (In yrs. 93	last birthdey) Yrs.	If Undar 1 Yeer Months Days		(Month, Day,	8. Date of Birth (Month, Day, Year)  MAY 2, 1904  9. Birthplece (Sountry)  AUSTRIA			
	show		Usual Rasidance of I	10b. County		10c. Cit	y, Town or Lo	cation				1	0d. Inside City Limits	
	death with the Maryland ms 23s or 28s-f show rman to nothed st	ctor	MARYLAND	BALTIMORE		BALT	IMORE CO	UNTY					1 Yes 2 No	
	with th	Funeral Director	10e. Street and Number 10f. Zip Coda 10g. Citize 12 HENRY AVENUE 21236 U.S.A							0g. Citizen of V	en of What Country?			
	death w	neral	11. Maritai Status	VICTUE	12. Was Dec	edant Evar in U.	S. 13. \	Was Decedant of	Hispanic Origin? (S		ean Indian,			
020	or he	by	1 ☐ Never Marrie 3 ☑ Widowed 4		Armed Fo 1 ☐ Yes If Yas, Gi Yaar or D	2X No	1	f Yas, specify Cub 1 ☐ Yas 2 汉 No	en, Maxican, Puert	o Rican, etc.)	Specify Specify		White, atc.	
21215-0020	72 ho	Completed	(Specif	15. Decedant'a Edi	ucation fa complated)		(Giva	dant's Usuel Occu kind of work dona DO NOT usa retire	during most of wor	isinass/in				
121	within	Jumo	Elemantary/Second		1-4or 5+)				A CTIT	Omp varo				
	77 00 6	Be Co	17. Fathar's Nama (F	irst, Middia, Last)		N/A	SHEEL	METAL WORK		ma (First, Middla, A			L SHIP YARD	
ylaı	should be nd Mental marked o imetic eva	ToE	GUSTAV LACH						JOHANNA P	TETSOH				
Maryland	2 sh and is m		19a. Informant's Nan		ype, Print) UGHTER)				ten <i>d N</i> um <i>ber or Ru</i> HWAY BALTI				Code)	
	Heel Heel tem 2 other		20a. Mathod of Dispo		ou ii u iy	20b. P	lace of Dispo	sition (Nama of natory or other ple			20c. Location -		own, State	
altimore,	Peges nent of ant: if its ury or o			Cremation 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		State			TERY SEPTEM	BER 11,199	6 BALT	MORE.	MARYLAND	
Balt	permit. Pages Department of Important: If i eny injury or once.		21. Signatura of Fund	aral Sarvice Licens	300c4p	0	L		ass of Facility ERAL HOME, ROAD BALT		VI MID 21	DOC AC	25	
n			23a. Pert1. Entar the shock, or heart	disaase, or comp failura. List only of	iications that on na causa on a	causad tha deati						20-40	Approximata intarval Between	
	Physician /Medical		fmmediata Causa (F		0								Onset and Death	
1	Examiner	4	disaasa or condition rasulting in daath)	0	a. 1 /	12UM	ON \ CA	F 10077.6					days	
-	D #	lner			(0)	hvmi	().	astruct	we Pul	nunour	1		y caus	
6	cete be executed physician and the burial-fransit	Examiner											t -	
68760,	ificete be execut g physician and as the burial-trar	edical												
	SE 73.65		rasuiting in death) La	est	4	512 10 (51		55,100						
Box	attend for us	lan/			d									
P.O.	law requires that the death certif as been signed by the attending r 2 should be detached for use a	Physician/M	Part ii. Other algnific	ant conditions co	ntributing to d	eath but not res	uiting in the u	ndarlying causa gi	van in Part f.		bacco use co sa 2□ No	contribute to the cause of death?  o 3 Probably 4 Nunknown		
	ss that gned t	by P	veme	ntia,	)als	/,			20110	0_110	A CHARLES			
of Vital Records,	v require been si should	eted	Der	eneut	arth		24a. Was as perform	n autopsy ned?	av	ara autopsy findings allable prior to mpletion of causa				
Rec	The law ate has b	Completed	<del></del>								$\sim$	of	death?	
ta		Be Co	25. Was casa rafarge	d to medicai					26. Placa of Dea	1 ☐ Ye	P	11	☐Yas 2☐No	
of V	5 00	ို	axaminar?	o	Hospital:	inpatiant 2 🗆	ER/Outpatien	I SU DOA	har: 4 Nursing H	loma 5 ☐ Raside		ar (Specif	y)	
ouc	After ti	:lon:	1 Staturai	5 Panding	28a. Data (Mon	of Injury th, Day Year)	28b. Tima of Injury	Wo	nryat ork? ]Yas 2 □ No	28d. Dascribe ho	w injury occur	red		
Division	I or Attending after deeth. Director: After I in by the fune	Certification:		invastigation 6 Could not ba datamined	28a. Place	of Injury - At ho	ma, ferm, str	eet, factory, office		28f. Location (St	reet end Numb	er or Rure	al Route Number,	
ā	s afte	Cert	4  Homicida	A	build	ing, atc. (Specif)	y)			City or Town	i, State)			
	To the Hospital or Attending Ph within 24 hours after deeth. To the Funeral Director: After th completely filled in by the funeral	edical	29a, Cartifiar 1 (Check only 2		ner: On tha b	asis of axaminal			ima, data and piace opinion, daath occu					
	o the	Me	Λ-	tla of certifier	and man	nar stated.		29c. Licen	sa numbar	2:	9d. Data signe	d (Month,	Day, Year)	
			1 Su	oun D	auz	Mo		03	13943		9/9/9	(1)		
	U		30. Nama and addras							8.8		0400	7	
	Sta	to	Susar 31. Data filed (Month)	n Levy, M , Day, Year)				uare Dri	ve Baltı	more, Ma	гутапа	2123	/	
	Registr		SEP 1	2 1996	Fire Day	Registrar's Giene	pell							

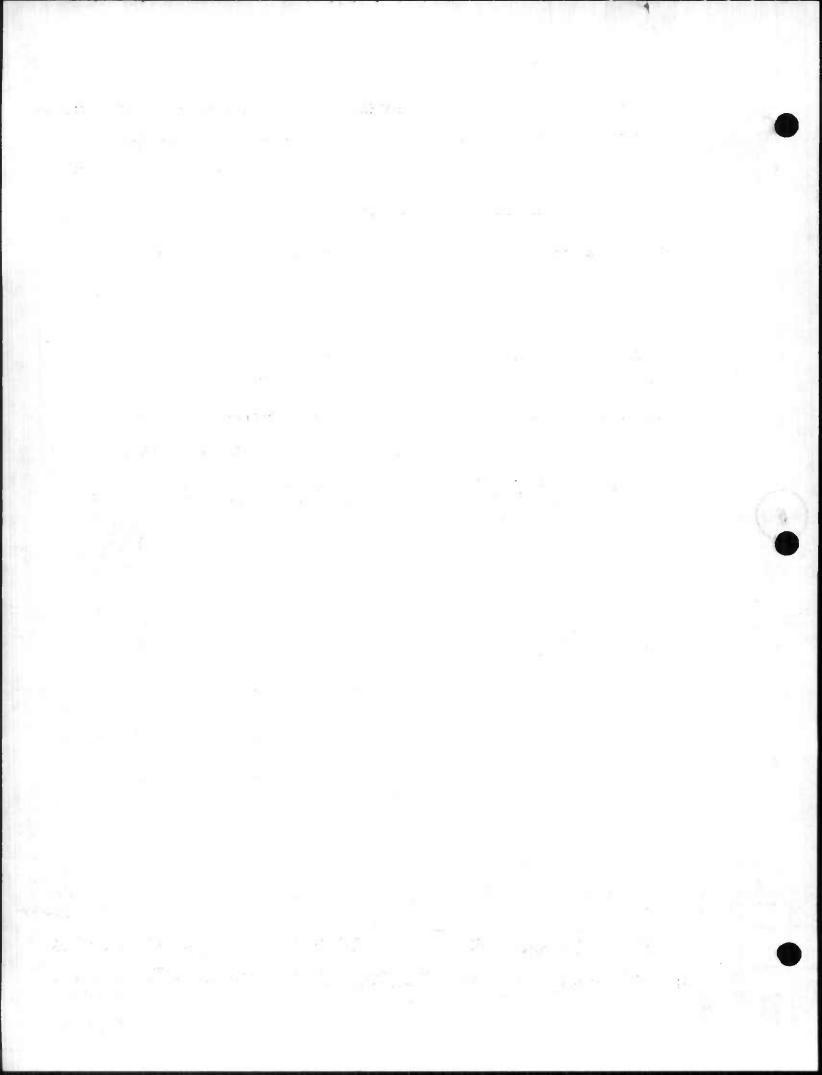
<b>Physiciar</b>	n	1. Decedent's Nama (First, Middla, i	.ast)		Cel	tificate (	JI L	Jealli		2. Data of D		lo. Day	Yaer	3. Tima of De
/Medica	al	Melvin			M	ATZEN	-			Septe	nber	10,	199	
Examine	er	4a. Fecility Nema (If not institution, g Franklin Squ	uare Hosp	ital				b. City, Tow Rassvi		Baltim		ty of Deatl		
uneral irector		213-07-5430	Sax X□M 2□F	7. Age (In yrs. le 83	ast birthday) Yrs.	If Under 1 You Months Da		If Undar 2	4 Hrs. Min.	8. Date of E (Month, I	irth Ay Yea 14-1	3	9. Birth	nplace (Steta or Fountry)
or 28a-f ahow		Usual Rasidence of Dacedant  10a. Stata  10b. County	Baltimo	10c. City	, Town or Lo Rase	cation edale								10d. insida City L 1 ☐ Yas 2 €
ust be notified at	Olrec	10e. Street and Number				10f. Zip Coo						Citizan of	itizan of What Country?	
23a	<u>a</u>	8111 Candle Lar	Ţ					1237				USA		
Examine m	by ruc	11. Maritel Status  1 Navar Merried 2 Married  3 Widowed 4 Divorced	Armed Ford	2 <b>X</b> No	1	Vas Decedant I Yas, specify ( I □ Yas 2□X		spanic Orlgi n, Maxican, Specify:	n? (Spa Puarto	acify Yes or N Rican, atc.)	10-		ack, Whita	lcan Indian, , etc. white
discal discal	Bred	15. Decedant's (Specify only highest of	Education rade complated)		16a. Daced	a. Dacedant's Usual Occupetion (Give kind of work dona during most of working lifa. DO NOT usa retired)  16b. Kind of Businass/Industry							ndustry	
a Me	E I	Elementary/Secondary (0-12)	Collega (1-	4or 5+)		Steam Fitter Union								
atic avent, the Medical E	o ge Co	Unk.  17. Fathar's Nama (First, Middla, La: Unk.	Ink. Unk. ama (First, Middla, Last)			am Fitt		18. Mothar		(First, Middl	-		-	
Tant: If item 27 is mains and line of the control o		19a. Informant's Name/Raiationship Nancy Sauer / N	me/Ralationship (Type, Print) auer / Niece  19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete 8111 Candle Lane, Baltimore, MD 21237										ip Coda)	
		20a. Mathod of Disposition 1 ☑ Burial 2 ☐ Cramation 3 4 ☐ Donation 5 ☐ Othar (Space		20b. Pia	ace of Dispo matery, cran arkwoo	sition (Nema o natory or other DCI	placa	a)	9	Dete I-12-96			-City or T	own, Stata
any inj once.		21. Signatura of Funaral Service Lio	8 Kil	Us.		Name end Ad Cvach/R 1211 Ch	ose esa	edale aco Av	Fun e.	Baltim	ore.	, MD	212	37
hysician /Medical examiner		23a. Part1. Enter tha disaasa, or con shock, or haart failura. List onl	y ona causa on aa	ch line.	Do not ante	ar the moda of		i. such es ci	ardiac c	VIOLENIUS BY 16	arrest.			Approximete
		Immediate Causa (Final disease or condition resulting in death)	a Sal	Dua toyor		quna	1	1				ad		Intarval Batwee
niner		disease or condition resulting in death)	a. Sal	Dua to (or		qunsuerte of):	1	1				ad		Intarval Batwee
niner	Ical Examiner	disease or condition resulting in death)  Sequantially list conditions, if any, leading to Immediate cause. Entar Underlying Causa (Disease or Injury that Initiated avents	a. Sal)		icted es a conseq	uerise of):	1	1				ad		Intarval Batwee
niner	Ical Examiner	disease or condition resulting in death)  Sequantially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury	a. Sal) b		es a consequence as a consequence	uerise of):	1	1				ad		Intarval Batwee
by the attending physician and tached for use as the burial-transit.  Thysician/Medical Examiner	- In sicial production Examined	disease or condition resulting in death)  Sequantially list conditions, if any, leading to Immediate cause. Entar Underlying Causa (Disease or Injury that Initiated avents	a. Sall	Due to (or a	es a consequas a consequas a consequas a consequas a consequas a consequant consequence consequant consequant consequant consequant consequant consequence con	quence of): uance of):	hu	t ne		23b. Die	fi tobacc		ontribute 3 Pro	Intarval Batwee Onset and Dea
by Physician/Medical Examiner	by mysicial washing Examined	disease or condition resulting in death)  Sequantially list conditions, if any, leading to Immediate cause. Enter Underlying Causa (Disease or Injury that initiated avents resulting in deeth) Last	a. Sall b	Due to (or a	es a consequas a consequas a consequas a consequas a consequas a consequant consequence consequant consequant consequant consequant consequant consequence con	quence of): uance of):	hu	t ne		23b. Dic	fi tobacc	co use co 2 No opsy	3 Pro	Interval Batwee Onset and Des 15 munu.  To the cause of debebly 1 Unit valiable prior to
rias been signed by the attending physician and go 2 should be detached for use as the burist-transit mpleted by Physician Medical Examiner	composed by mysicial programmer and the second programmer and the seco	disease or condition resulting in death)  Sequantially list conditions, if any, leading to Immediate cause. Enter Underlying Causa (Disease or Injury that initiated avents resulting in deeth) Last	a. Sall	Due to (or a	es a consequas a consequas a consequas a consequas a consequas a consequant consequence consequant consequant consequant consequant consequant consequence con	quence of): uance of):	hu	t ne		23b. Die 1 = 24a. Wa per	tobaccol yee	co use co 2 No opsy	3 Pro	Interval Batwee Onset and Dea 15 mun.
certificate has been signed by the attending physician and irector, page 2 should be detached for use as the burist-transit.  De Completed by Physician/Medical Examiner.	Secondification of the second	disease or condition resulting in death)  Sequantially list conditions, if any, leading to Immediate cause. Enter Underlying Causa (Disease or Injury that Initiated avents resulting In deeth) Last  Part II. Other algnificant conditione  25. Wes cesa rafarred to medical axaminar?	Hospital	Due to (or a	es a consequas a consequating in tha un	quence of): uance of): uance of):	<u>k</u> w	n In Part I.	Drum	23b. Dic 1 = 24a. Wa per	tobaccolyee s an automed? Yas ona)	o use co	3 Pro	Interval Batwee Onset and Dea Conset
Instruction as some solved by the attending physician and director, page 2 should be detached for use as the burial-transit.  To Be Completed by Physician/Medical Examiner.	to be desired by any second and any	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Entar Underlying Causa (Disassa or injury that initiated avents resulting in death) Last  Part II. Other significant conditione  25. Wes cess referred to medical axaminar?  127 Yas 2 D No  27. Manner of Death 1 Netural 5 Panding	Hospital: 1 Ing	Due to (or a	es a consequas a consequas a consequating in the un	uence of):  uance of):  uance of):  darlying causa	givar	n in Part I.  28. Placa or  4   Nurs	of Death	23b. Dic 1 = 24a. Wa per	tobaccoly vees an automed?  Yas  ona)	o use co 2 No opsy	3 Pro	Interval Batwee Onset and Dea Conset
Insector. Arier fulls certificate has been signed by the attending physician and in by the funeral director, page 2 should be detached for use as the buriat-transit rtiffication: To Be Completed by Physician/Medical Examiner	to be desired by any second and any	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last  Part II. Other significant conditione  25. Wes cess referred to medical axaminar?  1	Hospital: 1 In Ing.  28a. Date of (Month, on 28a. Placa of	Due to (or a state of the but not result of	es a consequas a consequal as a consequence as a consequal as a consequence as a consequal as a consequal as a consequal as a consequal as a consequal as a consequal as a consequal as a consequal as a consequal as a consequal as a consequal as a consequal as a	uence of):  uance of):  uance of):  idarlying causa  28c. It	givar	n In Part I.  28. Placa o	of Death ing Hor	23b. Die 10 24a. Wa per 10 (Check only na \$28d. Dascribe	tobaccoly yee s an automed? Yas ona) idenca how inj	o use co 2 No opsy	3 Production of the state of th	Interval Batwee Onset and Dea Onset and Dea I S munn.  I S munn to the cause of debebly Unit Varia autopsy findin valiable prior to ompletion of causi death?  Yes 2 No
Irector: After this certificate has been signed by the attending physician and n by the funeral director, page 2 should be detached for use as the butal-transit triffication: To Be Completed by Physician/Medical Examiner	A STATE OF COMPLETE STATE OF C	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Entar Underlying Causa (Disease or injury that initiated events resulting in death) Last  Part II. Other significant conditione  25. Wes cess referred to medical examinar?  1	Hospital: 1 In Ing	patiant 2 E Injury Day Year)  Injury At hom, etc. (Specify)  Injury At hom set of my knowl is of axemination	es a consequence as a c	uence of):  uance of):  uance of):  idarlying causa  28c. li M 1	givar Othar	28. Placa o	of Death	23b. Die 1 24a. Wa per 24a. Wa per 28d. Dascribe 28d. Dascribe 28d. Location City or To	tobaccoly yes san autommed?  Yas ona) idenca how inj  (Street a own, Sta	2 No opsy 2 No opsy 2 No and Numite)	3 Production of the state of th	Interval Batwee Onset and Dea Onset and Dea Onset and Dea Onset and Dea Onset and Dea Onset and Dea Onset and Dea Onset and Dea Onset Onse
his certificate has been signed by the attending physician and at director, page 2 should be detached for use as the burial-transit.  To Be Completed by Physician/Medical Examiner.	The second secon	disease or condition resulting in death)  Sequantially list conditions, if any, leading to immediate cause. Entar Underlying Causa (Disease or Injury that initiated avents resulting in death) Last  Part II. Other significant conditions  Part II. Other significant conditions  25. Wes cesa rafarred to medical axaminar?  1 Yas 2 No  27. Manner of Death 1 Netural 5 Panding investigated investigated at Homicide  29. Accident determined  29a. Certifier (Check only 2 Medical Examinar)	Hospital: 1 In Ing	patiant 2 E Injury Day Year)  Injury At hom, etc. (Specify)  Injury At hom set of my knowl is of axemination	es a consequence as a c	uence of):  uance of):  uance of):  idarlying causa  28c. li M 1	givar	28. Placa o	of Death	23b. Die 1 24a. Wa per 24a. Wa per 28d. Dascribe 28d. Dascribe 28d. Location City or To	tobaccoly yes s an autormed? Yas ona) idenca how Inj (Street a win, Street) c cause(c, data ar	o use co 2 No opsy 2 No 8 Ott ury occur te) Lud Numite)	24b. Van Coord of the Coord of	to the cause of cobebly 1 Un Vara autopsy find valiable prior to ompletion of causide death?  Yes 2 No.

State Registrar 31. Data filed (Month, Day, Year) SEP 12 1996



BALTO MD

21222



State of Maryland / Department of Health and Mental Hygiene

27236

				-
Certif	icate	of D	path	

Physician /Medicai Examiner Funeral Director

Pagas 1 and 2 should be filed within 72 hours aftar daath with the Maryland nent of Haalth and Mental Hygiena.
Int: if Item 27 is marked other than "naturel", or Items 23s or 28s-f show Jry or other treumatic event, the Madesi Examiner framt be notified at

21215-0020

Maryland

Baltimore,

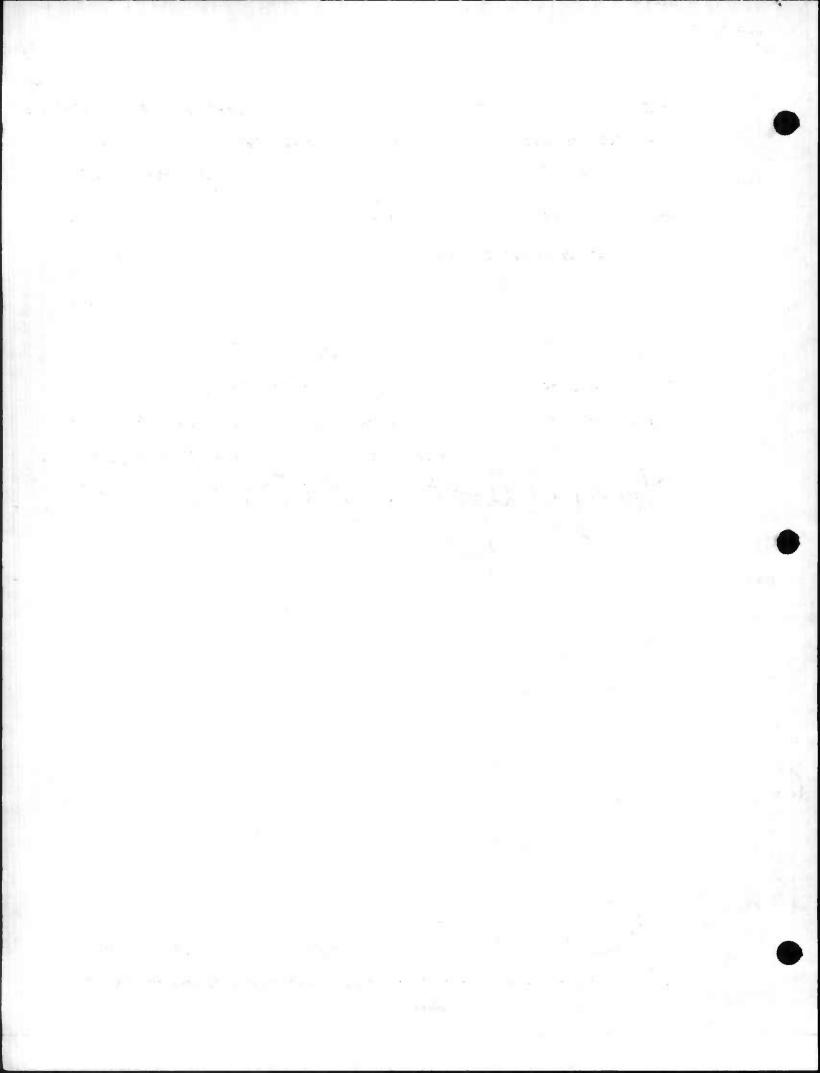
Pemair. Page
Physician
Physician
Physician
Physician
Physician
Physician
Physician
Physician
Physician
Physician
Physician
Physician
Physician

law requires that the death certificate be assecuted burial-transit Bud P.O. Box 68760. tha USB BSU signed by t Vital-Records, paga 2 should b certificata has Division of this s aftar death.

I Director: Aftar this od in by the funeral d Attending 6 To the Hospital o within 24 hours af To the Funeral Di complataly filled in

1. Dacadant's Neme (First, Middla, Last) 2. Data of Deeth 3. Time of Death Month Day Yaer AARON MACK SEPT.07,1996 23:30 4a. Facility Nama (If not institution, giva street end number) 4b. City, Town, or Location of Death 4c. County of Death 1100 PENNSYLVANIA AVE. APT.1005 BALTIMORE If Under 1 Yaar | If Under 24 Hrs. | 8. Data of Birth (Month, Dey, Year) 5. Sociel Security Number 7. Aga (In yrs. last birthday) Birthpiace (Stata or Foreign Country) Months **№** M 2□ F 83 215-07-9129 Nov.30,1912 Florida Usual Rasidance of Dacedent 10a, State 10b. County 10c. City, Town or Location 10d. Inside City Limits MD N/A 1 Tyras 2 No Director Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 1100 Pennsylvania Ave.APT1005 21217 USA Funeral Was Decedant Evar In U,S. Armed Forcas? 13. Was Dacedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexicen, Puerto Ricen, atc.) 14. Rece - Amaricen Indian, Black, White, atc. 1 ☐ Yas 2 🕱 No it Yes, Giva Yeer or Datas: 1 ☐ Never Married 2 ☐ Married 1 ☐ Yas 2 ☑ No Specify: þ Specify: 3 XWidowed 4 ☐ Divorced **Black** Completed Decedent's Usual Occupation (Giva kind of work done during most of working life. DO NOT usa ratired) 15. Decedent's Education (Specify only highast grada complated) 16b. Kind of Business/Industry Elementery/Secondary (0-12) Collega (1-4or 5+) 6th N/A N/A 17. Fether's Nema (First, Middle, Lest) 18. Mothar's Nama (First, Middle, Maidan Sumama) Be Aaron Mack, Sr. Mimmie Wright 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Address (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Lisa F. Shuler P.O. Box 165, LIve Oak, Florida 20b. Place of Disposition (Nama of cemetery, crematory or other piece) 20a. Mathod of Disposition Data 20c. Location - City or Town, Stata Fort Union Cemetery 9/14 Live Oak, Florida 5 Othar (Specify) 21. Signat of Funeral Service Licer 22. Nama and Addrass of Fecility LEROY O. DYETT & SON FUNERAL HOME, PA. 4600 LIBERTY HEIGHTS AVE., BALTO. 21207 ter the disease, or complications that caused the death. Do not antar the mode of dying, such as cerdiac or respiratory arrest, heart tailure. List only one ceuse on a serious or the death. Approximeta Intarval Between Onset and Death immediata Causa (Final disaasa or condition resulting in daath) . Arteriosclerotic Cardiovascular Disease Dua to (or as a consequance ot): Sequentially list conditions, if any, leeding to Immadiate ceusa. Entar Underlying Cause (Disaasa or injury that Initiated avants rasulting in death) Lest Due to (or as a consequence ot): Physician/Medical Due to (or as a consequance ot): Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco uss contribute to the causs of death? 1 ☐ Yss 2 ☐ No 3 ☐ Probably 4 ☐ Unknown þ 24b. Were eutopsy findings svallable prior to completion of causa of death? Completed 24a. Was an autopsy performed? INSPECTION 1 Yas 2000 1 ☐ Yas 2 No Be 25. Was cesa referred to medicel 26. Placa of Death (Check only ona) Other: 4 Nursing Home 5 Sesidance 6 Other (Specify) Hospital: 1 ☐ inpatlant 2 ☐ ER/Outpatient 3 ☐ DOA Certification: To 1X Yas 2 No 27. Manner of Death 28a. Data of Injury (Month, Day Year) 28b. Tima of 28d. Dascribe how Injury occurred 28c. Injury at Work? 5 Panding investigation 1 X aturei 1 Yas 2 No 2 Accidant 6 Could not be datarmined 3 ☐ Suicide 28a. Place of injury - At homa, farm, street, factory, offica building, etc. (Specify) Location (Streat and Number or Rural Routa Number, City or Town, Stata) 4 Homicida Medical 29a, Certifier 1 Cartifying Physician: To the best of my knowledge, deeth occurred et the time, date and piece, and due to the cause(s) and manner as steted. Medical Examiner: On the basis of examination and/or invasilgellon, in my opinion, death occurred at the time, date and place, and due to the causa(s) and manner stated. 29b. Signature and title of certifier 29c. License number 29d. Deta signed (Month, Day, Year) OCME SEPT.08,1996 30. Name and address of person who completed ceuse of deeth (Item 23e) (Type, Print) Laron Locke M.D. 111 Penn Street, Baltimore, Maryland 21201 31. Data filed (Month, Day, Year) SEP 1 2 1996 Julia Laurdson Mand

Registrar



State of Maryland / Department of Health and Mental Hygiene 96

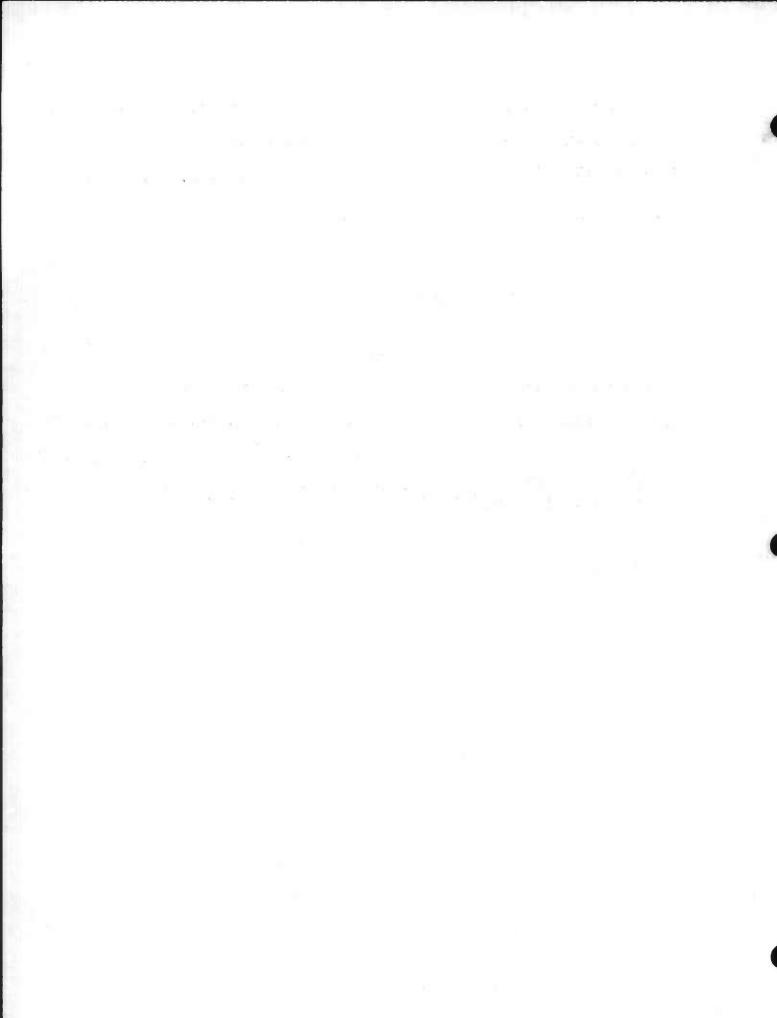
16

27237

						Cer	tifica	te of	Death		Reg. No.		41401		
	Physic		Decedent's Name (First, Mide     WELLINGTON							2. Dete of D Month SEPTEM		1996	3. Time of Death 1:55 am		
	/Medi Examir		4a. Facility Neme (If not instituti THE JOHNS HO						4b. City, Town, or ALTIMORE	Location of Dea		y of Deeth			
	Funeral Director		5. Sociel Security Number 214-58-5319	6. Sex 1 <b>⊠</b> M 2 □ F	. Age (In yrs. 44	last birthday) Yrs.	If Unde Months	r 1 Yaar Deys	If Under 24 Hr Hours Mir	. (Month, L	irth Dey, Year) 16,1952	9. Birthp Coun Texa	place (Stata or Foreigntry)		
	Pu ,		Usual Residence of Decedent		140.00	-									
	Manyla Fled et	tor	MD Har	tford	10c. Cr	ty, Town or Lo Abir		n				1	0d. Inside City Limits 1 ☐ Yes 2 1 No		
	with the	I Director	10e. Street end Number 474 Crisfie	eld Drive			1	Code 210	09		-	of Whet Country?			
5-0020	should be filed within 72 hours after death with the Maryland nd Mental Hygiene, marked other than "natural", or items 23a or 28a-f show unable event, the Medical Exemines must be notified at	by Funeral	11. Merital Status  1 Nevar Married 2X Ma 3 Widowed 4 Divorce	12. Wes Deced Armed Ford 1 Dyes 2 If Yes, Giva d Year or Del		/8/77	Was Dece f Yes, spe		dispanic Origin? ( an, Maxican, Pua Specify:	Specify Yes or N rto Rican, atc.)	io- 14. Ra Bia Specii	ace - American Indien, ack, White, etc.			
215-0	21215-0 d within 72 ho piene. r than "natur the Medical		15. Decede (Specify only high Elamantary/Secondary (0-12)	nt's Education est grade completed) Collage (1-	for 5+)	16e. Deced (Give life. L	lent's Usu kind of wo DO NOT u	s Usual Occupation of work done during most of working (OT use retired)  16b. Kind of Bu					dustry		
	d wit	Completed	12th	5+	101 31)	Entre	epre	eneur							
aryland	S a b s	To Be	Wellington Matthews, Sr.				18. Mother's Name (First, Middle, Meiden Surneme)  Violee Woods								
Baltimore, Marylan pemit. Pages 1 and 2 should be bearment of Health and Mental Important: if them 27 is marked of any Injury or other traumatic events.					wife 474 Crisfield										
			Jean Matthews/wife  20e. Method of Disposition 1												
Balt	permit. Departr Importu eny Inji		21. Signeture of Funeral Service	Licenses	hea	4	EROY	0.					ME, P.A. 21207		
68/60,	Department of the property of	Medical Examiner	Immediate Cause (Final disease or condition rasulting in deeth)  Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last		Due to (a	or as a consequence or es a consequence or es a consequence or es a consequence or es a consequence or es a consequence or es a consequence or es a consequence or es a consequence or es a consequence or es a consequence or es a consequence or es a consequence or es a consequence or es a consequence or es a consequence or establishment or establ	uence of)	270		to or respiratory	alloot,		Approximate Interval Between Onset and Deeth  Year  3 Weeks		
Box	death ce e attendir ed for use	Physician/M	Pert II. Other significant condit	d	th but not res	ulting in the ur	nderlying	causa giv	ren in Part I.	23b. Dfc	d tobacco use co	entribute to	the causs of death		
s, P.O	s that the	by Phy							_	10	Yes 2 No	3 Prol	bably 4 Unknow		
Records,	e law requin has been si ge 2 should	Completed								per	s an eutopsy iormed?	coi of	ara eutopsy findings allable prior to mpletion of cause deeth?		
Vita	Physician: The this certificate rai director, page	Be	25. Wes case refarred to medic exeminer?	Hospitel:				100		ath (Check only					
ō	Physic this c	or:	1 Yes 25 No 27. Manner of Deeth	) Lin		ER/Outpatien		-	4 LI Nursing	1	sidence 6 Oti		y)		
DIVISION	Attending or death.	Certification:	1 Natural 5 Pend 2 Accident invest 3 Suicida 6 Could	igation and the		tnjury	М		yat k? Yes 2□No		(Street and Num		il Route Number		
2	outs after arei Dire		4 🗆 Homicide			ome, ferm, stre				City or To	own, State)				
(	His House Ho	Medical	one) 2 Madica	ng Physician: To the b Examiner: On the bas end menns	is of examine	ition end/or inv	estigetion	i, in my c	pinion, deeth occ	e, end due to the urred at the time	, dete and place,	and due to	the cause(s)		
		-	29b. Signetura and title of certifications of ce	- Gren	Yn.	D			33216G	1024	Septemb				

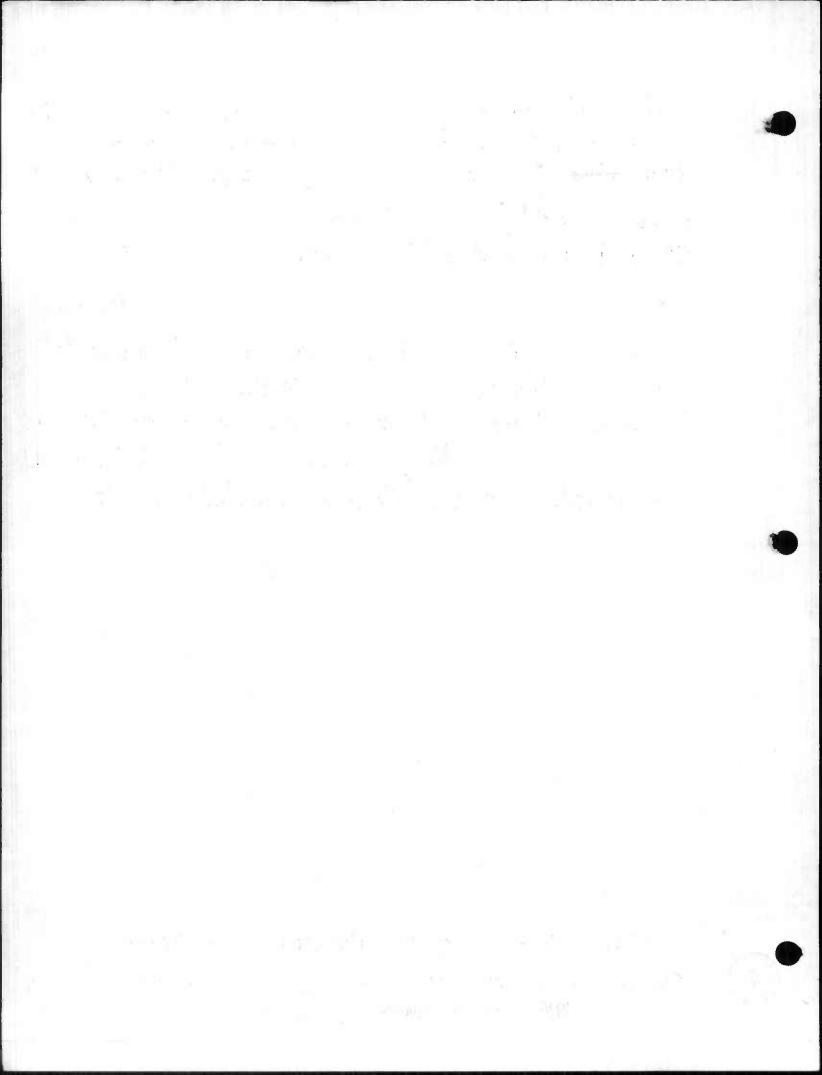
600 N. WOIR St.

State Registrar 31. Date filed (Month, Day, Year)



State of Maryland / Department of Health and Mental Hygiene

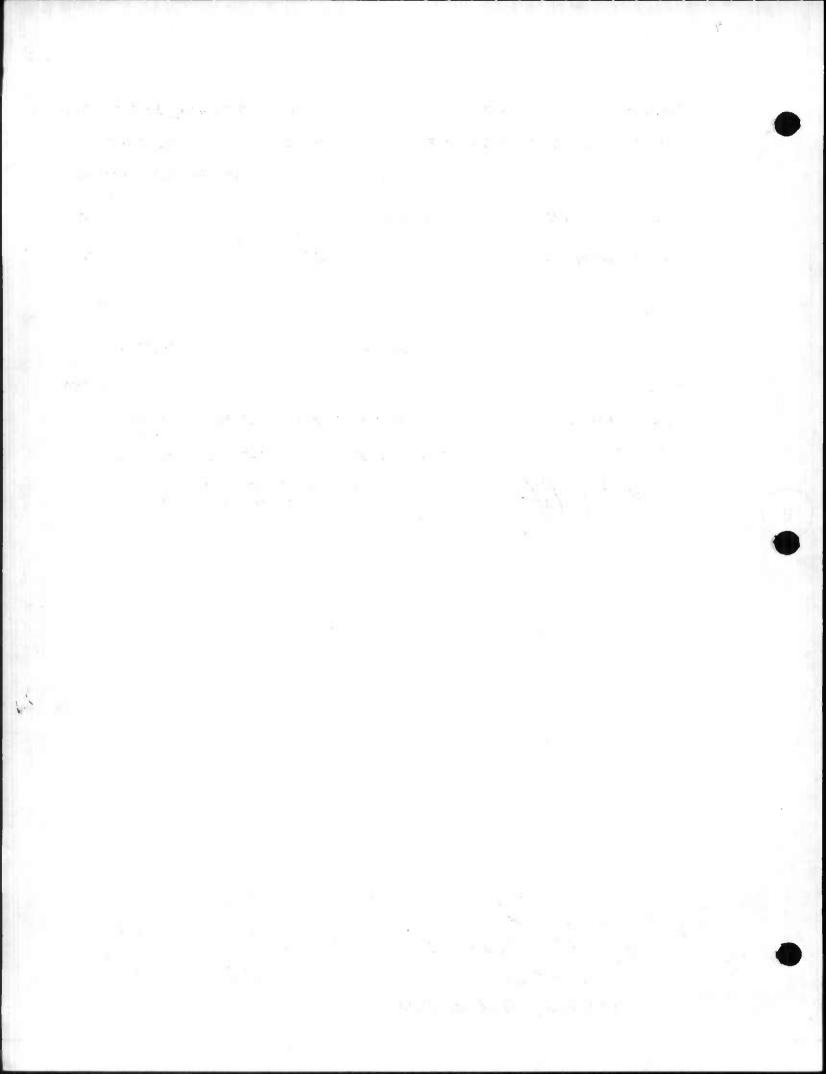
Film G7	74(	) item 5 per FH 10-11-9	6 rja	Certifica		eath	Reg		0 2	. / 2.00
Physician		1. Decedent's Neme (First, Middle, Last)	ack				Dete of Deeth Month Deptembe	Dey	Yeer 199(a	3. Time of Daath 3: 27 Dm
/Medical Examiner	-	4a. Facility Name (If not Institution, giva stre	et end number)		4b.	City, Town, or Loca		4c. County		o alpm
		University o	f Maryla	nd	1	Baltimor		Bay	timo	re Cety
Funeral Director	4	5. Social Security Number 53476. Sex 218-10-53-46 Usual Residence of Decedent	2□ F 7. Age (th yrs. le	Yrs. If Und Month		If Under 24 Hrs. 8 Hours Min.	Deta of Birth (Month, Day)	1908	9. Birthple Mor	ca (State or Foreign y)
be filed within 72 hours efter deeth with the Meryland tal Hyglene.  d other than "natural", or items 23s or 28s-1 show event, the Medical Example, must be incitied at the Completed by Finneral Director.		10a. Stete 10b. County	10c. City,	Town or Location					100	d. Inside City Limits
with the Merylar t or 28a-f show be notified at	000	Maryland N/A		Saltin	pore					1 Nas 2□No
el', or items 23e or 28e-f sho Examinet must be notified at hy Funeral Director	2	10e. Street end Number 827 N. Arlingt	on Ave.	Apt. 101.2	2/2/	7	109	Citizen of V	Thet Country	<b>4</b> ?
iner out t			Was Decedent Evar in U,S Armed Forcas?	. 13. Was Dec if Yes, sp	edent of Hisp ecify Cuban,	panic Orlgin? (Speci Mexican, Puerto Ri	fy Yes or No- cen, etc.)		- Americer k, White, etc	
	2	1 Never Married 2 Married 3 Widowed 4 Divorced	1 ☐ Yes 2 No If Yes, Give Yaar or Detes:	1 □ Yes	2 No	Specity:		Specify	Ne	9ro
ygiene. Net than "natural", It, the Medical Eva	Diele.	15. Decedent's Education (Specify only highest greda co	mpleted)	16e. Decedent's Us (Give kind of v life. DO NOT	vork done dur	on ring most of working	16	o. Kind of Bu	siness/Indu	etry
s marked other there summeric event, the To Be Comm	5	Elementery/Secondery (0-12)	College (1-4or 5+)	Truc	K	Driver	- 1	Trar	SPO	srtation
important: if fen 27 is marked other than 'naturany injury or other traumatic event, the Medical once.  To Be Completed	מ	17. Fethar's Nama (First, Middla, Last)	nck		11	8. Mother's Neme (	First, Middle, Me	den Sumem	e)	
s mari	-	19e. Informant's Name/Reletionship (Type,	Print)	19b. Mailing Addre	ss (Street en	d Number or Rurel I	Agute Number, C	ity or Town,	Stete, Zip C	(ode)
om 27 I		Mrs. Sandra K 20e. Method of Disposition	nox	2932 ce of Disposition (N	Kosc	alind!	Ave. t	salta	, Ma	1:21215
y or o		1 ABurial 2 □ Cremation 3 □ Remo 4 □ Donetion 5 □ Other (Specify)	1 2 2	netery, cremetory of		1 9/	13/96 R	. Location -	11 1	4.4 1
Important: Il any Injury o once.	-	21. Signeture of Funeral Service Licensee	010	22. Nama	and Address	of Facility	T	9/19C		own, Md.
2 2 2 2		- Joseph o	T. Kuss	222	an w.	North	tune tune	Balto	lome.	21716
ysician		23a. Part 1 Enter the disease, or complication shock or heart failure. List only one complications are complicated to the complete state of the complete state.	ons thet ceused the death. Buse on each line.	Do not enter the me	ode of dying,	such es cerdiec or r	espiretory arrest		ir	Approximete ntervel Between Onsat end Deeth
/ledicai aminer		Immediate Ceuse (Finel disease or condition	Preumonia	(likely	asp	piration	)			12 hrs.
		resulting in deeth) e		as e consequence d	state		ناء ذال			121
in end rial-trensit Examiner		Sequentially list conditions,		es e consequence of		WITH	espirati	on con	gramse	ldhrs.
sician end s burial-tren		Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events	Pulmonar	y edem		ngestive	. hear	+ fail	ure	11 days
ng physicia s es the buri		resulting in deeth) Lest	Due to (or e	s e consequance of	):	,				
gned by the ettending I be deteched for use es by Physician/Me		d							i	
signed by the elected for the by Physic		Pert II. Other significant conditions contribu		Ing in the underlying	ceuse given	in Part I.				he cause of death?
		Right lung m	255					20140	- TODA	519 49Q OHIKHOWH
should							24a. Was an e performed	utopsy I?	comp	e eutopsy findings eble prior to plation of cause
page 2							12 Yes	2□No	of de	Yas 22 No
ector Be		25. Wes cese referred to medical exeminar?				6. Place of Deeth (	Check only one)			
al di		1 Yes 2 No Hosp	1,22 Inpatient 2 LE	R/Outpetient 3 D		4 ☐ Nursing Home	5 Residence			
oath. or: After he funer he funer		2 ☐ Accident investigation	Be. Dete of Injury (Month, Dey Year)	Injury M	28c. Injury et Work? 1 ☐ Yes	s 2 No				
Director in by t		3 Suicida 6 Could not be determined 2	Be. Plece of Injury - At hom building, etc. (Specify)	e, farm, street, fecto	ry, office	28	Location (Stree City or Town, S	t end Numbe tete)	er or Rurel A	Routa Number,
within 24 hours efter death.  To the Funeral Director: After to completely filled in by the funeral Medical Certification:	-	29a. Certifiar (Check only 2 Martical Examiner	n: To the best of my knowl On the basis of examinetio	edge, deeth occurre	d et the time,	dete end plece, end	due to the ceus	e(s) end mar	nner as stet	ed.
ithin 24 or the Franchiston Medi		29b. Signature end title of certifier	end menner steted.		n, in my opini oc. Licensa ni			end piece, a  Data signed		
3 = 81	1		Wehi -		086			7/9/		y, 10ai)
		30. Neme and address of person who comple	eted ceuse of deeth (Item 2	3e) (Type, Print)						
Chate		SPENCER I MARKOW	72 Mb 22	SOUTH GR	EENE 51	BALTIM	ORE, MB	2120	\	
State		SEP 1 9 1000	Chilles Nous	12. 1.00						



State of Maryland / Department of Health and Mental Hygiene

27239

							(	Jen	tificate of	Death			Reg. No.		
Physici /Medic		Decedent's Na     CHALMER			MZ							2. Data of D Month SEPTEM	Dey	Yaar 10 1996	3. Time of Death
Examin	ner	4a. Facility Nama	(If not institutio	on, giva straai	t and nu	m <i>ber)</i>				4b. City, To	wn, or Lo	ocation of Dee	th 4c. C	ounty of Death	
	ď	GREATER	BALTIM	ORE ME	DICA	AL CEI	VTER			TOWSON	7		BAI	LTIMORE	1 111
Funeral		5. Social Security	Number	6. Sax			yrs. last birth	day)	If Undar 1 Yaar Months Days		24 Hrs. Min.	8. Data of B (Month, D	irth	9. Birth	placa (Stata or Fora
Director		405-16-	9341	1 M M	2∐ F	/	8 Y	rs.	Monard Days	riodis	190101.	Dec.	28 191	7 Ker	ntucky
P .		Usual Rasidance													
72 hours after death with the Maryland natural, or items 23a or 28a-f show 5 cal Examiner must be notified at		10a. Stata	10b. County			100	c. City, Town								10d. Insida City Lim
Ma P	ă	Md.		N/A			Balti	mor	ce						1. Yes 2 □ I
7 28	Director	10e. Street and N	umbar	_					10f. Zip Coda		-		10g. Cltiza	n of What Cou	ntry?
3a c		3503 Fr	ankford	7,770					27	214					USA
THE 2	er	11. Meritai Stetus		12. W	as Dace	edent Ever	In U,S.	13. W	as Dacedant of	Hispenic Orl	gin? (Spi	ecify Yas or N	0- 14	Rece - Amari	
"natural", or items 23a or 28a-f show odical Examiner must be notified at	Funeral	1 Navar Ma	rriad 2 Man		med Fo □Yas			If	Yas, specify Cub	an, Maxicar	i, Puerto	Rican, atc.)		Black, White,	etc.
0.1	þ		4 Divorced	. 0	Yas, Givear or D	/a		1	☐ Yes 2 🙀 No	Spacify:			S	pecify:	nite
thre			15 Dacadar	nt's Education			16a D	)acada	ant's Usual Occu	nation			16b Kind	of Businass/Ir	
an "natur Medical	Completed		ecify only higha	st greda com	platad)		(0	Giva k	ind of work dona O NOT use ratire	during mos.	t of work	ing	TOD. KING	OI BUSINASS/II	loustry
648	E	Elamentery/Sec		C	ollega (1	1-4or 5+)			inger				Go	Golfing	
LD -		17. Fathar's Name	2 /First Middle	I get)						19 Moths	r'e Name	Name (First, Middla, Maiden Sumama)			
d d d	Be		(* 1104) ************************************				3.4					o (i iisi, iviidai	a, ivialdell St		Tookao
marked	To	David						lay		Emma					George
CO 00 MI		19e. Informant's I			rint)				Addrass (Stree						
- N -		Fofo Ma		2					Frankfo	rd Ave	e. Ba	altimoi	ce, Ma	. 21214	
		20a. Mathod of Di	sposition Commation	2 Deman	al from		<li>Db. Place of C cematery,</li>	Disposi crama	ition (Nama of atory or other pla	ica)		Date	20c. Loca	fion - City or T	own, Stata
int: If its			5 ☐ Othar (S		an from	State	Hillto	p S	Service	Co.	9.	-12-96	Tows	on, Md.	
원관을 .		21. Signature of F	uneral Service	Licerys)e	1			22.	Nama end Addra Ruck To	ass of Facilit	У				
impo any i		D V	* 1	P.1											
-	-	23a Parti Friar	the disease or	compleation	as that c	ausad the	death Dono	t antar	1050 Yo	rk Rd.	TOT	wson, N	1d. 21	204	Annalian
444		23a. Part1. Enter shock, or he	art failure. List	only ona cau	isa on a	ach line.	Jaatti. DO 110	t attitati	i tria moda or dyi	ilg, sucri as	Cardiac (	or raspiratory	arrast,		Approximate Intarval Batween Onset end Deeth
rsiclan ledicai		Immadiata Cause	/Final			1 0	41		- \	1		6.			
miner		disaasa or conditi rasulting in death	ion	a	/	4CUTE	? NYO	OCA	ROIAL	100	ARC	Tion			MOUR
	_	rasbing in beam	,		1	Dua	to (or es e co	nsequ	anca of):					10 12	/ hour
, <del>=</del>	ine			- b	H	- 2	, (	- 1	V. D.						years
and-tran	Examiner	Sequantially list of	onditions,			Dua	to (or as a co	nsequ	ence of):						1
ian		Sequantially list of any, laading to licausa. Enter Und Causa (Disaase of that Initiated aven	darlying											1	
hysic the t	lica	that Initiated aven resulting In daath)	ts Lest	·		Dua t	o (or es a cor	nsequa	ance of):						
nding physician and use as the bunal-transit	<b>Medical</b>			L.											
Ā -				0											
ed by the etter detached for	Physicia	Part II. Other sign	ificant condition	ons contributi	ing to da	ath but not	rasulting In the	ha <i>u</i> nd	darlying causa gi	van In Part i.		23b. Did	tobacco ua	e contribute t	o the cause of deal
tach ta	E S											1□	Yes 2	No 3□Pro	bebly 4 Unknow
	by														Joseph Vigg Stime
uld bu												24e. Wes	en autopsy	24b. W	ere autopsy finding
peen s	et											perf	ormed?	CC	mplation of cause
has Je 2	Completed														deeth?
certificate rector, pay	ပိ											1 🗆	Yes 2 1	No 1	Yas 21 No
this certificate ha	Be	25. Was casa rafa axeminar?	rred to madical							26. Pleca	of Daatt	(Check only	ona)		
l dire	2		No	Hospita	al: 1 🗆 li	npatiant	2 ER/Outp	etient	3 DOA Ott	ner: 4 □ Nu	rsing Ho	me 5□Ras	idanca 6 [	Other (Specia	(y)
neral neral		27. Manner of Daa			. Dete d	of Injury h, Day Yea	r) 28b. Tim		28c. Inju	ry at		28d. Dascribe	how Injury o	ccurred	
F: At	atic	1 ☑ Natural 2 ☐ Accidant	5 ☐ Pandin Invastiç			VA	N		M 1□	Yas 2 1	No				
Director: After	Hic	3 Suicida	6 ☐ Could a datarm		a. Place	of Injury - A	At homa, farm	, stree	et, factory, office		1	28f. Location	Straat and N	lumber or Rura	al Routa Number,
무를	Certification:	4 🗌 Homicida			buildir	ng, etc. (Sp	ecify)	N	/A			City or To	wn, Stete)	UA	
2 = 1		29a. Certifier	1/D Certifyin	o Physician	A their	hast of my	knowledge d	-	occurred et the tie	ma data and	d elono	and due to the	·		tota d
Fur	edical	(Check get)	2 Medical	Examiner: 9	n the ga	Is of axan	rinetion end/o	or inva	stigetion, in my	plnion, deet	h occurre	ed at the time,	dete and pla	ace, and due to	the cause(s)
the state	S S	29b. Signature and	i titia of cartifiai		1	Statau.			29c Licens	e number			204 Date a	inner renter	Dane Wassi
£ 8	75		1 /	1	4		1.	1	29c. Licans	17 1-	C7	_	cou, Date 5	igned (Month,	16.1
Oi		0	yes	1	10	ul	are		U.	440	3 (			7/10	190
1	1	30. Name and add	ress of person	who complete	ed cause	a of deeth (	Item 23e) (Ty	pe, Pr	G-13.1	111		50		1	
,		DAV	10 5	TRAV	53	u.	0.		4.15.1	4. (.	- 8	. K.			
Stat	e	31. Data filed (Mor	oth Day, Year)	200	Pa	gistrar's 6	ignatur	فم							11 12 12 1
Registra	ar	S	P121	996	Jah	divol	ion hard	A.							



State of Maryland / Department of Health and Mental Hygiene 27240 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** Month MAYO, SEPTEMBER 10, 1996 1:45 A.M. /Medical 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner 1273 ROCK HILL ROAD ANNE ARUNDEL **PASADENA** If Under 1 Year | If Under 24 Hrs. 5. Sociel Security Number 7. Age (In yrs. lest birthday) 8. Dete of Birth (Month, Day, Year) Birthpiece (State or Foreign Country) 1**X** M 2□ F Months Deys Hours 59 Yrs. 212-36-9102 01-13-1937 MARYLAND Usuel Residence of Decedent 10e Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits Director MARYLAND ANNE ARUNDEL **PASADENA** 1 Yes 2 XNo 10e. Street end Number 10f. Zip Code 10a. Citizen of Whet Country? 1273 ROCK HILL ROAD 21122 U.S.A. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Dates: Wes Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American indien, Bleck, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 ☑ No Specify: WHITE by Specify 3 Widowed 4 Divorced Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) SCHOOLS College (1-4or 5+) CHIEF CUSTODIAN BALTIMORE COUNTY IINKNOWN UNKNOWN 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surneme) Be MAYO, JOSEPH ERNEST SR. NELLIE SNYDER 19e. informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) THELMA R. MAYO (WIFE) 1273 ROCK HILL ROAD, PASADENA, MARYLAND 21122 20b. Piece of Disposition (Neme of cemetery, cremetory or other pleca) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 Buriei 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) SAMPLES MANOR CEMETERY 9/14/96 SHARPSBURG, MD. 22. Name and Address of Facility SINGLETON FUNERAL HOME, 21. Signeture of Fugural Service Liberasee 1 SECOND AVENUE, S.W., GLEN BURNIE, MD. 21061 seese, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest, ure. List only one cause on each line. Immediate Ceuse (Finei 4 moths disease or condition resulting in deeth) Physician/Medical Examiner Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initieted events resulting in deeth) Last Due to (or es e consequenca of) Due to (or es e consequenca of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 TYes 2 No. 3 Probably 4 Unknown Completed 24e. Wes en eutopsy performed? 24b. Were eutopsy findings eveitable prior to completion of cause of death? 1 Yes 2 No 1 Yes 2 No 25. Wes case referred to medical 28. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Pesidenca 6 Other (Specify) 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA 27. Menner of Beath 28b. Time of 28d. Describe how injury occurred 28c. injury et Work? 5 Pending investigetion 1 ☐ Naturei 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Pleca of injury - At home, ferm, street, factory, offica bullding, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide 29a. Certifier 12 Certifying Phyelcien: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner as steted.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and menner stated.

29c. License number

D4497

29d. Dete signed (Month, Day, Year)

Sep 11, 1996

The law requires thet the death certificate be executed Box 68760, P.O. Records, Vital Physician: of Division or Attanding

**Funeral** 

Director

28a-f show

ծ

238

Hems 2

death

should be filed within 72 hours effer ond Mental Hygiene.
marked other than "natural", or Ite

permit. Pages 1 end 2 should be file Department of Health end Mental Hy Important: If I feen 27 Is marked other any Injury or other traumatic event pages.

**Physician** /Medical

Examiner

the

98

ate has been signe page 2 should be

certificate

this the funeral

After

s efter death.

Hospital To the Hospital e within 24 hours e To the Funeral D

in by t

completely

ð

Be

2

Certification:

Medicai

effimore, Maryland 21215-0020

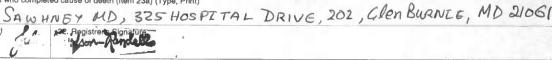
Examiner naut be notified at

Registrar

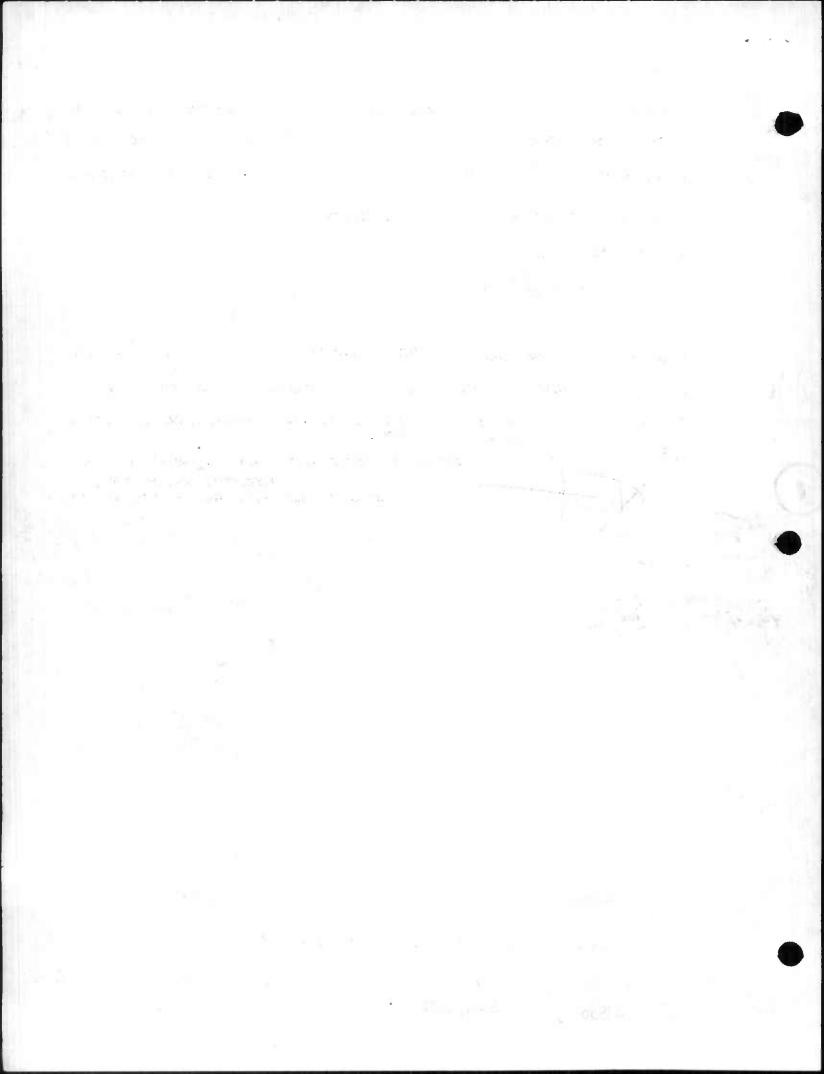
5. GURMEET SEP 1 2 1996

29b. Signature and Rip of Certifier

(Check only one)



30. Name end eddress of person who completed cause of deeth (Item 23a) (Type, Print)



State of Maryland / Department of Health and Mental Hygiene

27241

MD 2/133

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death MCMENER MARYLEE **Physician** Month SEPT. 9.34 PM /Medical 4a. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner 7. Age (In yrs. last birthday) | If Under 1 Year | If Under 24 Hrs. | 8. Dete of Birth (Month, Day, Year) | SEPT. 20, 1927 | SOUTH CAROLINA NORTH WEST HOSPITAL 5. Sociel Security Number 6. Sex **Funeral** 1 M 2 X F 217-52-85 83 Usuel Residence of Decedent Director 10a State 10h County 10c. City, Town or Location 10d. inside City Limits ehow 7 is marked other than "natural", or items 23s or 28s-f shor traumstic event, the Modical Examinar must be notified at 1X Yes 2 □ No Director BALTIMORE CITY MARYLAND N/A 10e. Street and Number 10f. Zlp Code 10g. Citizen of Whet Country? 2328 ANNAPOLIS KOAD 21230 USA. Funeral 12. Wes Decedent Ever in U,S. Armed Forces?

1 Yes 2 No If Yes, Give Year or Detes: 14. Rece - American Indien, Biack, White, atc. Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11 Maritel Stetus permit. Pages 1 and 2 should be filed within 72 hours after Department of Heelth and Mental Hygiene. Important: if Item 27 is marked other than "natural", or ther any injury or other traumetic event, the Medical Examples. 1 ☐ Never Merried 2 ☐ Merried Bartimore, Maryland 21215-0020 1 ☐ Yes 2 X No Specify: Specify: BLACK þ 3 Nidowed 4 Divorced 16e. Decedent's Usuel Occupetion
(Give kind of work done during most of working
life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) HOME MAKER 8+H GRADE OWN 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) BALLARD 0 ISSAC ELISE HOWARD 19e. informent's Neme/Reletionship (Type, Print) 19b. Malling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2335 ANNA POLIS ROAD BALTIHORE, MD. 21236 ce of Disposition (Neme of Dete 20c. Location - City or Town, Stete BROWN LULA 20a. Method of Disposition

Surface 2 Cremation 3 Removal from State 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) WESTERN STAR CEMETERY 9-14-96 CATONSVILLE, MD. 4 □Donation 5 □Other (Specify) of Funeral Sertice Licensee 22. Name end Address of Fecility JOSEPH H. BROWN JR. FUNERAL HOME, P. A. 21 Sanature er the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest,

Approximate heart feilure. List only one cause on each line. Physician HYPO TENSION /Medical madiate Cause (Finel 10HRS disease or condition resulting in deeth) Examiner Due to (or as a consequence of) Examiner CEPSIS physician and the burial-transit Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in deeth) Last ARTERY DISTASE P.O. Box 68760. Physician/Medical Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yss 2 No 3 Probably 4 Unknown Division of Vital Records, by 24b. Were sutopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed HUPERTENSION 1 Yes 2 No 1 Yes 2 PNo 25. Was case referred to medical exeminer?
1 ☐ Yes 2 ☑ No 28. Piece of Death (Check only one) Hospitel: 1 ☑Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify) 28e. Dete of Injury (Month, Dey Year) 28b. Time of Injury 27. Menner of Deeth Certification: 28d. Describe how injury occurred To the Hospital or Attending Pl within 24 hours after death. To the Funeral Director: After th completaly filled in by the funera 28c. Injury et Work? After 1 Neturel 5 Pending 1 ☐ Yes 2 ☐ No investigation 2 Accident 6 Could not be determined 3 ☐ Sulcide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner es stated.

2 Madical Examinar: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) end menner stated. 29a. Certifier Medicai 29b. Signature and this of certifier 29c. License number 29d. Dete signed (Month, Day, Year) Hom MD SEPT 9, 1996 BG, 4439128 5401 OLD COURT 12020

State Registrar 30. Name end address of person who completed cause of deeth (Item 23a) (Type, Print)

NORTHWEST HOSP. LTR.

32 filesper flandese

HOMAS GEORGE,

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middle, Lest) 2. Date of Deeth 3 Time of Death Day **Physician** NAIMAN 1996 SEPT. 7, 7:49pm LILLIAN /Medicai 4a. Facility Neme (if not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** 110 W. 39th ST., APT. 512 BALTIMORE N/A tf Under 24 Hrs. 8. Date of Birth Hours Min. 8. Date of Birth Personal Party 1919 MARYLAND If Under 1 Year Months Days 7. Age (In yrs. lest birthday) 9. Birthplace (State or Foreign **Funeral** 77 Yrs. Director 216-24-2953 Usual Residence of Decedent with the Maryland 10a. State 10b. County 10c. City. Town or Location item 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, it a Medical Examiner must be notified at 10d. Inside City Limits Director MARYLAND N/A BALTIMORE 1 Yes 2 No 10e. Street and Number 10f. Zin Code 10g. Citizan of What Country? 110 W. 39th ST, APT. 512 21210 USA death v 12. Wes Decedent Ever in U,S. Armed Forcas? Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 11. Maritai Status 14. Race - American Indian. permit. Pages 1 and 2 should be filed within 72 hours after to Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural", or iter any Injury or other traumatic event 1 Never Married 2 Married l ☐ Yes 2 No If Yes, Give X fimore, Maryland 21215-0020 1□ Yes 2 No Specify: à Specify: 3 ☐ Widowed 4 ☐ Divorced Year or Dates: WHITE Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Businass/Industry Eiamantary/Secondary (0-12) College (1-4or 5+) BROKER STOCKS & BONDS 17. Fether's Neme (First, Middle, Last) 18. Mother's Nama (First, Middla, Maiden Sumeme) 2 NATHAN NAIMAN CELIA **JOSEPHSON** 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Streat and Number or Rural Route Number, City or Town, State, Zip Code) MR. ROBERT PIERSON (ATTORNEY) 5706 CROSS COUNTRY BLVD. BALTIMORE, MD 21209 20b. Place of Disposition (Nema of cemetery, cremetory or other piece) 20a. Method of Disposition Date 20c. Location - City or Town, State 1X Burial 2 ☐ Cremation 3 ☐ Removel from State ARLINGTON-CHIZUK AMUNO - 9-9-1996- BALTIMORE, MD 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensee 22. Name and Address of Fecility
Sol Levinson & Bros. Inc 8900 Reisterstown Road Pikesville, MD 21208 23a. Part1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardlac or respiratory arrest, shock, or heart failure. List only one cause on each line. **Physician** /Medical Immediate Cause (Final ARTENIS Club C CARPID VAS Cular Disease 10yes disease or condition resulting in daath) Examiner Due to (or es a consequence of): Examiner buriel-transit Sequentietly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disaase or injury that initieted events resulting in death) Lest and Due to (or es e consequence of) physician s the buriel Box 68760. Physician/Medical Due to (or as a consequence of): 950 50 Part ii. Other significant conditions contributing to death but not resulting in the underlying causa given in Part i. P.O. 23b. Did tobacco use contribute to the cause of death? the signed by t 1 | Yee 2 No 3 | Probably 4 | Unknown DANKIMUM Records, þ 24b. Were autopsy findings available prior to completion of causa of death? Completed 24a. Was an autopsy performed? peeu pege 2 certificate 1 ☐ Yes 2 No 1 ☐ Yes 2 ☐ No Division of Vital To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director; to Be 25. Was case referred to medical examinar? 26. Place of Death (Check only one) Hospital: 1 inpatient 2 ER/Outpatient 3 DOA 1 Yes , 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) To 28a. Date of injury (Month, Dey Year) 27. Mannar of Death 28c. injury at Work? 28d. Describe how injury occurred Certification: 28b. Time of 1 Naturat 2 Accident 5 Pending investigation 1 Yes 2 No 6 Could not be datermined 3 Suicide 28e. Place of injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rurei Route Number, City or Town, Stete) 4 - Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) end manner as stated.
2 Medical Examiner: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and mannar statad. 29a. Certifier Medical 29b. Signature and this of certifier 29c. License number 29d. Date signed (Month, Dey, Year) 9/9/46 30. Nama and address of person who complated causa of death (Itam 23a) (Type, Print) 61 Uyon 6804 Park Heights Ave. Baltimore, MD 21215 31. Date tiled (Month, Dey, Year) P 1 2. 1996 2. Registrar's Signatura

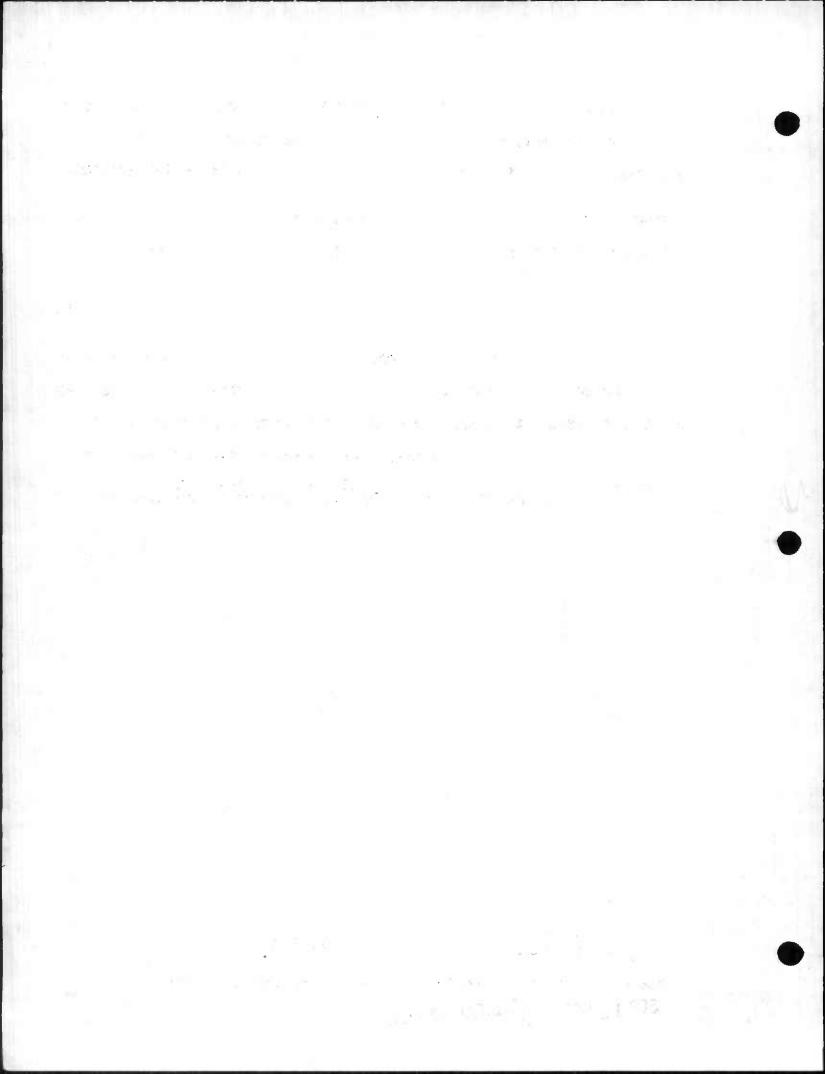
who Davidson-Randelle

DHMH 16 Rev 6/95

State

Registrar

1 2 1996



TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours may be retained by the hospital or attending physician.

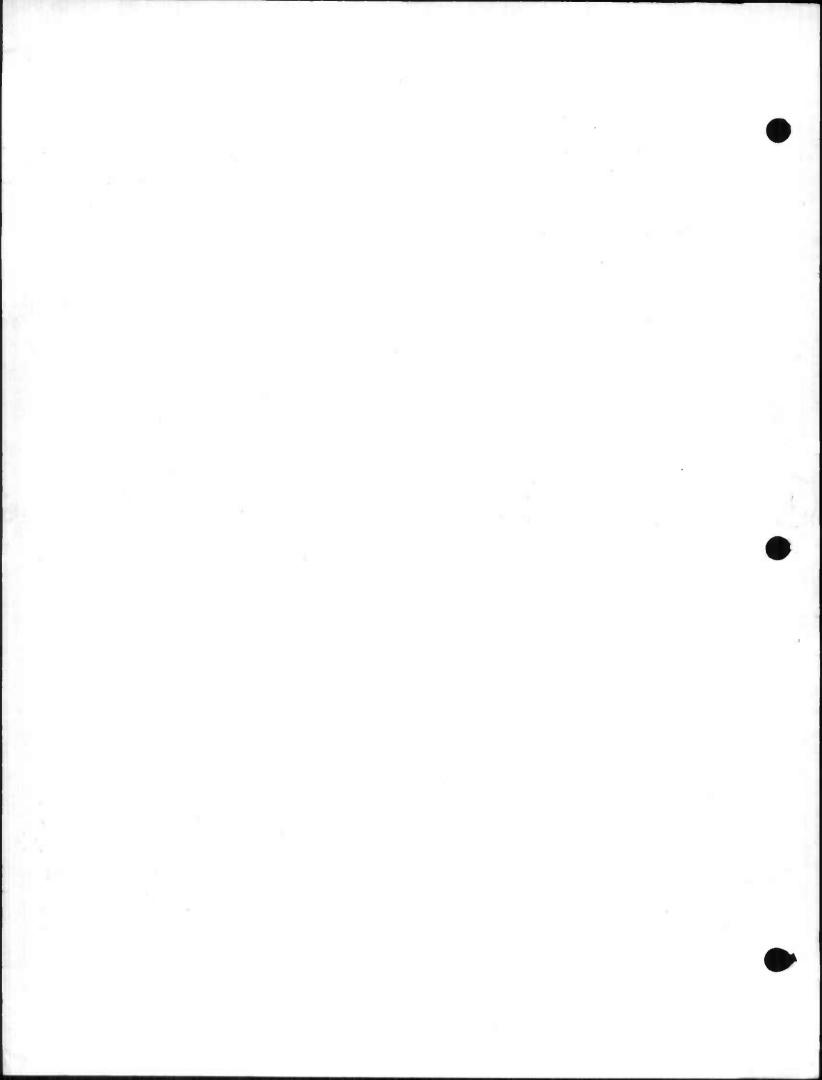
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

32. REGISTRAR'S SIGNATURE

31. DATE FILED (Month, Day, Year)
SEP 1 2 1996

REGISTRAR  DECEDENT'S NAME (First, Middle, Last)			ERTIF	ICAI	LOI	DLAI			REG. NO.			3. TIME OF DEATH
ABRAHAM	NAT	THAN						MONT			1996	9:30 p 1
0.50-20-8542	5. SEX 12 M 2 F	8. AGE (In yrs. 9)		IF UNDE	DAYS	IF UNDER HOURS	24 HRS, MIN.	7. DATE (Monti	of BIRTH Day, Year ber 8,	1905	8. BIRTH Countr New	PLACE (State or Foreign YOTK
e. FACILITY NAME (If not institution, give st						OR LOCATIO	ON OF DE			9c. COU	NTY OF D	
Hebrew Home of	Greater	Washin	gton	Ro	ockvi	ille				Mor	itgom	ery
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	TION						10d. INSIDE CITY
Maryland Montgo	mery		Roc	kvil	lle							1 VES 2 NO
00. STREET AND NUMBER					101	t. ZIP CODE						VHAT COUNTRY?
6121 Montrose Ro						2	0852	2			.S.A	•
II. MARITAL STATUS    Never Merried 2 Married	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	T EVER IN U.S. YES 2	ARMED MO	13.	If yes, sp	CENDENT O	n, Maxica	n, Puerto	i? (Specify Yea Ricen, etc.)	or No-	14. RACI Black Speci	- American Indian, t, White, atc.
15. DECEDENT'S EDUC (Specify only highest grade	completed)		DECEDENT'S (Give kind of life. Do NOT us	work done	during me		g	166	. KIND OF BUS	SINESS/INI	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	·' :	Printe	er				5	Self -	emp1	oyed	
7. FATHER'S NAME (First, Middle, Last) Harry Nathan								ME (First, Edzar	Middle, Maiden	Sumame)		
9a. INFORMANT'S NAME (Type/Print)						and Number	or Rural	Floute Num	ber, City or Tow			.=
Harvey Nathan/Sc			1121 (	Jnive	ersi	ty B1	.vd V	West	Silver	r Spr	ring,	MD 20902
tos METHOD OF DISPOSITION    X   Surfel 2	oval from State		CE AND DATE				Sept	t. 6,9	6 Ade	cation – elphi		
BENDATURE OF FUNERAL SERVICE LIC	Moef	back		1		. Was						neral Home
23. PART I. Enter the diseases, or can also a sock of heart fellure.	complications the	it caused the lee on each I	dèeth. Do i	not ente	r tha mo	ode of dyl	ing, aud	ch aa can	diac or respi	iratory ar	rest,	Approximate interval Betwee Onset and Deat
iMMEDIATE CAUSE (Final disease or condition resulting in death)		reino			n.							Unartain
	DOE 10	(OR AS A CON	SECUENCE O	ırı:								
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CON	SEOUENCE O	F):								
CAUSE (Disease or injury thet initiated events resulting in death) LAST	DUE TO	(OR AS A CON	SEOUENCE O	F):								
DATE II. On a statistical and all and	·											
PART II. Other significant condition	s contributing to	deeth but no	ot resulting	in the u	inderlyIn	g cause (	given in	Part I.	24a. WAS AN PERFOR	RMED	248	WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
					) i o E	7		/				1 TES 2 NO
DID TOBACCO USE CONTI	RIBUTE TO CA		LACE OF DEA				ERTAI	NI				
EXAMINER?	HOSPITAL:			ОТНЕ	R:							
27. MANNER OF DEATH  1 Netural 5 Pending	28e. DATE Of (Month, I	FINJURY	26b. T/A		28c. IN.	JURY AT			SCRIBE HOW I	NJURY O	CURED	
2 Accident Investigation 3 Suicide 5 Could not be 4 Homicide datermined	28e. PLACE (	OF INJURY At	home, farm,	street, te		YES 2	] 100	26t. LOC City	CATION (Street or Town, State)	and Numbe	r or Aural	Route Number,
99. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the beet o	t my knowledge	death occur	red at the	time, data	a and place	, and due	e to the ca	use(a) end mar	nner ee ati	rted.	
one) 2 MEDICAL EXAMINE	R: On the beals of					death occu	red at the	time, deta		nd due to t	he ceuse(	
29b. SIGNATURE AND TITLE OF CERTIFIE	•					29c. LICI	ENSE NU	MBER 891				(Month, Day, Year) UBER 5 19



BACTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within at hours after death. Page 6 TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct be filed within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, centration, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatte event, the medical examiner m		TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within-4- hours after death. Page 6 may be retained by the hospital or attending physician.	HE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should ed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
---	--	---	--	---

	1 - FOR STATE OF M	ARYLAND / DEPART CERTIFIC			MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATN		3. TIME OF GEATN	
	BERNARD POSNER				September	4. 199	Art	
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. 6	HITTHPLACE (State or Fore	eign
	270-01-0011 1½ M 2 ☐ F  Se. FACILITY NAME (If not institution, give street and number)	80 YRS.	ONTHS DAYS	HOURS MIN.	Aug. 26, 1		nio	
DIRECTOR	Hebrew Home Of Greater Was			/ille	CAIN		gomery	
JEC	10a. STATE 10b. COUNTY	10c. CITY,	TOWN OR LOCA	ION			10d. INSIDE CITY	
ā	Maryland Montgomery	Si	lver Sp	rine			LIMITS?	10
FUNERAL	10e. STREET AND NUMBER			. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?	
띨	10113 Devere Court			20903		U.S	Α.	
5		EVER IN U.S. ARMED			NIC ORIGIN? (Specify Yes	or No- 14.	RACE — American Indian Black, White, etc.	,
BY	IF YES, GIVE WA	R OR DATES		2. NO Speci			Specify:	- 1
	WWII, Ar	my Captain					White	
COMPLETED	(Specify only highest grade completed)	18e. DECEDENT'S U	SUAL OCCUPATION  It done during modelined.)	ON st of working	Presiden		nittee For	
7	Elementary/Secondary (0-12) College (1-4 or 5+) 6 Years	Executiv			Employme	nt of t	he Handica	app
8	17. FATNER'S NAME (First, Middle, Last)	EXECUTIV	e priec		(Handica		entally Dis	sab1
					1100	Sumame)		
BE	Philip Posner  190. INFORMANT'S NAME (Type/Print)	19b, MAILING A	DDRESS /Street a		Fridman  Route Number, City or Tow	n State 7in Cod	-1	
임	Bess Posner				lver Sprin			12
	20a, METHOD OF DISPOSITION	20b. PLACE AND DATE OF		ment	DATE 20c 10	CATION - CHY		13
	1XPBurial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Denation 8 ☐ Other (Specify)	Mount Leban	er place)	9/06/	1996			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	TROUTE LEBAN	22 NAME A	DADDRESS OF F	ÆMORIAL FU	трит,	Maryland	
		Tenyer	232 CA	RROLL ST	, NW, WASH	INGTON	HOME, INC. , D.C. 2001	12
	23. PART I. Enter the diseases, or complications that shock, or heart fallure. List pnly one caus	caused he death. Do no	t enter the mo	de of dying, suc	ch as cardiec or respi	ratory arreat,	Approximat	
	IMMEDIATE CAUSE (Final		_				Interval Bet Onset and	
	disease or condition	UMONIT	15				MOUT	15
								7.0
Z	Sequentially list conditions, b. KESP	PRATORY	F	4144R	5		3 MOI	WTL
Ĕ								
	CAUSE (Disease or Injury	RAL OR AS A CONSEQUENCE OF):	TRO	ך חש			4 MON	75
CERTIFICATION	that initieted eventa resulting in death) LAST	BROVASCL	./ 40	DISA	ME		VERO	
							YEAR	5_
A I	PART II. Other aignificent conditions contributing to d	eeth but not resulting in	the underlyin	cause given In			24b. WERE AUTOPSY FINE	
EDIC	SUBDURAL HEA	MATOMA			PERFOR		AVAILABLE PRIOR TO COMPLETION DF CA	
MEI	ADRTIC STENOS	IS, ATRIK	K FIE	RILLAT	ION	7	OF DEATH?	,
	DID TOBACCO USE CONTRIBUTE TO CAL			UNCERTAI				
HYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	28. PLACE OF DEATN	(Check only one)					
<u> </u>	HOSPITAL	ER/Oulpetient 3 DOA 4	THER: Yursing Nom	5 🗆 Residence	8 Other (Specify)			
됩	27. MANNER OF DEATN 28e. DATE OF II (Month, Day	IJURY 28b. TIME (		JRY AT RK?	28d. DESCRIBE NOW I	NJURY OCCURE	D	
8	1 Natural 5 Pending 2 Accident Investigation	, rour,		ES 2 NO				
9	3 Suicide 6 Could not be 26e. PLACE OF building, et	INJURY — Al home, farm, atra	et, factory, offic		261. LOCATION (Street a City or Town, State)	nd Number or Re	iral Route Number,	
	4 Nomicide determined				City or lowit, State)			
COMPLET	28e. CERTIFIER (Check only 1 DECERTIFYINO PNYSICIAN: To the best of m	y knowledge, death occurred	at the time, date	and place, and due	to the cause(a) and man	ner as stated.		
<u>8</u>	one) 2 MEDICAL EXAMINER: On the basis of axe						se(a) and menner as ata	ted.
- 11	29b. SIGNAP THE AUD TITLE OF CERTIFIER	_		29c. LICENSE NU			NED (Month, Day, Year)	-
O BE	Stoven Les	2 son	MD		5885	19/	1/94	
=	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE	OF DEATH (ITEM 27) (Type, P	rint)			1/7	110	
	STEVEN LIPSON	6/21	MON	TROSE	RD, R	OCK	11142	
	31. DATE FILED (Month, Day, Your) SEP 12 1996 Sun Land	S SIGNATURE			130/11	3 4 -		-
	SEP 12 1996 guin Tavid	ion-Randelle						

Physician /Medicai Examiner

Director

Funeral

þ

Completed

Be

Examiner

3. Tima of Deeth 2:20 pm

10d. Inside City Limits

XXYas 2 No

21206

Approximate Intervel Between Onset end Deeth

l week

vears

**Funeral** 

Director the Maryland

must be notified at death Heme r than "nature!", or item the Wedical Examiner filed within 72 hours after i Hygiene. i. Pages 1 and 2 should be filed w trent of Health and Mental Hygien tant: If item 27 is marked other the lury or other traumatic event, the

21215-0020

Baltimore, Maryland

P.O. Box 68760.

Division of Vital Records,

**Physician** /Medical Examiner

permit. Page Department of Important: If any injury or once.

The law requires that the death certificate be executed and buriel-trar attending physician for use es the burie the USB BSU signed by t peen this certificata has or Attending Physician: s after death.
I Director: After this of in by the funeral d To the Hospital within 24 hours a To the Funeral C

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Data of Deeth September 9, 1996 James E. PAYNE 4e. Fecility Nama (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Franklin Square Hospital Baltimore County Rossville if Undar 24 Hrs. 5. Social Sacurity Number If Under 1 Year Sex XIXM 2□ F Birthplaca (Stete or Foreign Country) 7. Aga (In yrs. lest birthday) 8. Dete of Birth (Month, Day, Year) Deys 72 Yrs. 216-16-1665 May 27, 1924 Maryland Usuel Residence of Decadent 10a. Stata 10b. County 10c. City, Town or Location Maryland Baltimore City Baltimore City 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 3805 Overlea Avenue 21206 USA 12. Was Decedent Ever in U.S. Armed Forces? 1 ☑ Yes 2 ☐ No If Yes, Give Yeer or DatasWW 11 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuban, Maxican, Puerto Rican, atc.) 11. Maritel Stetus 14. Race - Amarican Indien, Black, White, etc. 1 ☐ Never Merried ※ Married 1 ☐ Yes 2 No Specify: 3 ☐ Widowad 4 ☐ Divorcad Specify White 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Elementery/Secondery (0-12)
7th grade College (1-4or 5+) N/A Welder U.S. Coast Guard 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Sumeme) Nathaniel Payne Mary Kierchner 19a. Informent's Name/Reletionship (Type, Print) 19b. Malling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Mrs. Dolores L. Payne 3805 Overlea Avenue Baltimore, Maryland 20b. Plece of Disposition (Neme of cemetery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete Dete 1 Burial 2 Cremetion 3 Removel from Stata 9-11-96 Baltimore, Maryland Parkwood Cemetery 4 ☐ Donetion 5 ☐ Othar (Specify) 21. Signetura of Funerel Service Licensee 22. Name end Address of Facility Lassahn Funeral Home Yom E 7401 Belair Rd. Baltimore, Maryland 21236 23e. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feilure. List only one cause on each line. Immediate Cause (Final Interstitial Pneumonitis with Respiratory Failure diseese or condition resulting in deeth) Due to (or es e consequence of) Asbestosis, Chronic Dua to (or es e consequence of):

Sequantially list conditions, if any, leeding to Immediate cause. Enter Underlying Causa (Disease or injury that initiated events resulting in deeth) Lest

Due to (or as a consaquenca of):

Physician/Medicai Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes > ZZ No 3 ☐ Probably 4 ☐ Unknown Ischemic Heart Disease þ Completed 24b. Were eutopsy findings availebie prior to completion of causa of deeth? 24a. Was an autopsy performed? Severe Osteoarthritis Anoxic Encephalopathy 1□ Yes ŽÃ No Be 25. Wes case referred to medical 28. Piece of Deeth (Check only one) exeminer? 10

1 ☐ Yes 2 ☐ No Other: 4 Nursing Homa 5 Residence 8 Other (Specify) Hospitel: X⊠ Inpatient 2 □ ER/Outpatient 3 □ DOA 27. Menner of Deeth 28a. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 28d. Dascribe how injury occurred Neturel 5 Pending investigation 1 Yas 2 No 2 Accident 6 Could not be determined 3 ☐ Sulcide 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) end menner stated. 29b. Signetura and title of certifier 22

29c. License number D16728

29d. Data signed (Month, Day, Year) September 10, 1996

30. Neme and address of person who completed cause of deeth (Item 23a) (Type, Print)

9000 Franklin Square Drive, Baltimore, Maryland 21237 Bo Zaw-Win MD

State Registrar

Certification:

Medical

29a. Certifier

31. Dete filed (Month, Dey, Year)



process of the 

State of Maryland / Department of Health and Mental Hygiene

Film	G73	9	item	1	per	OH	9-	12-96	rja
hvsici	an		Deceden		Neme (Fi	irst, Mi	iddle, i	Last)	Lof

5. Social Security Number

Certificate of Death

2. Dete of Deeth

Physician
/Medical
Examiner

4e. Fecility Neme (If not institution, give street end number)

Zelda Rutstein

September Poath

SINAI HOSPITAL

7. Age (In yrs. lest birthdey)

4b. City, Town, or Location of Deeth BALTIMORE

, 1996 9:46 AM 4c. County of Deeth

Funeral Director

7 is marked other than "naturel", or items 23s or 28s-f show traumatic event, the Medical Examiner must be not fed at

permit. Pages 1 and 2 should be filed within 72 hours after c Department of Health and Mental Hygiene. Important: If Itam 27 is marked other than "natural", or ther any injury or other traumatic event, its Medical Examina-

Physician /Medical

Examine

attending physician and for use as the burial-transit

P.O. Box 68760,

Division of Vital Records.

Hospital or Attending Physician: The law requires that the death certificate be executed Abrurs after death.

Funeral Director: After this certificate has been signed by the attending physician and siely filled in by the funeral director, page 2 should be detached for use as the burlan sitely filled in by the funeral director, page 2 should be detached for use as the burlan sitely filled.

þ

Completed

Be

Certification: To

Medical

Baltimore, Maryland 21215-0020

218-46-0915 Usuel Rasidence of Decedent 10b. Count

10c. City, Town or Location

8. Dete of Birth (Month, Day, Year) If Under 1 Yeer | If Under 24 Hrs. MAY 17,1908

Month

 Birthplece (State or Foreign Country) LITHUANIA

10d. Inside City Limits

10e. State

Director

Funeral

þ

Completed

BALTIMORE

1 □ M 200 F

BALTIMORE

Yrs.

1 ☐ Yes 2 No

10e. Street end Number

2928 MARNAT ROAD, APT. B

21209

10f. Zip Code

Deys

10g. Citizen of Whet Country?

MARYLAND

1 Never Merried 2 Married 3 □Widowed 4 □ Divorced

12. Wes Decedent Ever In U,S. Armed Forces?
1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Detes:

 Wes Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 ☐ Yes 2 ☐XNo

14. Reca - American Indien, Bleck, White, etc. Specify:WHITE

15. Decedent's Education (Specify only highest grade completed)

College (1-4or 5+)

16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired)

16b. Kind of Business/Industry

USA

Elementary/Secondary (0-12)

HOMEMAKER

OWN HOME

17. Fethar'e Neme (First, Middle, Last)

YALE

SINGER

18. Mothar's Nama (First, Middle, Meiden Surname) HATTIE

COTTER

19a. Informant's Neme/Reletionship (Type, Print)

19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stata, Zip Code)

MR. HARRY RUTSTEIN (SON)

20b. Plece of Disposition (Name of cemetery, cremetory or other piece)

3242 LAKEWOOD AVE. SOUTH SEATTLE, WA 98144 20c. Location - City or Town, Stete

20e. Method of Disposition

1 Buriel 2 Cremetion 3 Removel from State 4 ☐ Donation 5 ☐ Other (Specify)

ANSHE NEISEN -

9-10-1996- ROSEDALE, MD

22. Name and Address of Facility Sol Levinson & Bros., Inc. 8900 Reisterstown Road Pikesville, MD 21208

disease, or comparations that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, failure. List color one cause on each line.

Onset end Deeth

minve

Immediate Cause (Finel disease or condition resulting in death)

40 Cardia Due to (or as e consequence of):

Sequentially list conditions, if any, laading to Immediata causa. Entar Underlying Cause (Diseese or Injury that initiated events resulting in death) Last Physician/Medical

Dua to (or es e consequence of):

Nellitis

Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

cellulitis

23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 Probably 4 Unknown

24e. Wes en eutopsy performed?

24b. Were autopsy findings available prior to completion of cause of death?

2 No

25. Wes case referred to medical examiner? 1 Yas 2 No

27. Menner of Death Naturel

5 Pending investigation

1 Inpatient

2 ER/Outpatient 3 DOA 28b. Time of

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28c. Injury et Work? 1 ☐ Yes 2 ☐ No

28d. Describe how injury occurred

28. Place of Death (Check only one)

6 Could not be 28a. Placa of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 D Homicide

MO

28f. Location (Street end Number or Rural Route Number, City or Town, State)

29e, Certifier

2 Accident 3 Suicide

> 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, and due to the cause(s) and mannar as stated.
>
> 2 Medical Examiner: On the bests of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end plece, and due to the cause(s) and manner steted. 29c. License number 29d. Date signed (Month, Dey, Year)

29b. Signature and title of castiff

30. Name and address of parson who completed cause of deeth (Item 23e) (Type, Print) TIAK TRE

31. Dete filed (Month, Dey, Year)

32. Registrer's Signetura

State Registrar

To the Hospi within 24 hou To the Funer completely fil

SINAI HOSPITAL

218-46-0915

88

MAY 17,1908 LITHUANIA

MARYLAND BALTIMORE BALTIMORE

2928 MARNAT ROAD, APT. B

21209

USA

BALTIMORE N/A

YALE

X

WHITE

X

OWN HOME

HOMEMAKER

SINGER

COTTER HATTIE

MR. HARRY RUTSTEIN (SON) 3242 LAKEWOOD AVE. SOUTH SEATTLE, WA 98144

X

ANSHE NEISEN - 9-10-1996- ROSEDALE; MD

Sol Levinson & Bros., Inc. 8900 Reisterstown Road Pikesville, MD 21208

	Decedent's Neme (First, Middle	, Last)		Cei	rtifica	te of	Death	2. Dete of D		3. Time of Death
cian	IRENE		R	OSENDA	HT.			Month SEPTEM	Dey BER 2,19	Yeer 996 00:35
lical iner	4a. Facility Neme (If not institution,	give street and numb		ODLINDIN	LD		4b. City, Town, o			
	THE JOHNS HOPKI	NS HOSPITA	AT.				BALTIMO	RE CITY		
1		8. Sex 7.		last birthdey)	If Und	er 1 Yeer Deys	if Under 24 Hr Hours Min	s. 8. Dete of B	irth	9. Birthpiece (State or Foreig
r	339-07-7117	1□ M 2⊠ F	86	Yrs.	MOHIT	Deys	riouis Mil	Sept.		/ Illinois
	Usuel Residence of Decedent  10e. Stete 10b. County		100 0	ity, Town or Lo	antion					Lost to the One Live
2	SHERRIN SAN	- 1			Cation					10d. Inside City Limit
Director	Maryland Howa:	ra	EI	licot	104.7					
	10e. Street end Number				10f. Z	lp Code			10g. Citizen of	Whet Country?
Funeral	4501 Taraley					104			U.S	
Ľ	11. Meritel Stetus	12. Wes Decede	s?	J,S. 13.	Was Dec f Yes, sp	ecify Cub	lispenic Orlgin? ( an, Mexican, Pue	Specify Yes or Norto Rican, etc.)	o- 14. Rac Bla	ca - American Indian, ck, Whita, etc.
by F	1 ☐ Never Married 2 ☐ Marrie 3 🖾 Widowed 4 ☐ Divorced	If Yes, Give			1 🗆 Yes	2 No	Specify:		Specif	White
		Yeer or Dete	98:	100 Days	4W- 11-	-10				
Completed	15. Decedent' (Specify only highes	grade completed)		16a. Deced	kind of w	ork done	during most of w d)	orking	160. Kind of B	usiness/Industry
Ē	Elementery/Secondery (0-12)	College (1-4	or 5+)	Write					Newspa	aner
	17. Father's Neme (First, Middle, L	ast)						eme (First Middle	, Meiden Suman	*
Kazimer Ko  19e. Informent's Neme/Raietic		,								
				406 44584	A did	- 101			BTAINAL	BLE) Stete, Zip Code)
	Albert Rosen	dahl/ Sor					th Cour			rk, Il. 6047
	20a. Method of Disposition  20b. Plece of Disposition (Neme of cemetary, cremetory or other plece)  20c. Location - City									
	4 □ Donetion 5 ♠ Other (Sp		MENT/							go, Il.
	21. Signature of Funeral Service L	icenses /		1 22 I 3	Neme e	Pea	ess of Facility	neral	Homes	
	Cml Ho	Mark	$\rightarrow$	Comment of the Control of the Contro			n, [Va.			1
	23a. Pert1. Enter the disease, or of shock, or heart feilura. List of	complications that cau	sed the dee	th. Do not ent	er the mo	de of dyi	ng, such es cerdi	ec or respiretory	arrest,	Approximete Interval Between
		,								Onset and Death
	Immediata Cause (Finel diseese or condition	· Myox	APDU	(/ II	IEA	120	NI			2 weeks
	resulting in death)	0. 100	Due to (	or es a consec	uance of	):				2000
ner		- KCHE		CART			VLITY			
Examiner	Sequentially list conditions.	6.		or as e conseq			1111			
	Sequentielly list conditions, If eny, leading to immediate cause. Enter Underlying									
cal	thet initieted evants	c	Due to (c	or es a conseq	uenca of	1:				
Ped	resulting in deeth) Lest		,							
200		d								
by Physician/Medic	Pert II. Other significant condition	s contributing to deati	h but not res	suiting in the u	nderiying	cause gi	ven in Pert I.	23b. Dio	tobacco use co	ntribute to the cause of death
P.								1	Yes 2 No	3 □ Probably 4 □ Onknow
by	BENAL FAILU	KE, PU	LMON	ARY	LA	LUR	E	-		
8								24e. We	s an autopsy ormed?	24b. Were autopsy findings available prior to
piet								·	onneu:	completion of cause of death?
Completed								10	Yes 2 No	1 □ Yes 20 No
	25. Wes cese referred to medical						00 01 10		30	TEL TES ZES NO
o Be	examiner?	Hospitei:		1500		Oti Oti	oer:	eeth (Check only		
T. To	27. Menner of Deeth	28a. Dete of i		28b. Time of		UA	4 LI Nuising	T	how Injury occur	
tior	1 Neturei 5 ☐ Pending		Day Year)	Injury	м	28c. inju Wo 1 □	rk? Yes 2 □ No		, , , , ,	
fica	3 ☐ Suicide 6 ☐ Could no	ot be	injury - At h	ome, farm, str				28f. Location	(Street and Numl	ber or Rural Route Number.
ert	4 Homicide determin	building,	etc. (Special	(y)	Jo., 14010	· ,, omoe			wn, Stata)	The state of the s
						d as M st				
	29a Certifier +IST Counted-									
			of axamina							anner as steted. end due to the ceusa(s)
Medical	(Check only 2 ☐ Medical E		of axamina		astigatio	n, In my o			, date and place,	

State Registrar

JOHNS HOPKING HOSPITAL

29c. License number N9395

SEPTEMBER 2, 1996

30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

CAPY CHIANG, MD. TOWER ID JOHNS

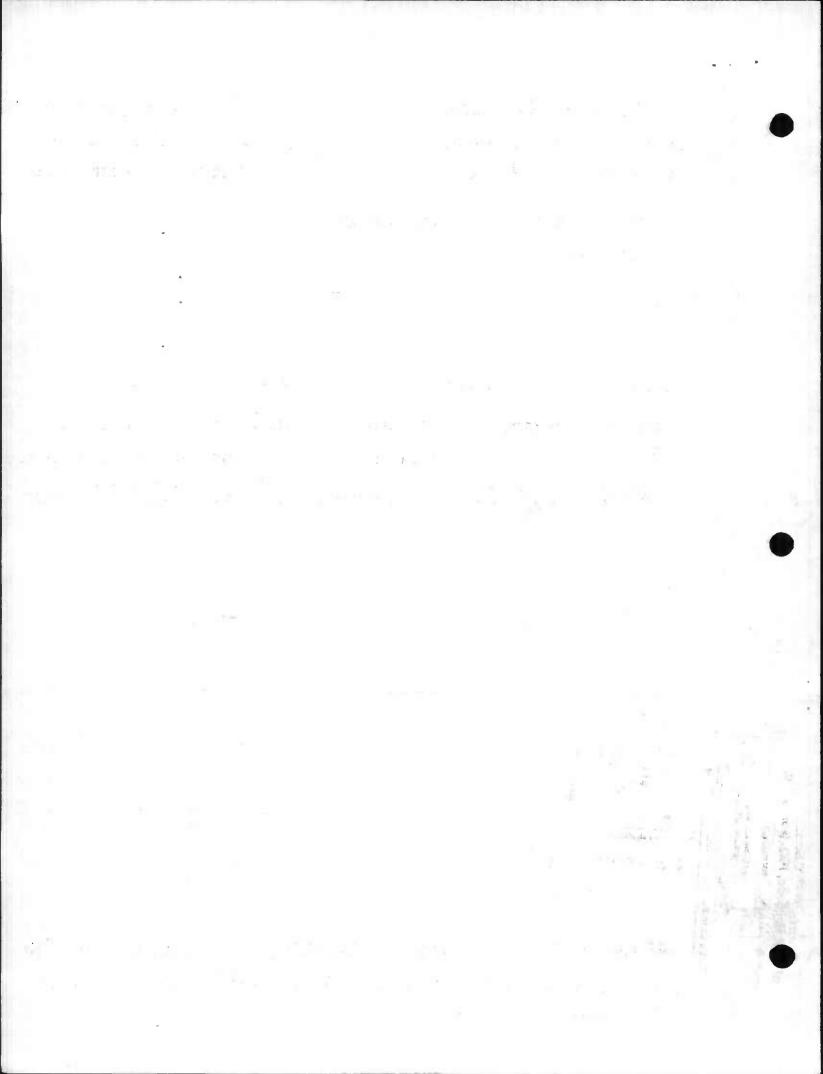
31. Date filled (Month, Dey, Year)

32. Registrarie communications and the state of the state

## Please Type or Print in Black indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96

	• • •				,	Certific	ate of	Death	violitical vij	Reg. No	o.	1 1	_ ~ 0
	Physic /Medi		1. Decedent's Neme (First, Middle, L Mildre d	D. Ro	bey					eeth De	"IDA	46 4	of Death
1	Exami	ner	4a. Facility Name (If not institution, gr NORTH ARUNDEL	ve street and number) . H0SP17	AL			4b. City, Town, or L GLEN BU	ocation of Dee LNIE	th 4c	County of I	E ARW	VAEL
	Funeral Director		246-60-0772	Sex 7. Ag 1 □ M 2X F 8	e (In yrs. lest bii 1	Yrs. If U	nder 1 Yeer ths Deys	if Under 24 Hrs. Hours Min.	8. Dete of B Month, D 8 / 12 / 1	orth ay, Year, 915	9. N	Birthplece (Ster Country) ORTH CAF	e or Foreign ROLINA
	dand ow		Usuei Residence of Decedent  10a. Stete 10b. County		10c. City, Tow	n or Location						10d. Inside	City Limita
	a-f sh	ctor	MARYLAND ANNE AR	UNDEL	MIL	LERSVI	LLE					1 🗆 Y	es 2 No
	th with the	al Director	10e. Street end Number 472 KENORA DRIVE			101	Zip Code 21108	}		10g. CI	tizen of Whe		
21215-0020	d within 72 hours after death with the Maryland jiene, in "natural", or items 23a or 28a-f show the Maddel Examiner must be notified as	by Funeral	11. Meritel Stetus  1 Never Married 2 Merried  3 XWidowed 4 Divorced	12. Wes Decedent Armed Forces?  1  Yes 2  If Yes, Give Year or Detes:			7.7	lispenic Origin? (Sp an, Mexican, Puerto Specify:	ican, Puerto Rican, etc.) Biac			American Indien, White, etc. WHITE	
15-0	72 ho	eted	15. Decedent's E (Specify only highest gi	ducation ade completed)	16a	. Decedent's (Give kind o	f work done	during most of worl	king	16b. F	(ind of Busin	ness/Industry	
7121	within then the	Completed	Elementery/Secondery (0-12)	Coilege (1-4or 5 NONE	i+)		OT use retired EMAKER	•		OV	ÎN HOM	E	
	othe other	Be C	17. Father's Neme (First, Middle, Las					18. Mother's Nem	e (First, Middle	111111			
ylaı	should be nd Mental marked c	ToE	FRANKLIN	FOR	TUNE			ANNIE			PA	YNE	
Maryland	d 2 should th and Men 7 is marks traumatic		19a. Informent's Neme/Reletionship					and Number or Ru					
Belltimore,	House of the same		WILLIAM F. ROBEY  20e. Method of Disposition  1 ☑ Buriel 2 ☐ Cremetion 3 [		20b. Pieca o	2 KENO of Disposition ry, cremetory	(Neme of	, MILLER	SVILLE,	1	Ocation - City	21108 by or Town, Stete	
Ĕ	Pag nert mt: II		4 Donetion 5 Other (Special			DOW LA			/12/96	NEWE	ORT R	ITCHIE,	FLORI
9	permit. Pa Departmen Important: any injury strice.		21. Signeture of Funeral Service Lice	nsee			e end Addre	ss of Fecility SI	NGLETON , GLEN				21061
1	400000000000000000000000000000000000000		23a. Pert1. Enter the disease, or conshock, or heart fellure. List only	pilications thet caused one cause on each lie	the deeth. Do	not enter the	mode of dyin	ng, such es cardiec	or respiretory	errest,		Approxin Intervat E	Between
	Physician /Medical		Immediete Cause (Finel	Arris		STALA	н б	FAILUR	1			Onset an	d Death
	Examiner		diseese or condition resulting in death)	e	Due to (or es e	consequence	of):	FAILUR FA					
-	pa te	liner		CH R	onk	RE	DAZ	- FA	rult				
_6	rificate be executed ng physician and as the bunal-transit	Examiner	Sequentially list conditions, if any, leeding to immediate cause. Enter Undertying Ceuse (Disease or injury c. CARONI C DBSTRNCTNE LWC D7) EASC										
68760,	ysician	edicai	Ceuse (Diseese or injury that initiated events resulting in deeth) Lest	c. Children	Due to (or es e	3) IVV	of):	LING	211	(/)	70		
	5 0 4	Med	resulting in deetil) Lest	d									
Вох	that the death cered by the attendir detached for use	Physician/M										1	
P.0.	that the died by the	hysi	Pert It. Other significant conditions	contributing to death bi	ut not resulting i	n the underly	ng cause giv	en in Pert I.		Yes		bute to the caus  Probably 4	Unknown
Ś	8 8 8	by											
Record	aw requisite peen 2 should	Completed							24e. We per	s en euto ormed?	psy 2	24b. Were autops available pric completion of of death?	or to
	E seg								1 🗆	Yes 2	DNo	1 ☐ Yes 2	D No
<u> </u>	Physician: The this certificate ral director, pag	o Be	25. Wes case referred to medical exeminer?	Hospitei:			Oth	26. Place of Dee					
Division of Vital	문 등 등	ıtlon: To	1 Yes 2 No Hospitel: Inpatient 2 ER/Outpetlent 3 DOA					4 Li Nursing H	ome 5 ∐ Res 28d. Describe			(Specify)	
Divis	2 # 7 E	Certification:	3 Sulcide 6 Could not to determined		ury - At home, fe c. (Specify)	erm, street, fa	ctory, office		28f. Location City or To			or Rural Route N	umber,
	To the Hospital or within 24 hours after To the Funeral Director completely filled in	edical (	29e. Certifier (Check only one) Certifying P	nyaician: To the best of minar: On the basis of end menner ste	exemination en	e, deeth occur d/or investige	red et the tin stion, in my o	ne, dete and piece, pinion, deeth occur	and due to the red et the time	cause(s	e) end menne d piece, and	er es stated. I due to the caus	e(s)
	To the To the Comp	M	29b. Signeture end title of certifier				29c. Licens					Month, Day, Year	
	-		1320h		MD	4	D43	977		Sept	imbes	_ 10	1956
_	6		30. Name and address of person who	completed cause of d	301	(Type, Print)	1 P	977 RWE. G	ler su	NIE	· m	p 210	61.
	Sta Registr		SEP 1 2 1996	A. Registre	- Asignature								

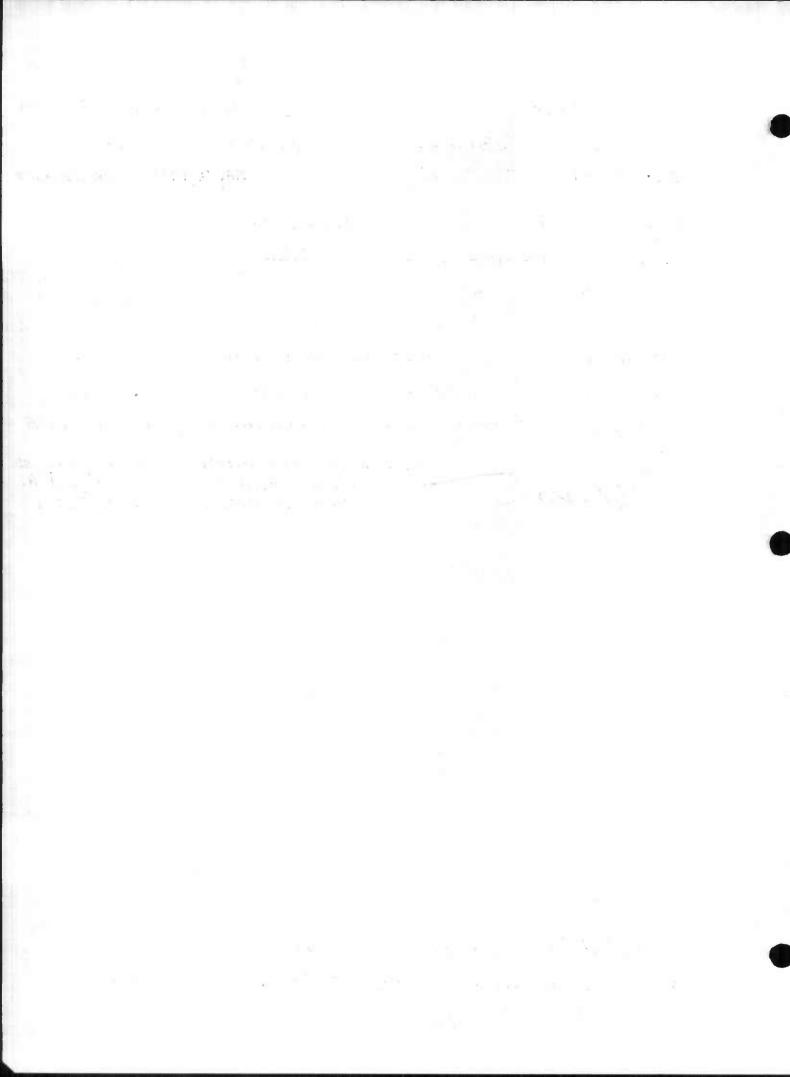
Registrar



State of Maryland / Department of Health and Mental Hygiene

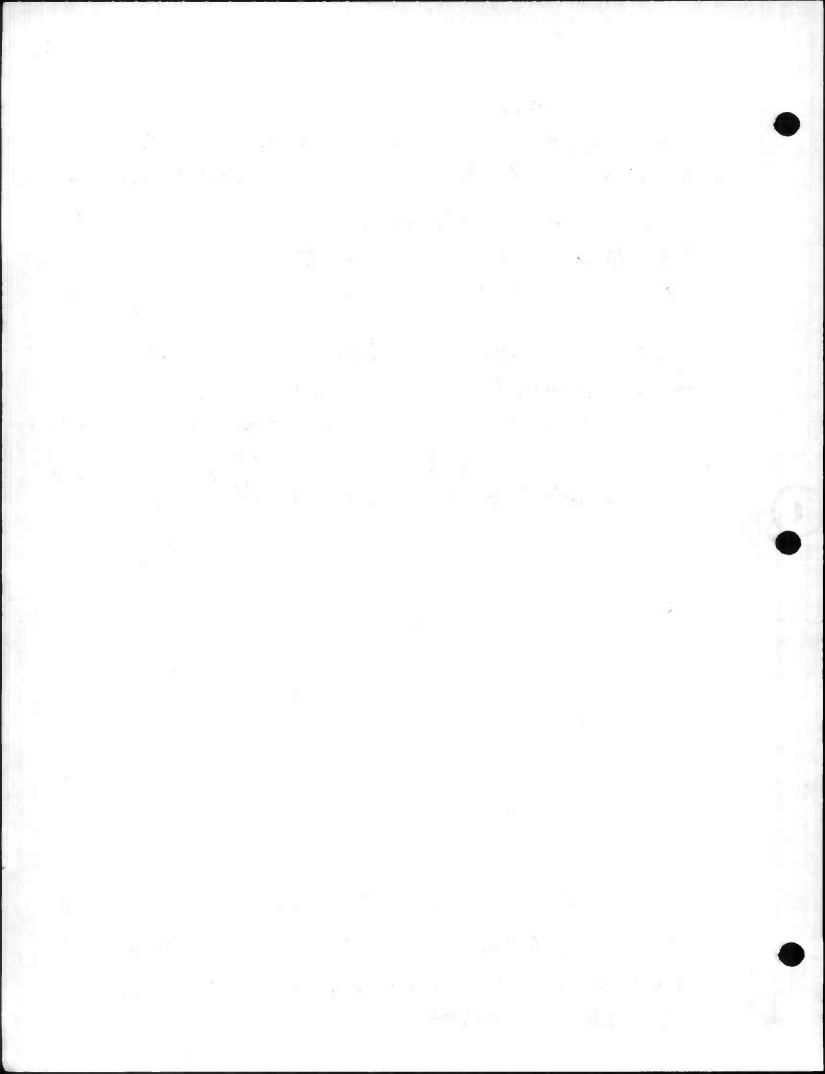
36 2724

					C	ertificate o	f Death		g. No.		41249	
	Physic /Medi		1. Decedent's Nama (First, Middla, Last)  Ruth  Robinson  4a. Facility Name (If not Institution, give street end number)					2. Date of Death Month Sep+	Day 09	Year 1996	3. Time of Death 2:30 Pm	
	Exami									c. County of Death		
			SINAL	HOSF	PITAL		BALTIMOR			N/A		
	Funeral Director		5. Social Security Number 6. Se 239-56-2604 10 Usual Residence of Decedent	x □M 2/23.F	a (In yrs. last birthda 78 Yrs.	Months Day	s Hours Min.	8. Date of Birth (Month, Day, MAY 2	Year) 1918	9. Birthp Coun NORTI	place (State or Foreign htry) H CAROLIN	
	ahow ahow		10a. State 10b. County		10c. City, Town or	Location		•		1	Od. Inside City Limits	
	the Man 28a-f ah	Funeral Director	MARYLAND N	IA		BALTII	MORE CIT		g. Citizen of	Affrai Cour	1⊅ Yes 2□No	
	3a or	io in	2515 W. COLI	SPRING	LANE	101. 21p Code	21215	,		SA,	uyr	
	death	ner	11. Marifal Sfatus	12. Was Dacedent   Armed Forcas?		3. Was Dacedanf of	Hispanic Origin? (Spe Joan, Maxican, Puarto F	cify Yes or No-	14. Rac	e - Amaric	an Indian,	
020	within 72 hours after death with the Maryland ene. then "natural", or items 23a or 28a-f show he Hedical Exerciner must be notified at	by	1 Never Married 212 Married 3 Widowed 4 Divorced	1 ☐ Yas 2 ☑ N If Yes, Give Yaar or Dates:	No	1 ☐ Yes 2 ☒ N		noun, etc.)		BLA		
5-0	72 h	eted	15. Decedant's Edi (Specify only highest grad	ucation de completed)	16a. De	cedent's Usual Occ ve kind of work don	upation a during most of working red)	10	6b. Kind of B	usiness/inc	dustry	
121215-0020	d 2 should be filed within 72 ho in and Mental Hygiene. 7 is marked other than "natur traumatic event, the Medical	Completed	Elementary/Secondary (0-12)	College (1-4or 5	H)		FRE ASSIS	STANT	Hos		4 L	
anc	the filed ntal Hygi ad other event, ti	Be	17. Father's Name (First, Middle, Last)	1.	1		18. Mother's Name					
Maryland	2 should be filed and Mental Hygis is marked other sumatic event, to	To	MITCHELL  19a. fnformant's Name/Relationship (7)	ype, Print)			CALLIE et end Number or Rure	Route Number,		Stete, Zip	Code)	
	1 and lealth im 27 ther to		WINFRED  20a. Method of Disposition	MURPH	FV 25	15 W. C	COLDSPRIN	IG LANE	BALT	O. , MI	2,21215	
nore,	Pages nent of t int: If its iry or o		1 ⊠ Buriai 2 ☐ Cramation 3 ☐ 8 4 ☐ Donation 5 ☐ Other (Specify,	Removal from State	Cometary, C	rematory or other p	1809)					
Balti	permit Page Conditional Control III Important: If any Injury or		21. Signature of Funeral Service Licens	100	MOODL	22. Name and Add	METERY 9.  Irass of Facility H. BROWN	17-10 E	WOOD	ALH	LAME P. A	
d.	89118		Slow	na	`	2140 N.	FILL TON A	VE RA	ITI HAR	E MA	21217	
	Physician	2140 N. FULTON AVE., BALTI HORE, shock or heart failure. List only one cause on each line.										
И	/Medicai Examiner	1	fmmediate Cause (Final disease or condition resulting in death)  a. OSteomyelitis  Due to (or as a consequence of):									
		-	resulting in dealin)			sequence of):				[	4 month	
	uted d ansit	Examiner	b. Decubitus Ulcer  Due to (or as a consequence of):								4 months	
ó,	e exec											
68760,	tificate be executed ig physician and as the buriel-transit	edical	that initiated events resulting In death) Last  Due to (or as a consequence of):									
Box (	\$ p #	900		d								
	death e atte	Physician/N	Part II. Other significant conditions co	ntributing to death be	ut nof resulting in the	underlying causa	givan In Part I.	23b. Did tob	acco use co	ntribute to	the cause of death?	
P.0	uires that the deal signed by the a				-nfectio			1 □ Ye	2 2 KNO	3 Prot	bably 4 Unknow	
Division of Vital Records,	peed	Completed by	Dementia					24a. Was an perform		EVE COI	era autopsy findings ailable prior to mpletion of cause death?	
E E	The taw ate has page 2	mo						1 ☐ Yes	2 No		☐Yas 2☐ No	
/ita		Bec	25. Was case referred to medical axaminer?				28. Place of Death	(Check only one	)			
of V	0 0	2	1 Yes 2 No	Hospital: 1 2Nnpatie		IGIII 3D DOX	hher: 4 Nursing Hon				r)	
ion c	The real	Certification:	27. Manner of Death  1 Natural 5 Pending 2 Accident investigation	28a. Date of Injur (Month, Day	28b. Time Injur	/ W	jury at 2 /ork? □ Yes 2 □ No	8d. Describe how	w Injury occur	red		
Divi	344	Sertific	3 Suicida 6 Could not be 4 Homicide determined	28e. Place of Inju- building, etc	streat, factory, offic	e 2	8f. Location (Str. City or Town,	eet end Numb Stete)	er or Rura	l Routa Number,		
	To the Hospital within 24 hours a To the Funeral I completely filled	Medical (	29a. Certifier (Check only one)  12 Certifying Phy 2 Medicaf Exami	sfcfan: To the best of ner: On the basis of and mannar sta	examination and/or	ath occurred at the investigation, in my	time, date and place, a opinion, death occurre	nd due to the car d at the time, da	use(s) end ma te and place,	anner as st and due to	ated. the cause(s)	
	within 2 To the comple	Me	29b. Signatura and title of certifier	Λ		29c. Lica	nse number	29	d. Date signe	d (Month, i	Dey, Year)	
			* Robert Tac	o-Ping C	how	D	34851		Sept	9,1	996	
	10		30. Name and address of person who co	ompleted cause of de	eath (Item 23a) (Type		altimore	MD	7.1	215		
	Sta	te	31. Date filed (Month, Dey, Yeer) SEP 1 2 1006	32. Registre	ar's Signature			עייי				
	Regist	-	SEP 121996 5	2 Turken	Banda 00							



## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

				Certificate of	of Death	Re	g. No.			
Physici	an	1. Decedent's Neme (First, Middle, La	0			2. Dete of Deet Month		Year	3. Time of Deeth	
/Medic		Gail D	KUSS			9	10	96	15:50	
Examir		4e. Fecility Neme (If not institution, gir			4b. City, Town, or Lo	cation of Deeth	4c. County	of Death		
		Johns Hopkins	Bayview Med	lical Center	Baltimore		1	11		
Funeral			Sex 7. Age (In yrs.	Months De		8. Date of Birth (Month, Dey,	Year)	9. Birthp	lece (State or Foreig	
Director		010-70-0008	10 M 20XF 3/	Yrs.	, , , , , , , , , , , , , , , , , , , ,	8-21.	65	Bali	Fimore, A	
pue *		Usuel Residence of Decedent  10e. State 10b. County	10c Cit	ty, Town or Location					Od Spoldo City I last	
72 hours after death with the Maryland neture!; or items 23e or 28e4 show deat Examiner must be notified at	5	117	1. 000	11:0000				37.	0d. inside City Limit	
the Marylar 28a-f show	Director	10e. Street end Number	7 19	14111016					/	
23a or		0	1 Aug	10f. Zip Cod	11-1	10	og. Citizen of	<	itry?	
18 23	Funeral	3/08 CO 1/0 U	12 Was Decedent Fuer la II	S 13 Was Danden	of Minneyla Origin 2 (See	oif. Van av Na	14.00	20	an Indian	
Home .	F	1 Never Married 2 Married	Armed Forces?	If Yes, specify C	of Hispenic Origin? (Spe Juban, Mexican, Puerto	Rican, etc.)	Ble	ca - Americ ck, White,	etc.	
Le should be a feet with the market beatt with the market hand Mental Hydiene.  7 is market other then "netural", or items 23s or 28s-f should traumstic event, the Medical Examination must be notified at	by	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give / Yeer or Detes:	1 □ Yes 200	No Specify:		Specif	y. Pale	nk	
"natural", edical Exc	b	15. Decedent's E	ducation	16e. Decedent's Usuel Occ	cupetion		6b. Kind of B	usiness/inc	fustry	
Hygiene. ther than "n ent, the Medi	Completed	(Specify only highest grant (0-12)	ade completed)  College (1-4or 5+)	(Give kind of work do	ne durina most of workii	ng		,	,	
giene.	mo;	12 20	A	Clerk	5		Sa	105		
d othe	Be C	17 Fether's Neme (First, Middle, Last	)		18. Mother's Name	(First, Middle, N	feiden Surnar	ne)		
and Mental Hygiene. Is marked other than Burratic event, tre	ToE	Kalph Ken	inedy		Mahl	P. 130	35.5			
and Mer la marke aumatic		19e. Informant's Neme/Relationship (	(Type, Print)	19b. Meiling Address (Stre	eet end Number or Rura	Route Number,	City or Town	State, Zip	Code)	
ENL		Paul G. Sn	pacl-Brother	2108 Co	11000 AV	e 60	Ito.	MI	2121	
5 = 0		20e. Method of Disposition		Pleca of Disposition (Neme of cametery, cremetory or other p	niece)	Dete 2	Oc. Location	City or To	wn, Stete	
Department of I		1  Surlel 2  Cremetion 3   4  Donetion 5  Other (Special	THemover from State	-hitis M.	0m 9	-14-96	Batti	wow	CIU).	
Departm Importa any Inju		21. Signeture of Funeral Service Lice	//0	22. Neme end Add	dress of Fecility/	10/	10///	FI	404	
Depa Impo any li		1 Anh	1000/	- 1.20 11	MIN	AT I	77116	111	7 77	
		23a. Pert1. Enfer the disease, or com	plications that caused the deat	h. Do not enter the mode of o	tying such as cardiac o	OT, C	29/10	2, M.	Approximete	
wolelen		23a. Pert1. Emer the disease, or com shock, or heart feilure. List only	one cause on each line.	n. Do not sine ins mode of c	lying, such es caldiec o	r respiretory erre	51,		Intervel Between Onset end Death	
hysician Medical		Immediate Cause (Final	C	. 0					al -	
aminer		disease or condition resulting in deeth)	· Seps					1	days	
	9			or es e consequenca of):				į		
ansit	Examiner	Comments the flat was distance.	b. Pheon	nonia					rue ucel	
ial-tr	Ex	Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury	1112	r es e consequence of):						
physician and s the burial-transit	cai	thet initiated events					Years			
as th	Medicai	resulting In deeth) Lest								
ed by the attanding physician and detached for use as the bunal-transit	2									
d for	Physician/	Pert II. Other significant conditions of	contributing to death but not resu	ulting in the underlying cause	ahen in Pert I	23h Did tot	20000 1100 00	ntribute to	the cause of deat	
ed by the detached	hys			string in the dilderlying cades	giveri ii i v eit i.	1 Ys			ably 4 Unknow	
pe eq	by P	Malnutriti	100				254110	0_1102	ALDIY 4 ONKIO	
been sign should be	8								24b. Were autopsy findings aveileble prior to	
s been 2 shoul	Completed					perform	907	COL	npletion of cause	
page 2	E					1 ☐ Ye	2000	100	Yes 2000	
certificate has rector, page 2	BeC	25. Was case referred to medical			26. Plece of Deeth				165 2,25040	
is certific director,	ToB	exeminer?	Hospitel: 12 Inpatient 2	ER/Outpetient 3 DOA	Other: 4 Nursing Hon			or (Engels	4)	
eral di		27. Manner of Deeth	28e. Dete of Injury (Month, Dey Year)	28b. Time of 28c. In		8d. Describe ho			/	
after death. Director: After d in by the luner	Certification:	1 Neturel 5 ☐ Pending 2 ☐ Accident Investigation			Vork? ☐ Yes 2 ☐ No					
r death.	<u>=</u>	3 ☐ Suicide 6 ☐ Could not be	286. Piece of Injury - At no	me, ferm, street, fectory, offic	e 2	8f. Location (Str.	eet and Numb	er or Rure	Route Number,	
Direct of in b	er l	4   Homicide	4 Homicide building, etc. (Specify)				28f. Location (Street and Number or Rurel Route Number, City or Town, State)			
within 24 hours after death.  To the Funeral Director: After thi completaly filled in by the Iuneral		29e. Certifier Cartifying Ph	yalcfan: To the best of my know	wledge, deeth occurred at the	time, dete and plece, a	nd due to the car	use(s) and me	enner as st	ated.	
P Fu	edical	(Check only 2 Medical Exam	niner: On the basis of examinet and menner steted.	ion end/or Investigetion, in my	y opinion, deeth occurre	d et the time, da	e end plece,	end due to	the cause(s)	
Toth	ž	29b. Signeture end title of certifier		29c. Lice	nse number	29	d. Dete signe	d (Month, L	Day, Year)	
,		> ( & Long.	ell MO	96	706		9/10	10,		
1		30. Name and address of person who	completed cause of death /Item		1177 - 1177					
4				Johns Mokin	s Barr	en Ma	alical	(0	ter	
Stat	6	31. Dete filed (Month, Dey, Year)	32. Registrer's Signet		~> ~açv	س ۱۳۰۹	S. C.	Cue	~ -	
Registra	-	SEP 1 2 1996	1. 14 Bon-Rand							
		DEI 16 1330 (								



Film G739 item 16a per FH 9-12-9 State of Maryland / Department of Health and Mental Hygiene 96 2725 |

Certificate of Death

					Certif	icate of	Death		F	leg. No.											
Dhusislas		1. Decedent's Nama (First, Middle, La							2. Date of Death Month Day Ye		Year		na of Death								
Physiclar /Medica	-	SAMUEL STEINBERG					Sep ter			inber 9, 199		2	.46 PM								
Examine	-		Facility Nama (If not Institution, give street end number)					wn, or Lo	cation of Death	4c. County	of Death										
		SINAI HOSPITAL					BALTIMORE			N/A											
Funeral	_	5. Social Sacurity Number 6. S		Age (In yrs. las		Under 1 Yaar	If Undar 2	24 Hrs.		1		laca (St	ete or Foreian								
Director		214-34-4843	M 2□ F	90	Yrs. Mo	onths Days	Houra	Min.	8. Date of Birth (Month, Day DEC . 15	1 Year)	Coun	T.ANT	ete o <i>r Foreig</i> r								
	1	Usual Residence of Decedent		50					D20.20	7,2505	10										
ð u		10a. Stata 10b. County		10c. City,	Town or Location	on					1	0d. Insid	la City Limits								
1 show	0	MD N	/A		BALT	IMORE						1 🗗	¥as 2□No								
28a-f sho nothing at	Director	10e. Street and Number			1	Of, Zip Code				log. Citizen of	What Coun	tne?									
0 8 2	5	3904 GLENGYLE	AVE.		'					rog. Onizen or		uy:									
23	<u>a</u>					21215				1	USA										
Per In	Funeral	11. Maritai Status	12. Was Deceda Armed Force	s?	13. Was	Dacedent of F s, apecify Cub	ilspanic Oriç an, Mexican	gin? (Spe , Puarto	ecify Yes or No- Rican, atc.)		e - Amaric ck, White,		n,								
		1 Nevar Married 2 Married	1 Yas 2 If Yes, Give	<b>⊒</b> %0	10	Yes 20 No	Specify:			Specifi	WHI	TE									
54	ò	3 Widowed 4 Divorced	Year or Date	s:						0,000	, , , , , , , , , , , , , , , , , , , ,										
natural rdicel Ex	ě	15. Decedent's E (Specify only highest gra	ducation		16a. Decedent	s Usual Occup	oation	of worki	ina	16b. Kind of B	usiness/Inc	dustry									
-	Completed	픮	음	Elementary/Secondary (0-12)	Coilege (1-4c	or 5+)	life. DO I	VOT use retire	k dona during most of working e retired)		119										
Is marked other than "nu raumatic event, pe Jeon To De Commission"	Ö	6			-TAI	TAILORE Tailor		or		CL	OTHIN	G									
event,	To Be C	Be	e a	e a	17. Father's Name (First, Middle, Last)  18. Mother's Name						(First, Middle, Melden Surneme)										
9 9					JOSEPH STEINBERG FR						REMA			TIME	KNOW	N					
Tan P	-	19a. Informant's Name/Relationship (				ddress (Street				r. City or Town			2.4								
Item 27 is marke other traumatic	1	FANNY STEINBER			_	LENGYL			urel Route Number, City or Town, State, Zip Code) BALTO., MD 21215												
ther the	1	20a. Method of Disposition	(11222)	20h Plac	o of Disposition				Date	20c. Location		wn Ste	10								
보이		1 Buriai 2 Cremation 3	Removal from Sta	000	etery, cremeto	ry or othar ple							.03								
Important: if Item 27 is any Injury or other tra 9058.		4 Donation 5 Dother (Special	ý)	HEB	REW YOU	NG MEN	- 9/	10/9	96	BALTI	MORE,	MD									
any in		21. Signature of Funeral Service Lice	1000 /9	TI	22. Na	me and Addre	ss of Facility	BRO	OS . TNO												
E 2 9		21. Signature of Funeral Service Licensee  22. Name and Address of Facility SOL LEVINSON & BROS., INC. 8900 REISTERSTOWN RD., PIKESVILLE, MD 2120								208											
	+	23a, Part1. Enter the disease, or com	plications that caus	and the death							20,	Approx									
	shock, or heart failure. List only one cause on each line.									Interval	Between and Death										
sician edical		Immediate Cours (First																			
miner	/Medical Examiner	disease or condition resulting in death)  Preumonuc																			
				Due to (or a	s a consequen						1										
# C		congestive heart failure																			
the buriel-transit	Lad	Sequentially list conditions,  Due to (or as a consequence of):							1												
physician s the buriel	Û	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury																			
he b	Ca	c. Due to (or as a consequence of):																			
ding pl									1												
esu use	2		d																		
been signed by the atten should be detached for u	Completed by Physician	pleted by Physicia	pleted by Physicia	pleted by Physicia	Part ii. Other significant conditions of	ontributing to death	but not reculti	na la the under	lylna cause ak	on in Part I		23h Did t	Id tobacco use contribute to the cause of death			use of death					
y the					pleted by Phys	pleted by Phys	pleted by Phys							1 Yes 2 No 3 Probably 4 Unkn							
det de								eted by P	eted by P	2	Demenha							1 Yes 2 No 3 Probably 4			4 Unknow
																	24a. Was an autopsy 24b. Were autopsy			nev findinge	
noul of										6	ě									24a. Was an autopsy performed? 24b. Were autops available pric completion of	
hes b																	of	death?	or cause		
age of	į į								1 🗆 Y	as 2 No	10	Yes	2□ No								
certificate rector, pag		25. Was case referred to medical					26 Piace	of Death	(Check only o	ne)	1	-									
		exeminer?	Hospitai:	ationt 2 TE	Mutastiant 3	DOA Oth	200				or (Specifi	(a)									
ald in	2		1 Yes 2 No rospital. 1 Inpatient 2 ER/Outpatient 3 DOA of Note:  7. Manner of Death 1 Natural 5 Pending (Month, Dey Year) 1 Natural 5 Pending (Month, Dey Year) 1 Natural 5 Pending (Month, Dey Year) 1 Natural 5 Pending (Month, Dey Year)							ma 5 ☐ Residence 8 ☐ Other (Specify)  28d. Dascribe how injury occurred											
fun fun	0	1 ⊠Naturai 5 ☐ Pending		Dey Year)	injury		rk? IYes 2⊡1		250. Dascribe flow injury occurred												
completely filled in by the funer	2	2 Accident investigation M 1 Yes							28f. Location (Street and Number or Rural Route Number,												
led in by the funeral		4 ☐ Homicide datarmined	building,	etc. (Specify)	a, tarm, street,	ractory, office			City or Tow		oer or mura	I HOULE	rvuntber,								
	5																				
ily file	Medical	29a. Certifier Certifying Ph	ystcian: To the basis	st of my knowle	edge, deeth occ	curred at the the	me, date and	d placa, a	and due to the d	ause(s) and m	anner as st	the car	ise(s)								
Pled Par	2	one)	and manner	stated.		gation, in my c	Aprillori, deal	21 000011	od at the thire, t	ate and place,	and 000 to	r die cac	130(3)								
E S	3	29b. Signatura and title of certifiar				29c. Licens	se number		2	29d. Date signe	d (Month,	Day, Ye	ar)								
		▶ EG Cohen N	MD			AS 21	102271	- FA	anna	Combon	whor	9	1996								
	-			d doubt /le a	2a) (Trans 25'	11.3 69	146761	-	: 900B Le Ave.	Jepri	IVA	1/	1010								
10		30. Name and address of person who		1 1	sa) (Type, Print	101 1-1	0 .1.	cal-	1.00	GOLL	nan	2 1	215								
Y		Ellie & Cohen MD		Hospit	U1 24	UI VU.	Delv	ear	LE MVE.	rull	(IVII)	41	115								
State	9	31. Date flied (Month, Dey, Year)	32. Regi	strar's Signatur	е																

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene

				otato of Marylan		cate of	Death		Reg. No.	2	1 4 0 4											
	Physici /Medic Examir	al	Decedent's Neme (First, Middle, Last     A. Facility Neme (If not institution, give     LEVINDALE	PONU	ll s	She	Rabati		09,19	96 5 of Deeth	Time of Death											
	Funeral Director		5. Sociel Security Number 6. Sec	x D¥M 2□ F 7. Age (In yrs. 80		Under 1 Year inths Days	If Under 24 Hrs Hours Min.	8. Dete of Birth	7,1916	9. Birthplece	(State or Foreign AND											
020	e Maryland Ra-f show	ctor	10e. Stete 10b. County MARYLAND N/A	10c. Cit	y, Town or Locatio	IMORE					nside City Limits											
	th with th	al Director	10e. Street and Number 3501 CLARKS LANE,	APT. 1-F	10	of. Zlp Code 21215	;		10g. Citizen of V US													
	72 hours after death with the Maryland natural, or fterns 23a or 28a-f show sisel Examiner must be notitled at	by Funeral	11. Maritel Status  1 □ Never Merried 2 □ Merried  3 □ Widowed 4 汉 Divorced	12. Wes Decedent Ever in U Armed Forces? 1 X Yes 2 ☐ No If Yes, Give Year or Detes:	pes?  If Yes, specify Cuben, Mexican, Puerto Rican, etc.)  □ No  □ No Specify:			pecify Yea or No- o Rican, etc.)	14. Rec Bled Specify	e - American Inck, White, etc.												
21215-0020		Completed	15. Decedent's Edu (Specify only highest grad	cation e completed)	16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired)				16b. Kind of Business/Industry													
212	d within giene. or then	Comp	Elementery/Secondery (0-12)	College (1-4or 5+)	manufacturers representative		TATIVE	CONSTRU	CTION S	SUPPLIES												
and	tal Hygi of other event, I	Be	17. Father's Neme (First, Middle, Last)	OUIS SHOR				ne (First, Middle, RAH	rst, Middle, Melden Sumeme) H LEAH STUL													
Baldmore, Maryland	2 should be and Mental is marked of aumatic ev	То	JOSEPH LC  19e. Informent's Neme/Reletionship (Ty		19b. Meiling Ad	idress (Street					0)											
	and 2.			MR.HENRY O. SHOR				R CT., AF	T. 101 E	BALTIMOR	E, MD 2	21208										
	artment of H ortant: If ther injury or oth		20e. Method of Disposition  1  Burial 2  Cremetion 3  4  Donetlon 5  Other (Specify)	Removel from Stete Al	Plece of Disposition cometery, cremetor RLINGTON-	y or other ple		Dete -11-96-	BALTIMO		itete											
	Depart Depart Impor any in once.		22. Name and Address of Facility Sol Levinson & Bros., Inc. 8900 Reisterstown Road Pikesville, MD 21208																			
	Physician /Medical Examiner	er	Imm	e. Resput	,		ng, such es cardien  sufficient from the such as the s			Ons	roximete rival Between et end Death											
60,	ifficate be executed g physician and as the burial-transit	completed by Physician/Medical Examiner	Physician/Medical	by Physiclan/Medical	by Physiclan/Medical	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury	Due to (a	or es a consequenc		ie spell	morios	y our	rase	=192								
ox 68760,	tificate ng phy as the					900	900	900	900	900	900	900	900	resulting In death) Last	Due to (or es e consequenca of):					M		
Box	that the death cer ed by the attendin detached for use					Pert II. Other significant conditions cor	Itributing to death but not res	ulting in the under	ying cause gi	ven in Pert I.	23b. Did t	obacco use co	ntribute to the	causs of death?								
P.0	hat the ed by th detach					by	Nemer Jensia	n				101	/ss 2□ No	3 Probably	4 ☐ Unknown							
Records,	v requires been sign should be								Afrial Jihn	Mation /	Miai	flea	the	24e. Was o	en eutopsy med?	available	utopsy findings e prior to tion of cause					
	The ate h				0	7 0			1 D Y	es 2 No	1 □ Yes	2 No										
of Vital	Physician: r this certific rral director,	Be	25. Was case referred to medical exeminer?	dospitel:		Ott	nor:	eth (Check only o														
on of	2 00		-	-	-	-	27. Manner of Deeth 1 Delturel 5 Pending 2 Accident investigation	28e. Dete of Injury (Month, Day Year)	28b. Time of Injury	28c. Inju Wo	4 LI Nuising F											
Division	P at a	Certification:	3 Suicide 6 Could not be determined			28f. Location (5 City or Tow	ence 6 □Other (Specify) ow Injury occurred  treet end Number or Rural Route Number, n, Stete)															
	To the Hospital within 24 hours of To the Funeral completely filled	edical	29a. Certifier (Check only one) Certifying Physical Examination (Check only one)	sician: To the best of my kno- ner: On the basis of examine end menner steted.	wledge, death occ tion end/or Investig	urred et the ti getion, in my d	me, dete end plece opinion, deeth occu	e, end due to the d erred at the time, d	euse(s) and ma dete and plece,	nner as stated. and due to the	cause(s)											
	To the Within To the	Me	29b. Signeture end title of cartifier			29c. Licens			29d. Dete signe	d (Month, Dey,	Year)											
			Mejani	MD.		1944	1817-		Jepl	.10.1	996.											
	10		30. Name and address of person who co	TO A		Bel	VEDENE	ave,	Bat	imore												
	Sta Registr	_	SEP 1 2 1996	ula Daydon-Ain	Lelle.																	

Registrar

MILE YES TO 

State of Maryland / Department of

	t. Assuit	All Oop	ICO AIC	Legiple.	07	0	-	0
f	Health and	Mental	Hygiene	90	27	6	C	J

						Cel	uncate o	Deam		Reg. No.		
Physician /Medical		I. Decedent's Nan SUE	me (First, Middle, MARI)		·Ε				2. Date of D Month SEPT	Day 5	Yeer 96	3. Time of Death 5:16 P.N
Examiner		SAINT J	Number 6		CENTE	st birthday)	If Under 1 Yes		MD s. 8. Date of B	BALT	_	
Director		185-14- Usual Residence		10 M 20 F	75	Yrs.			6-6-	-21		PA
r show ad at	1	Jauai Residence d 10a. Stete MD	10b. County	altimore	10c. City,	Town or Lo	cation sectale					l0d. Inside City Limita
23a or 28a-f sho ust be notified at al Director	1	10e. Street and Nu 1228	umber B Hesse A	lve.			10f. Zip Code	21237		10g. Citizen of		
st, or items 23a Examiner must b	1		ried 2 Married	If Yes, Give	es? ÇNo		Was Decedent of Yes, specify Co	f Hispanic Origin? ( uben, Mexican, Pue	Specify Yea or Norto Rican, etc.)		ce - Ameri ick, White,	can Indian, etc.
		3 Widowed	15. Decedent's scify only highest (	Year or Date Education grede completed)	98:	(Give	lent's Uauai Occ kind of work dor	e during most of w	orking	16b. Kind of E	- •••	
Completed		Eiementary/Sec		College (1-4	or 5+)		oo not use reti Iomemake	r			n_Hom	е
To Be C	1		(First, Middle, La en Yuhas	st)				18. Mother's N	ame (First, Middi Galai	le, Maiden Suma. ⊓Cla	me)	
MON.			lame/Relationship J. Singl	( <i>Type, Print)</i> .e / Husba	ind		-	etend Number or I Ave. Bal			_	Code)
any Injury or other tr once.		4 Donation	☐ Cremation 3 5 ☐ Other (Spec		ete 20b. Pia	ce of Dispo metery, crem Sander	sition (Name of natory or other p IS OF Fa	ilace) ith	Dete 9-9-96	20c. Location Baltin		
8000	1	21. Signature of Fi	bneral Service Lic	X K.	10n	22		fress of Facility Rosedale esaco Ave			212	27
ian ical		snock, or nei	(Finai	implications that cau by one cause on each	n IIne.			lying, such as cardi			1 1	Approximate Interval Between Onset end Death  OAYS
miner e	1	disease or condition resulting in death)	on	a TETAN	Due to (or	es a conseq					i	
physician and the burial-transit		Sequentially list of fany, leading to incause. Enter Und Cause (Disease of that initiated event	onditions, mmediate	b. IEIAN		as a conseq	uence of):				1.	l DAYS
nding physicia use as the bur n/Medical		Cause (Disease or that initiated event resulting in death)	r injury s Last	d	Due to (or e	es e conseq	uence of):					
otached for Physicia	F	Part li. Other signi	ficant conditions	contributing to deat	h but not result	ing in the ur	nderlying cause	given in Part I.		tobacco use co		o the cause of death?
S S O	-								24a. Wa	is an eutopsy iormed?	CC	ere autopsy findings allable prior to impletion of cause death?
certificate he rector, page	2	25. Was case refe	rred to medical					26. Place of D	1 E	Yes 2 No	11	Yes X No
S 0.0	l	examiner?	No	Hospital:	atlent 2 E	R/Outpatien	a 3D DOA	Whos		sidence 6 □Ot	her (Speci	ý)
After the funera	2	7. Manner of Dear 1 Natural 2 Accident	th 5 Pending investigat	28a. Date of (Month,	Injury 2 Day Year)	8b. Time of Injury	N	juryat /ork? □ Yes 2 □ No	28d. Describe	how injury occu	rred	
To the Funeral Director: After the completely filled in by the funeral medical Certification:		3 ☐ Suicide 4 ☐ Homicide	6 Could not determine	d 28e. Place of	Injury - At hom, etc. (Specify)	ne, farm, str	eet, factory, offic	68	28f. Location City or To	(Street end Num own, Stete)	ber or Run	al Route Number,
To the Funeral Direct completely filled in by Medical Certifical C	1	29a. Certifier (Check only one)	Certifying F	Physician: To the beaminer: On the besing and manner	s of examinatio	edge, death on and/or inv	occurred at the restigation, in my	time, date and place opinion, death occ	ce, and due to the curred at the time	e cause(s) and m	anner as s and due t	taled. the cause(s)
woo Me	2	9b. Signature and	title of certifier	fow.	M.D			nse number		29d. Date sign	d (Month,	Dey, Year)
6	Ι.		ress of person wh	o completed cause of			Print)		R TOW	SON M	DVI	AND 21204
State Registrar		1. Date filed (Mon		32. Reg	istrar's Signatu	re		T CENTE	IL, ION	OUN, FI	TI III	MID <u>21</u> 204
6 Day 6/05		-21	LIAB	30								

Service College

State of Maryland / Department of Health and Mental Hygiene

		Decedent's Neme (First, Middle, Las	Al.		Certificate of	Death	T.	Reg. No.		
Physici	an		1)				2. Dete of Dee Month	Dey	Year	3. Time of Deeth
/Medic		MARIANNE HESS	SHOTLANI				Septemb	per 6,	1996	2:30 AM
Examir	ner	4e. Fecility Neme (If not Institution, give				4b. City, Town, or L	ocation of Deeth	4c. County	of Deeth	
		Holy Cross Hosp	×			Silver Sp		Mont	gomer	У
Funeral		5. Sociel Security Number 6. Se	9X 7. Ag □M 2XIF	ge (In yrs. last birt	Months Days		8. Dete of Birth (Month, Day	, Year)	9. Birthp	lece (State or Foreign
Director		066-18-4919	D W 2231	76	rs.		May 22,			
pue *		Usuel Residence of Decedent  10a, State 10b, County		10c. City, Town	or Location				T	0d. Inside City Limits
sho	5									12DS/es 2 □ No
he N	ect	Maryland Montgome	ery	Silver						
permit. Peges 1 and 2 should be filed within 72 hours efter death with the Maryland Department of Health and Mental Hygiene. Important: If item 27 is marked other than "naturel", or items 23a or 28a-f show shy injury or other traumatic event, its Medical Examine rival be not led an ance.	Funeral Director				10f. Zip Code		1	10g. Citizen of \	What Coun	ntry?
234	rai	418 East Indian Sp			20901			U.S.		
Hem Mem	S	11. Maritel Stetus	12. Wes Decedent Armed Forces?		<ol> <li>Wes Decedent of I If Yes, specify Cub</li> </ol>	Hispanic Origin? (Sp en, Mexican, Puerto	ecify Yes or No- Rican, etc.)	14. Hac	e - Americ ck, White,	
s eff		1 ☐ Never Merried 2 ☐ Married  3 ☐ Widowed 4 ☐ Divorced	1 ☐ Yes 2XX	No	1□Yes 2⊟No	Specify:		Specify	<i>/</i> :	
hour less	Completed by		Yeer or Detes:						Whi	
nat adje	ete	15. Decedent's Ed (Specify only highest gred	ucation de completed)	16a.	Decedent's Usuei Occu (Give kind of work done life. DO NOT use retire	petion during most of work	ing	16b. Kind of Br	usiness/inc	dustry
han.	E G	Elementery/Secondery (0-12)	College (1-4or	5+)		<i>(a)</i>		Dool I	3-4-4	
her her	ပိ	17. Fether's Neme (First, Middle, Last)	Years	Rea	lltor	18. Mother's Nem	a /Final Adiddle	Real H		е
d all be	Be	22.7 - 20 1 1 1 1 1.				18. Mother S Nern	e (rirst, Middle,	Meluen Sumen	10)	
1 Me	70	Ludwig Hess				Luise ]				
l 2 st h end ls n raun		19e. Informent's Neme/Reletionship (7		4196	Mailing Address (Street East India	t and Nymber or Rur an Spring	al Route Numbe Drive	r, City or Town,	Stete, Zip	Code)
lealt m 27		Lawrence M. Shotla	na, Son	511	ver Spring Disposition (Name of	, Marylan	nd 2090	) 1		
T to the		20e. Method of Disposition  1 2 Buriel 2 Cremetion 3 Di	Removel from Stete	cemeter)	r, cremetory or other pla	9/08/		20c. Location -	City or To	wn, Stete
men amt:		4 ☐ Donetlon 5 ☐ Other (Specify		Mount I	ebanon Cem		A	delphi,	Mar	yland
Departitude of the control of the co		21. Signeture of Funerei Servica Licens	300		STEIN HEBRI	ess of Fecility	AT DIMET	AT HOME	TNI	0
86208		Sonald C.	Storm	much	232 CARROLI	EW PERIORIZ	MLI LIAC	HINCTON	, LIVI	20012
0.895	14	23e. Pert1. Enter the disease, or comp shock, or heart feilure. List only of	licetions thet cause	d thy deeth. Do n	ot enter the mode of dyl	ng, such es cardiac	or respiretory en	rest,	, 10	Approximete
Physician		snock, or neer tellure. List only o	ne ceuse on eech II	neg						Intervei Between Onset end Deeth
/Medical		Immediate Cause (Final	0-	GESTIV	- Heno	FA	LURE		1	Vones
xaminer		diseese or condition resulting in deeth)	e. COM			-) 1 17	Luice		- 1	EHKS
	Per		0-01	Due to (or es a c	ONSEQUENCE OF):  ARTEL	OU T	10000	-	į,	1000
d d ansit	E	Commente No. New york (Name of Street	b. CORE	Due to (or es e c		9 0	175.13	=		EMES
micate be executed ig physician end es the burial-transit	Examiner	Sequentielly list conditions, if eny, leading to Immediate cause. Enter Underlying Cause (Disease or Injury	1							YEARS
sicla bull	edicai	trief triffefed exerit?	c	BETE Due to (or es e co		LITUS				remos
inficate be execut g physician end es the burial-tran	8	resulting In deeth) Last		Due to (or es e ci	orisequence ory.					
death cert e attending ed for use	N/		d							
afte of for	Cia	Port II. Other elevilleset conditions as	mark value and a sale for		ALCO III ACIA ACIA III III III III III III I	COLUMN TO THE	005 0144			
ed by the detached	Physician/N	Pert II. Other significant conditions co	ntributing to death b	ut not resulting in	~				,	the cause of death?
requires that sen signed b hould be deta		MERIPHERAL	· VASC	ULAR	DISEA	SE	1 D Y	es 2 No	3 Prot	bably 4 Unknow
signed I	d by						24e. Was 6	an autoney	24h W	ere eutopsy findings
been si should	Completed						perfor	med?	ava	allable prior to mpletion of cause
hes b	ig I								of o	death?
certificate hes rector, pege 2	S						1 🗆 Y	es 2 110	10	Yes 21 No
this certific	8	25. Wes case referred to medical examiner?				26. Plece of Deat	h (Check only or	ne)		
dire	2	1 Yes 2 LH6	Hospitel: 1 ☐ Inpatie	ent 2 DER/Out	patient 3 DOA	her: 4 Nursing Ho	me 5 Resid	ence 8 DOth	er (Specify	y)
fler ti	9	27. Menner of Death 1 ☑ Neturel 5 ☐ Pending	28a. Dete of Inju (Month, De		me of 28c. Inju jury Wo	ry et rk?	28d. Describe h	ow Injury occur	red	
r death. ector: After by the fune	ati	2 Accident investigation			M 1	Yes 2□No				
after de Direct d in by t	Ħ	3 ☐ Suicide 6 ☐ Could not be 4 ☐ Homicide determined	28e. Plece of Inj		m, street, fectory, office		28f. Location (S City or Town		er or Rura	Route Number,
24 hours afte Funeral Dir stely filled in	Certification:			(						
non uner ly fill		29e. Certifier 1 Certifying Phy	sician: To the best	of my knowledge,	deeth occurred at the ti	me, dete end plece,	and due to the c	ause(s) end ma	nner as st	eted.
	edical	one) 2 Medical Exami	end menner st	eted.	or Investigation, in my o	ANUIGHT GEBIL OCCUL	ed at the time, d	ate and place,	aria aue to	uie cause(s)
within To the comple	2	29b. Signature and title of cartifier	1 1-	0	29c. Licens	se number	2	9d. Dete signe	d (Month,	Day, Year)
1		) (MC/M/	1	Xm	V D	36046		9/6/	196	
25		30. Name and address of person who o	ompleted cause of	out (item 23a) (			1251 DA	, lock	41 7	11
2		JO/10 1-1 MG	RENDLA	6 STE	MOD,	701 KAN ROCKVIL	15	200	84	)
Sta		31. Date filed (Month, Day, Year)	32. Registe	ada Signature				7	100	
	10	and the same of	And the second second	The second second second						

DHMH 16 Rev 6/95

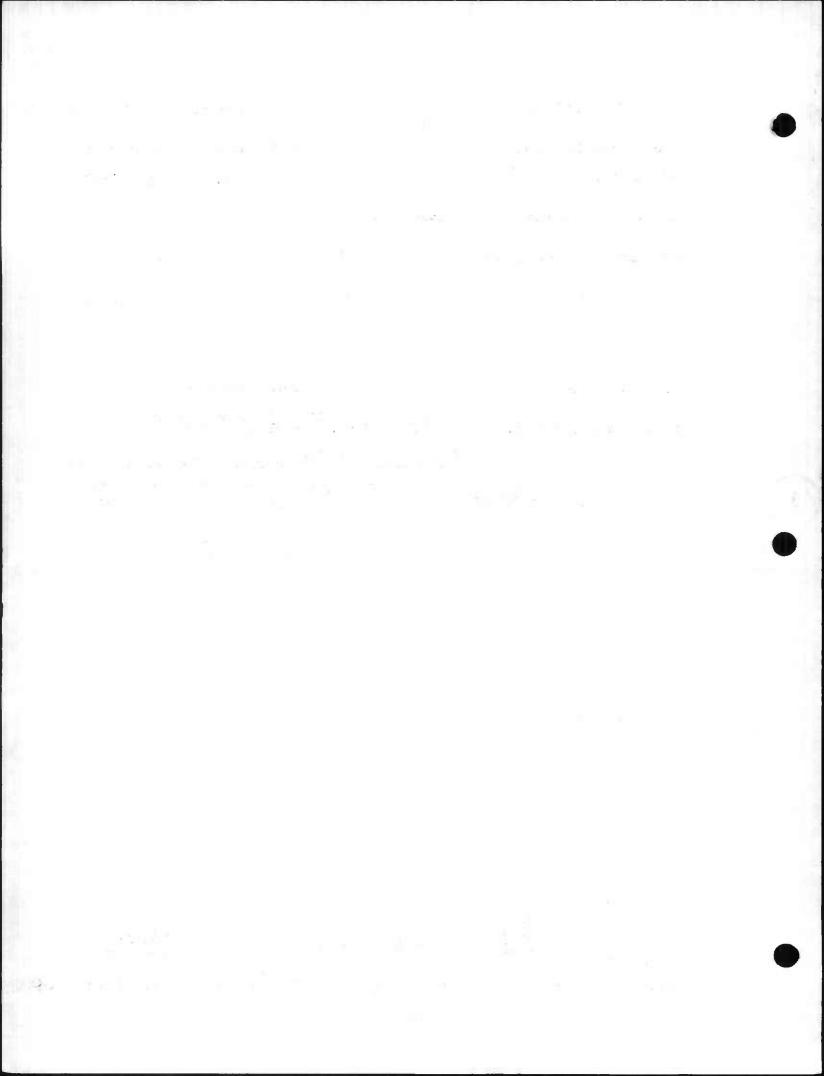
Registrar

mari Sar E. 34 % F the Comment 

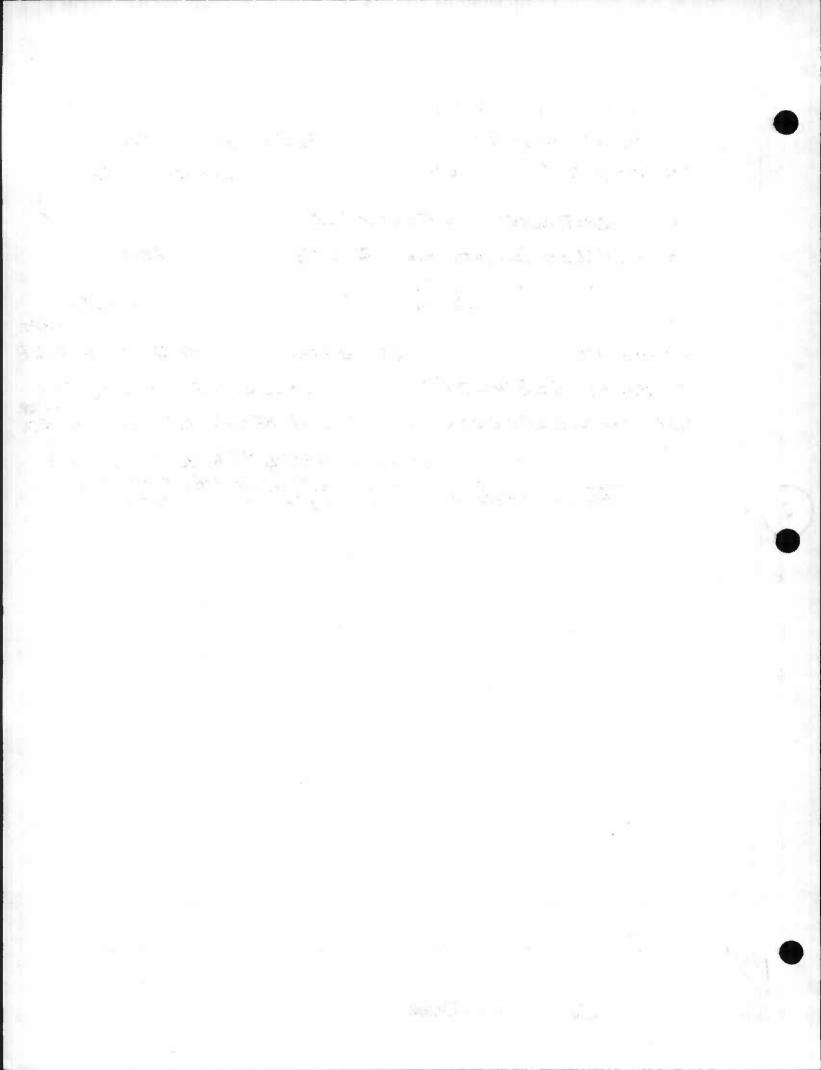
State of Maryland / Department of Health and Mental Hygiene 96

27255

						Certificate	of	Death		Reg. No.		_ / _ 0 0
			1. Decedent's Neme (First, Middle, L	ast)					2. Dete of De	eeth	Mana	3. Time of Deeth
	Physic /Medi		DORA P. SATTL	ER					Septem	ber 9,	1996	12:08 AM
	Exami		4e. Fecility Neme (If not institution, gi	ve street end number)				4b. City, Town, or L				
	Funeral Director		067-05-0896	oital Sex 7.Aq 1□M 2☑F	ge (In yrs. last b	irthdey) If Under 1 Yrs. Months	Yeer Deys		8. Dete of Bi (Month, De	Month ay, Year)	9. Birthp Court Pol	blace (State or Foreign htry)
	pue *		Usual Residence of Decedent  10e. State 10b. County		10c City To	wn or Location				-, -,	1	Od Incide City Limite
	8a-f sho	Director	Maryland Montgon	nery		r Spring	_					0d. Inside City Limits  1223 es 2 □ No
	23a or 2	ral Dire	10e. Street and Number 1401 Blair Mill F	Road, Apt.	1022	10f. Zip 0				U.S.A.	What Cour	itry?
21215-0020	s 1 and 2 should be filed within 72 hours after death with the Maryland f Heelth and Mental Hygiene. Item 27 is marked other than "natural", or items 23s or 28s-f show other traumstic event, the Medical Exerciper must be notified at	by Funeral	11. Meritel Stetus  1 Never Merried 2 Married  3 Widowed 4 Divorced	12. Wes Decedent Armed Forces  1 Yes 2X  If Yes, Give Yeer or Detes:		13. Wes Decede If Yes, specif		Hispanic Origin? (Spoan, Mexican, Puerto Specify:	pecify Yee or No Rican, etc.)	5 14. Rec	e-Americ ck, White, V: Whi	etc.
5-0	72 ho	eted	15. Decedent's E (Specify only highest gi		168	a. Decedent's Usuei (Give kind of work	Occup	pation during most of work	sina	16b. Kind of B	usiness/Inc	dustry
121	within ane. then	Completed	Elementery/Secondery (0-12) 12 Years	College (1-4or		'life. DO NOTuse erchant	retire	during most of work ad)		Croco	rv	
	filed with Hygiene. ther then		17. Fether's Neme (First, Middle, Las	t)	PIE	erchant		18. Mother's Nem	e (First Middle	Groce:	-	
lan	ental ental ked o	To Be	Benjamin Portnoy	,					isenber			
Maryland	d 2 should be filed w th and Mental Hygie 7 is marked other the trsumatic event, to	-	19e. Informent's Neme/Reletionship		114	401 Blair	Mi	t end Number or Rui	Anartme	nt #102	Stete, Zip	Code)
timore,	82=8		David Sattler, Hu 20e. Method of Disposition  1 Surial 2 Cremetion 3 [	☐Removel from Stete	S	ilver Spri	ng	Marylan Bia 9/10/19	d 2091	20c. Location	- City or To	
ā	4444		4 □ Donetion 5 □ Other (Special 21. Signeture of Funeral Service Lice		Loage	22. Name and	Addre	9/10/19 ess of Fecility	96	Washing		
٩	Dep de la company de la compan		Monald C.	Storm	much			ess of Fecility EW MEMORI				
x 68760,	requires that the death certificate be executed managed by the ettending physician and in properties the burial-transit and include be detached for use as the burial-transit	/Medical Examiner	23e. Part1. Enter the disease, or conshock, or heart feilure. List only timedlate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	. Acute	Tu fe Due to (or es e						7	Approximate Inferved Between Onset end Deeth
Box	eath of the u	clan	Dod II. Other classification and later			C a 100 kb co	es fair	2016 - 201	1 201 214		1	
P.0.	uires thet the de signed by the e Id be detached t	Physician/	Pert II. Other significant conditions	4	ut not resulting	in the underlying cau	ise gr	iven in Peri I.		Yes 2□ No	3 Prol	the cause of death?
	es the	þ	Hyperter	Bion								1
of Vital Records,	≥ s ₹	Completed							24a. Wes	en autopsy ormed?	avi	ere autopsy findings elieble prior to mpletion of cause deeth?
Ä	0 - 5	E O							10	Yes 2 No	10	Yes 2□ No
'ita	defien: The certificata rector, pag	Be	25. Wes case referred to medical examiner?					26. Place of Deet	th (Check only	one)		
> 7	Q 50	은	1 ☐ Yes 2 No	Hospitel: 1 Inpatie	ent 2 ER/O	outpetient 3 DOA	Otl	her: 4 Nursing Ho	ome 5 Res	idence 6 🗆 Oth	er (Specif	y)
	Affer fune		27. Manner of Death  1 Neturat 5 Pending Accident investigation	28e. Dete of Inju (Month, De	y Year) 28b.	Time of Injury M	. Inju Wo	ry et ork? ] Yes 2 □ No	28d. Describe	how injury occur	red	
Division	or Attendation after death Director: A	Certification:	3 Suicide 6 Could not be determined	286. Pleca of Inj	ury - At home, f c. (Specify)	erm, street, fectory,	office		28f. Location ( City or To	(Street and Numl wn, Stete)	per or Rura	l Route Number,
	To the Hospital or At within 24 hours after or To the Funeral Direct completely filled in by	edicai C	29e. Certifier (Check only one) 1 Certifying Pl	nysician: To the bast miner: On the basis of and menner st	examinetion e	e, deeth occurred at nd/or investigation, in	the ti	ime, dete end piece, opinion, deeth occur	end due to the red et the time,	cause(s) and modete end pieca,	anner es st and due to	ated. the cause(s)
	To the vithin 2 To the comple	Σ	29b. Signeture and title of certifier	Thur	iw-	7 MD 29c.	Licens	se number 25080		29d. Dete signe	96	Day, Year)
	14-		30. Name and eddress of person who Frauk N. G.	completed cause of d	0.77	(Type, Print), Georgia	7	Ave, Si	lux	سام	, 141	0 2000
	Sta Registr		31. Date filed (Month, Đay, Year)  SFP 1 2 1006	32. Registr	er's Signeture	M.				0		

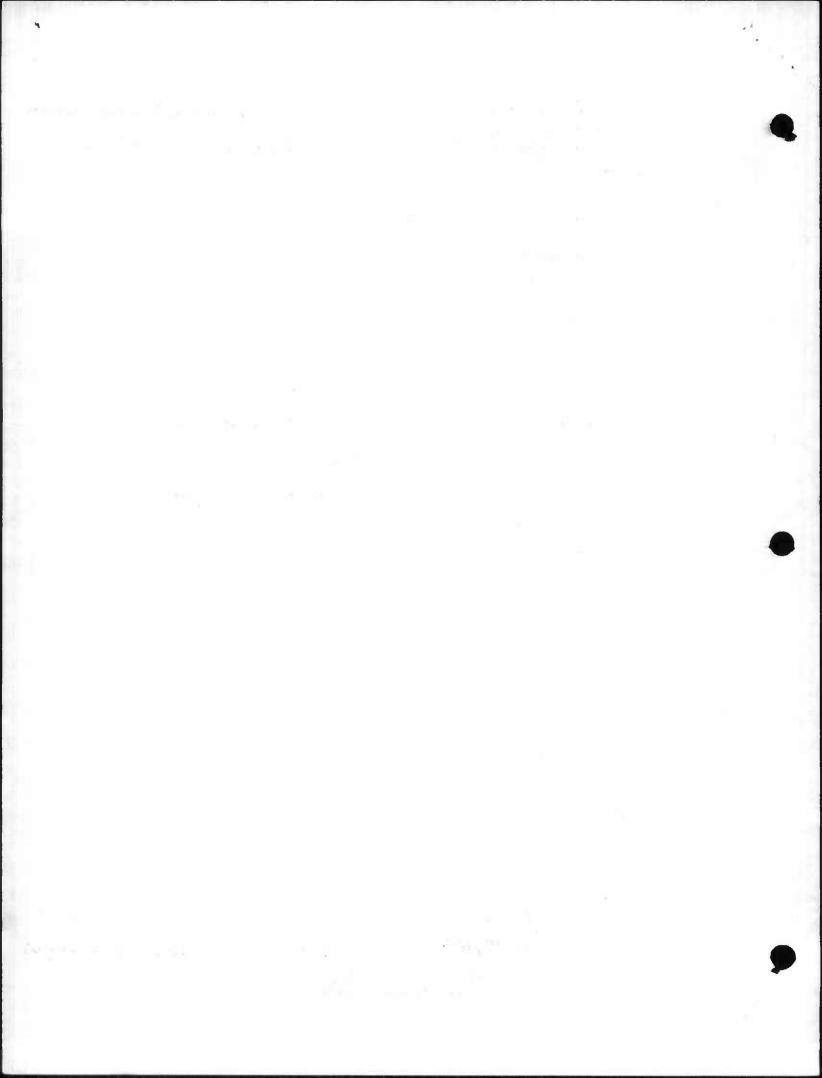


					Certific	ate of Death	Re	g. No.		
		J.	1. Dacadant's Nama (First, Middla, La	est)			2. Data of Death	1		3. Time of Death
	Physici /Medi		EDWARD	N. SZEL	NCZYK		SEPT	Dey O5	Yaar 1996	1915
	Examir		4a. Facility Nama (If not institution, git			4b. City, Town, o	r Location of Daath	4c. County		•
			ST. AGNES I	HOSPITAL		BALTI	MORE	1	1/A	
	Funeral Director		5. Social Sacurity Number 6. 5	Sax 7. Aga (In	yrs. lest birthday) If Ui 6 4 Yrs. Mont	ndar 1 Yaar   If Undar 24 Hi	s. 8. Data of Birth	Year) -31	9. Birthole County	ace (State or Foraign ry)
	yland		10a. Stata 10b. County	100	City, Town or Location				10	d. Insida City Limits
	the Man	rector	MD. BALTI  10e. Streat and Number	MORE	CATONSI	Zip Coda	10	g. Citizan of \	What Countr	1 ☐ Yas 2 ☑ No
	3a o	JE D	1327 Dillo	11 HoinHts		2/228		45		,.
0	urs after death with the Manylan al', or items 23a or 28a-f show Exammer man be nortified at	Funeral Director	11. Marital Status  1 Navar Married 2 Marriad	12. Was Dacedant Evar i Armad Forcas? 1 Mayas 2 No / if Yas, Give	- If Yas	acadant of Hispanic Origin? ( specify Cuban, Maxicen, Pua	Specify Yas or No- rto Rican, atc.)	14. Rac	ce - Amarice ck, White, a	
215-0020	ours a	by	3 ☐ Widowad 4 ☐ Divorced	if Yas, Give Yaar or Datas: / 2	-5-4 1 1 Ya	s 2 No Specify:		Specify	WH	ite
5-0	72 hours "natural",	etec	15. Decedent's E (Spacify only highast gra	ducetion ada complatad)	16a. Decedant's U	Isuai Occupetion	orkina 1	6b. Kind of B		
21	d withir piane. r than the M	Completed	Eiamantery/Secondary (0-12)	Coilaga (1-4or 5+)		work dona during most of w T usa ratired)  CEMAN	6	ALTO.		0 4
anc	e la p	Be	17. Fathar's Nama (First, Middle, Last,		44	4-	ama (First, Middla, M			
Maryland	d 2 should h end Men 7 Is marke traumatic	T <sub>o</sub>	19e. Informant's Name/Relationship (	ZEWCZ Typa, Print)	19b. Meiling Add	rass (Street end Number or F	OLINE Rurel Routa Number,	City or Town,	Stata, Zip C	05BA
_			MARILYN L. S	ZEWCZY	K 1327	DILLON A	EIGHTS 1	AVE. C	CABNS	SVILLE MD.
altimore,	Pages 1 an nent of Heal int: If Item 2 iry or other		20a. Mathod of Disposition 1 Burial 2 ☐ Cramation 3 ☐	Removal from State	b. Piaca of Disposition ( comatary, cramatory	Nama of or othar pleca)	Data 2	Oc. Location -	City or Tow	m, Stata
tim	tmen tant: jury		4 ☐ Donation 5 ☐ Other (Specif	y) C	RESTIAW	N CEMETER	9-9-96 /	OWAR	D (0.	MD.
Bal	permit. Pac Departmen Important: any Injury once.		21. Signatura of Funarai Sarvica Licer	~ 0 /	/ 22. Name	a and Address of Facility  ORLTIMO	RE NA	Tion	AL F	TRE
		1	23a. Part1. Entar tha disaasa, or com shock, or heert failura. List only	plications that ceusad tha d	aath. Do not anlar than	noda of dyling, such as cerdia	ac or respiratory arra	12 S	- 1	Approximata
	Physician		order, or noon randa. Elot only							Intarval Batwaen Onset end Death
	/Medical Examiner		Immediata Causa (Final diseese or condition	SEPT	ic SHO	CK			2	L DAYS
	Examine:		resulting in death)	Due to	o (or as a consequance	of):				
	ted nsit	nine		b. ————					1	
60,	leath certificate be axecuted attending physician and if for use as the bunal-transit	al Examine	Saquantially list conditions, if any, leading to immadiata ceusa. Entar Undarlying Ceusa (Disaasa or injury	Dua to	o (or as a consequance	of):				
68760,	tificate ig physi as tha	Aedical	thet initiated events rasulting in daath) Lest	Dua to	o (or as a consequance	of):				
Вох	endin r use	an/M		d						
	death a atter ed for u	sicia	Part II. Other eignificant conditions of	ontributing to death but not	rasulting in tha undarlyin	g ceuse givan in Part I.	23b. Did tob	acco use co	ntribute to t	the cause of death?
P.0.	that the death ce	Physician/			,					bly Unknown
Division of Vital Records,	8 50	Completed by					24a. Was an perform	autopsy ed?	avall	a autopsy findings labla prior to pletion of ceusa
Re	The lew ata has t page 2 s	dwo								iath?
ta	ysician: The is is certificata he director, page		25. Was cesa raferred to madical			OC Please A De	1 Vas		10	Yas 20 No
<u> </u>	ysicia s cert direct	To Be	axaminar?	Hospital:	□ ER/Outpetient 3□	Other	eth <i>(Chack only one</i> Homa 5 ☐ Rasidan		or (Consile)	
0	g Physer this laral di	n: T	27. Mennar of Daath	28a. Deta of Injury	28b. Time of	28c. Injury et Work?	28d. Dascribe hov			
0	Attending Physician: If death.  betor: After this certific by the funaral director.	atlo	1 Netural 5 ☐ Pending 2 ☐ Accidant Invastigation	(Month, Day Year	Injury M	1 Yas 2 No				
Divis	To the Hospital or Attending Phylin 24 hours aftar death. To the Funeral Director: After this completely filled in by the funeral	Certification:	3 ☐ Suicida 6 ☐ Could not be 4 ☐ HomicIda datarmined	28a. Piace of Injury - A building, atc. (Spe	t home, farm, straat, fac ocify)	tory, office	28f. Location (Stre City or Town,		er or Rural F	Route Number,
	To the Hospital or within 24 hours afta to the Funeral Dirt completely filled in 1	edicai	29a. Certifiar (Check only one) 1 Certifying Physical Example 2 Medical Example 1	/alcian: To the best of my kinar: On the basis of axamand manner stated.	nowladga, daath occurr ination and/or invastigat	ed at tha tima, date and plection, in my opinion, death occ	e, and dua to the cau urred at tha time, det	isa(s) and ma a and place, a	nner as stet and dua to th	ad. ha cause(s)
	Within 2 To the comple	Me	29b. Signatura and titla of certifiar	manual		29c. Licansa number	290	d. Data signed	d (Month, De	ay, Year)
			F. A.		MD	P09519		001.	101	
	16t1	-	30. Nama and address of person who			900 CAT	ON AVE	04 11:	4146	
	()		FRANCIS ANSAH		ST AGNES	HUSPITAL		2122	9	
	Stat	te	31. Data filed (Month, Dey, Year)	32 Begistrar's Sig					* *	



## Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene 9 6

					(	Certificat	e of	Death			Reg. No.			
	Physic	an	1. Decedent's Nama (First, Middle, Las						Î	2. Data of De Month		Year	3. Time of Death	
J.	/Medi		Carrie L	. Smith				4 Oh T		September	tenth	ninely-six	12:0890	
И	Examir	ner	4a. Facility Name (If not institution, giva	4 11 1	1			-	wh, or Lo	caffon of Death		Baltimo	•0	
r	Funeral		5. Social Security Number 6. Se		yrs. last birth	day) If Unda Months	1 Yaar Days	If Undar 2		8. Data of Birt	th v. Year)	9. Birthple Count	ace (State or Foreign	)
30	Director		Usual Residence of Decedant	⊔ <sup>M</sup> <sup>2</sup> X <sup>F</sup> 43		15.			-	06 18	53	Virgi	nia	
	a-f show	ctor	10a. State 10b. County N.J. Burlingt		c. City, Town Will	or Location	)					10	Od. Inside City Limits 1	
	th with the 23a or 28	ai Director	10e. Streef and Number 160 Eastbrook	Lane		10f. Zij	000e 0804	6			10g. Citizen o	f What Count	iry?	
020	be filed within 72 hours after death with the Maryland that Hyglene. d other than "natural", or flems 23a or 28a-f show event, the Medical Examiner must be recitled at	by Funeral	11. Marital Stafus  1 Never Married 2 Married  3 Widowed 4 Divorced	12. Was Decedant Eval Armed Forces? 1 Yes 2 No If Yas, Giva Yaar or Dates:	r in U,S.	13. Was Dece If Yas, spe 1 \(\superscript{Yes}\)			gin? (Spe , Puarto	ecify Yes or No Rican, efc.)		ace - America lack, White, e	etc.	
5-0	72 ho natura	ted	15. Decedent's Edu (Specify only highest grad	ucation	16a. [	Decedent's Usu Give kind of wo life. DO NOT u	al Occu	pation	of worki	na	16b. Kind of	Business/Ind	ustry	_
21215-0020	within ene. than	Completed	Eiemantary/Secondary (0-12)	College (1-4or 5+)				d)	OI WOIKII	ng	Law (	Office		
d 2	e filed within al Hygiene. other than '		17. Fathar's Name (First, Middle, Last)	2		Secreta	ıry	18. Mother	r's Name	(First, Middle,	Meiden Sum	nme)		_
lan	id be ental ked o ic eve	To Be	Otis Lee River	S						Davis				
Maryland	nd 2 should b ith end Ments 27 is marked r traumatic e	-	19a. Informant's Name/Relationship (7) Leonard R.Smith, Hu			Meiling Address  0 Easth							,	
Baltimore,	Depart. Pages 1 and 2 should be Department of Health and Menta Important: If item 27 is marked any injury or other traumatic any once.		20a. Method of Disposition  1 ☑ Burial 2 ☐ Cramation 3 ☐ F  4 ☐ Donation 5 ☐ Other (Specify)	Removal from State	Ob. Place of I	Disposition (Nation ton Nation Nation	na of other pla	ice)		Date 9-16-96	20c. Location	n - City or Tov	wn, State	
Balt	Departr Importa any inju		21. Signature of Funeral Service Licens	m m	<b>L</b> ,	Charle	C C	ass of Facility  Zeil	or 8	Son In	nc.			
			23a. Part1. Enter the disease, or comp shock, or heart failure. List only o	lications thet caused the	death. Do no	ot enter the mod	de of dy	ing, such as o	cardiac o	or respiratory a	rrest,		Approximate Interval Between	
>	Physician /Medical Examiner		Immediate Cause (Final disease or condition resulting in death)	a. Ve	no -occ	Sive onsequence of)	lisea						2 wks	
_	D #	ner			AI.	sus host	1	00.0					3wks	
	and -trans	Examiner	Sequentially list conditions,			ensequence of):		W.C.					JWK	i
68760,	ertificate be executed ling physician and e as the burial-transit		Sequentially list conditions, if any, leading to immediate causa. Enfer Underlying Cause (Disease or injury that initiated events			yeloge	1001	leuke	mia	trans	formatio	n	9 mos	
687	ficate p phys	Medical	rasulting in death) Last		,	nsequence of):						1		
Box	ending r use			d	melod	ysplastic		Indom	e				1-240.	
О	e death he atter hed for u	Physician	Part II. Other significant conditions con	ntributing to death but no	ot resulting In	the underlying	ause g	ven in Part I.		23b. Dld	tobacco uss o	contributs to	the cause of death?	?
S, D	es thet the death certifi igned by the attending be detached for use as	by Phy	hepatic fo	illure, rena	1 failu	re, re	spin	tory		10	Y98 2 No	3 Prob	ebly 4 Unknow	n
Record	aw requires been s	Completed	failure, se	ailuce, cena psis				,			an autopsy med?	ava	re eutopsy findings illabia prior to npletion of cause leath?	
ď	e = e	Com		•						101	res 2 ko	1 🗆	Yes 2□ No	
Vita	ysiclan: The	Be	25. Was casa referred to medical examiner?	Hamitai.			0		of Death	(Check only o	ne)			
of Vital	this aldi	: To	1 ☐ Yes 2 No  27. Manner of Death	Hospifai: 1 ☐ Inpatient 28a. Date of Injury	2 ER/Outp	7777	JA		-	me 5 🗆 Resid		. , . ,	)	_
on	Attending or death. ector: After by the fune	tion	1 Natural 5 Pending 2 Accident investigation	(Month, Day Ye	ar) Inj	ury M	28c. Inju Wo 1 □	rk? ]Yes 2□1		200. 0000100	ion injury occ	31100		
Division	i or Attendi after death. I Director: A d in by the fi	Certification:	3 Suicida 6 Could not be 4 Homicide determined	28e. Place of Injury - building, etc. (S	At home, fam	n, streaf, factor	y, office		- 1	28f. Location (S City or Tox		n <i>ber</i> o <i>r Rural</i>	Route Number,	
	To the Hospital or Attending I within 24 hours after death.  To the Funeral Director: After completely filled in by the fune.	edicai C		relcian: To the best of my iner on the basis of example and manner stated.	mination end/									
	To the within To the comple	Ň	29b. Signature and fitte of certifler	17 11 :	)	29	c. Licen	se number			29d. Dafa sign	ned (Month, E	1	
	$\mathcal{T}_{\ell}$		- (1	vy No, u	/		JA	14 N97	05	c	)eptembe	r tont	h ninety-six	1
	10		30. Name and address of person who	Tol	(item 23a) (T	ype, Print)	102:4	-/						
	Sta	ite	31. Date filed (Month, Day, Year)	1. 102. Registraria	dignature.	V() ()	Trick							-



State of Maryland / Department of Health and Mental Hygiene

	27258	
	3. Time of Death	
5	9:47 An	r
th		

Certificate of Death 1. Decadent'a Name (First, Middle, Last) 2. Date of Death **Physician** Billie Tyson Month 4b. City, Town, or Location of Death 10, 199 /Medical 4a. Facility Name (If not institution, give street end number) 4c. County of Dea **Examiner** Union Memorial Hospital Baltimore City If Under 24 Hrs. 5. Social Security Number If Under 1 Year 9. Birthplace (State or Foreign **Funeral** 7. Age (In vrs. last birthday) 10 M 20 F Days Hours Yrs Director 10a. State 10b County 10c. City, Town or Location 28a-f show 10d. Insida City Limits the Medical Examiner must be notified Director 1 Pres 2 No 10e. Stree and Number 10f. Zip Code 10g. Citizan of What Country? ò SA American Indian, Black, White, etc. **Негля 23а** 12. Was Decadent Ever in U,S Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: Marital Status . Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Never Married 2 Married ŏ altimore. Maryland 21215-0020 1□ Yes 2 No Aq Specify: 3 ☐ Widowed 4 ☐ Divorced "natural", Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. OO NOT use retired) 16b. Kind of Business/Industry Hygiane. Elementary/Secondary (0-12) College (1-4or 5+) marked other 17. Father's Nama (First, Middle, Last) Be 1 and 2 should be Health and Mental 19a. Informant's Name/Relationship (Type, itam 27 is other of Disposition 20b. Place of Disposition 1 Burlal 2 Cremation 3 ☐Removel from State 4 Donation Other (Specify) cations that caused the death. Do not enter the mode **Physician** /Medical Imm date Couse (Final disease or condition resulting in death) (Sacks Kespiraton Examiner Physician/Medical Examiner Preumone nermo cystis I or Attending Physician: The law requires that the death certificate be executed after death.

Director: After this certificate has been signed by the attending physicien end Weeks Sequentially list conditions, if any, laading to immadiate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last P.O. Box 68760. igned by the atte Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Sepsis Records, à Be Completed paga 2 should 24a. Was an autopsy performed? 24b. Were autopsy findinga aveilable prior to completion of cause of death? 1 ☐ Yes 1 ☐ Yes 2 No Division of Vital 25. Was case referred to medical 26. Place of Death (Check only one) 1 Yes 2 No Other: 4 Nursing Home 5 Residence 8 Other (Specify) Certification: To 1 Inpatient 2 ER/Outpetient 3 DOA 27. Manner of Death Date of tnjury (Month, Day Year) 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work? Natural 5 Pending investigation 1 ☐ Yes 2 □ No 2 Accident NA No Injury (CC urred
28t. Location (Street end Number or Rural Route Number,
City or Town, State) filled in by the 6 Could not be determined 3 SuicIde 28e. Pleca of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide NA To the Hospital of within 24 hours a To the Funeral D completely filled it 12 Certifying Physicien: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated. 29a. Cartifier Medical (Check only one) 29b. Signature and title of certil 29c. License number 29d. Data signed (Month, Day, Year)

AT 243 8946

University Parkway

Deptembac

Bakkmore

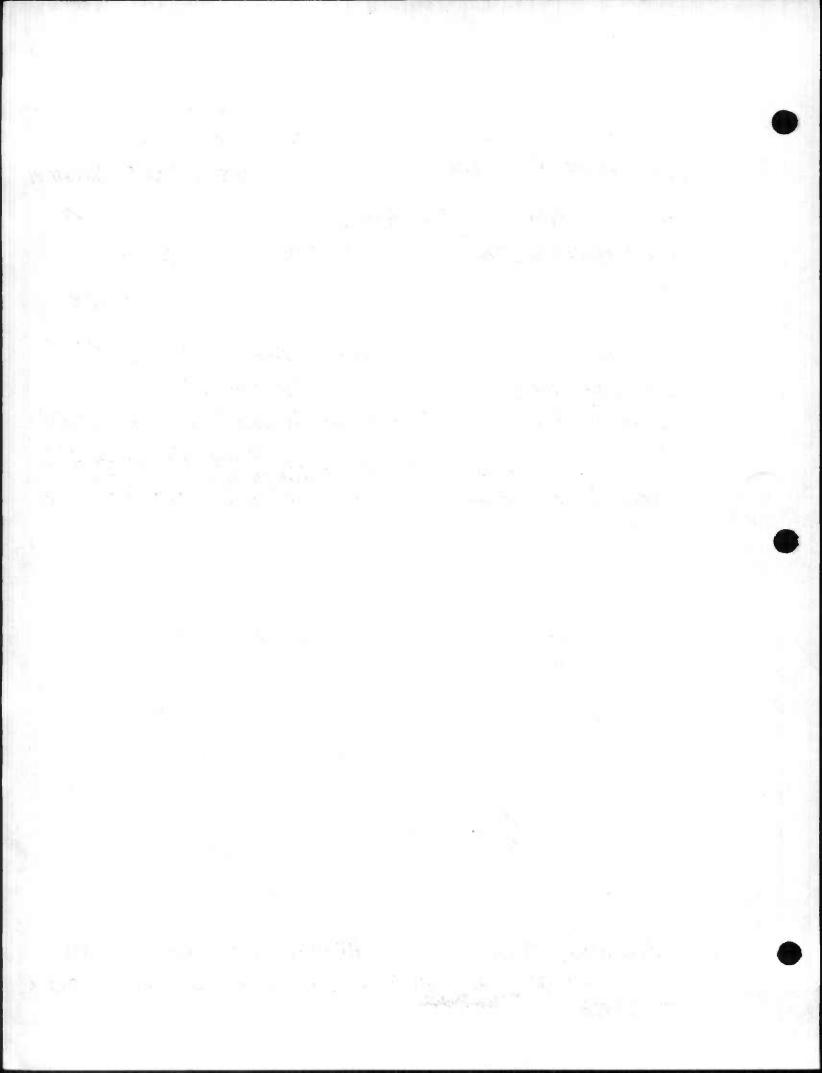
State Registrar 30. Nama and address of person who complated causa of daath (Itam 23a) (Type, Print) Fields

David

31. Date filed (Month, Day, Year) SEP 121996

201

**DHMH 16 Rev 6/95** 



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Neme (First, Middle, Last) 2. Dete of Deeth 3 Time of Death September 10 1996 aylov 1:10 AM Helen 4e. Fecility Neme (If not institution, giva street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Church Hospital Baltimore 5. Social Security Number if Under 24 Hrs. Hours Min. 7. Aga (In yrs. lest birthday) If Under 1 Year 8. Dete of Birth (Month, Dey, Year) Birthplaca (Stete or Foreign Country) 1□M 2♥F Deys 216 03 2950 89 Yrs 12 30 06 Maryland Usuel Residence of Decedant 10b. County 10c. City, Town or Location 10d. Inside City Limits Baltimore Md. Dundalk 1 Yes 2 □ No 10e. Street and Number 10f, Zip Code 10g. Citizan of What Country? 1714 Searles Road 21222 USA 12. Was Decedant Ever in U,S. Armed Forces? 13. Was Decedant of Hispenic Origin? (Specify Yas or No-if Yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. Rece - Amarican Indian, Bleck, White, etc. 11. Marital Status 1 ☐ Nevar Married 2 ☐ Married 1 Yes 2 No If Yes, Give Yaar or Detes: 1 ☐ Yes 2 No Specify: Specify: White 3 ☐Widowed 4 ☐ Divorced 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT usa retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) Collega (1-4or 5+) At Home Housework 8 17. Fathar's Nama (First, Middla, Last) 18. Mother's Neme (First, Middle, Meiden Surnama) Frank Bohmer Anna Nolte 19a. Informent's Neme/Relationship (Type, Print) 19b. Melling Addrass (Street and Number or Rural Routa Number, City or Town, State, Zip Code) Joyce S. Taylor, Daughter 1714 Searles Road Dundalk, Md. 21222 20a. Method of Disposition 20b. Piece of Disposition (Neme of cemetery, cremetory or other pieca) 20c. Location - City or Town, State 1 ☑ Buriel 2 ☐ Cremetion 3 ☐ Ramoval from Stete 4 ☐ Donetion 5 ☐ Othar (Specify) 9-12-96 Eastwood, Md. Oak Lawn Cemetery 21. Signatura of Funerel Service Licansae 22. Nama and Addrass of Fecility Charles S. Zeiler & Son Inc. 6224 Eastern Ave. Balto., Md. 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory shock, or heart failure. List only one ceuse on each line. Approximata interval Between Onset end Death tmmediete Ceuse (Finel diseese or condition resulting in deeth) 3 weeks neumonia Sequentially list conditions, if any, leading to immediate cause. Enter Undarlying Cause (Disease or Injury that initiated events resulting in deeth) Lest Due to (or as a consequenca of): Pert il. Other significant conditione contributing to death but not resulting in the undarlying causa givan in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown Cevelorovascular Accident 24b. Were autopsy findings available prior to completion of cause of desth? Congestive Heart Failure 24e. Wes en autopsy periomed? 1 Yes 2 1 No 1 🗆 Yas 2 No 25. Wes case refarred to medical examiner? 28. Place of Deeth (Check only one) Hospital: 2 No 1 Inpatient Other: 4☐ Nursing Homa 5☐ Residence 6☐ Other (Specify) 1 Yas 2 ER/Outpetient 3 DOA 27. Manner of Death 28a. Date of Injury (Month, Dey Year) 28c. Injury at Work? 28d. Describe how injury occurred 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 6 Could not be datarmined 3 ☐ Suicide 28e. Piece of Injury - At homa, farm, street, factory, office building, etc. (Specify) 4 Homicide 29e. Certifier 1<mark>ビ Certifying Physician:</mark> To the best of *m*y knowledga, daeth occurred at tha tima, data and plece, and due to tha causa(s) and manner as ststed. (Check only one) 2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner steted. 29b. Signeture end title of cartifier 29d. Date signed (Month, Day, Year) D41365 September 10, 1996 rile to M.D. 30. Nema and addrass of person who completed cause of death (Item 23a) (Type, Print) 100 North Broadway 21231 Wicks reovae E.

State

this funeral

Ne Hospital or Attending Ph n 24 hours after deeth. Ne Funeral Director: After th

To the F within 2

**Physician** 

/Medical

Examiner

Director

Funeral

by

Completed

**Funeral** 

Director

item 27 is marked other than "natural", or items 23s or 28s-f show other traumatic avent, the Medical Examiner must be notified at

permit. Pages 1 and 2 should be filed within 72 hours after c Department of Heelth and Mentel Hygiene. Important: If Item 27 is marked other than "natural", or Ner any injury or other traumetic avent, the Mexical Examina-

**Physician** /Medical

Examiner

physician and the buriel-transit

Box 68760.

P.O.

Division of Vital Records,

Examiner

Physician/Medical

Completed

Certification:

31. Dete filed (Month, Dey, Year)

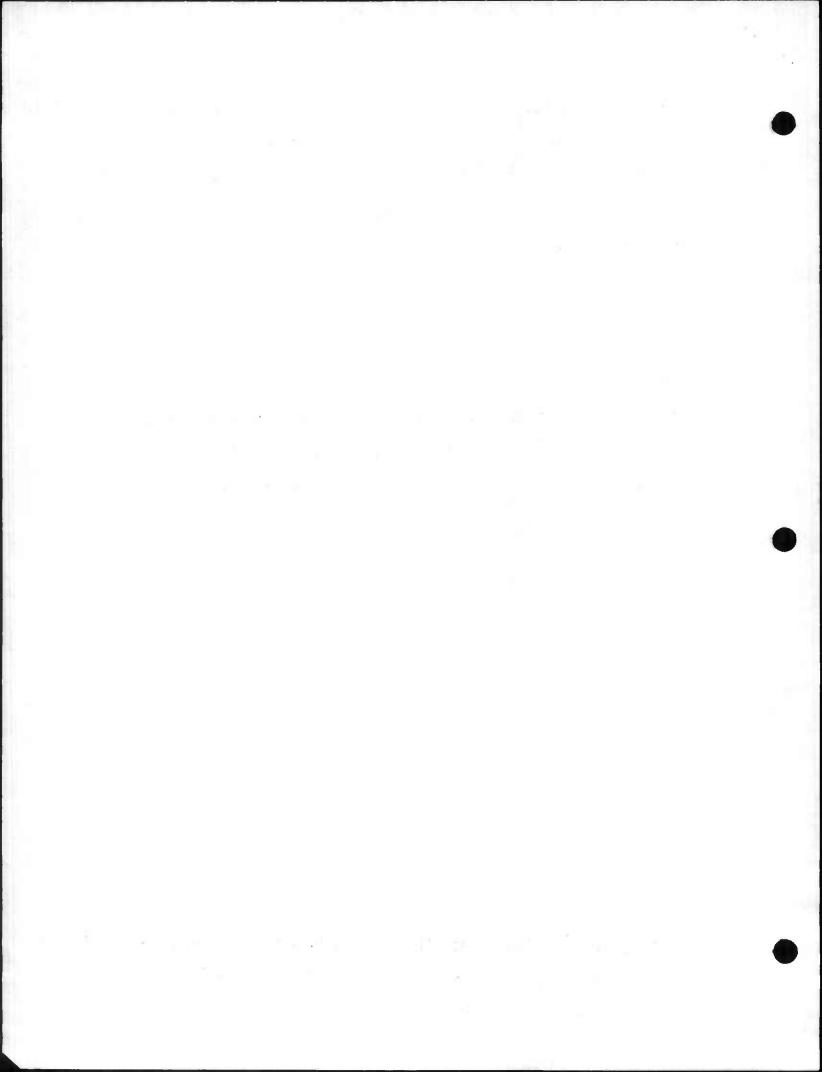
1 2 1996

Baltimore, Maryland 21215-0020

death with the Menyland

**DHMH 16 Rav 6/95** 

Registrar



27260 State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3. Time of Death Month SEPT 10 1996 4a. Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Maryland P timore 6. Sex Age (In vrs. lest birthday) 8. Date of Birth (Month, Day, Year) 4-28-24 9. Birthplace (State or Foreign Country) WashingtoRÇ 1√2 M 2□ F Days 72 10c. City, Town or Location 10d. Inside City Limits Baltimore Rosedale 1 Yes 2 No 10f. Zip Code 10g. Citizen of What Country? 1515 Chapel Hill Dr. 21237 USA 12. Wes Decedent Ever in U,S. Armed Forces? Race - American Indian, Black, White, etc. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 1 Yes 2 □ No If Yes, Give 1 Never Married 2 Married 1 ☐ Yes 2 № No Specify: Specify: white Yeer or Dates: 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16h Kind of Business/Industry College (1-4or 5+) 2 Comptroller Construction Co. 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumame) Raymond J. Turner Naomi R. Delauter 19a. Informant's Name/Relationship (Type, Print)

Nerre 23a or 28a-f show must be Pages 1 and 2 should be filed within 72 hours after nent of Health and Mantal Hygiens. b hore, Maryland 21215-0020 Be Completed by OL

**Physician** 

/Medical

Examiner

**Funeral** 

**Director** 

SAymond

niversit

5. Social Security Number

10e. Street and Number

10a. State

Director

Funeral

McI

11. Marital Status

217-18-2001

Usuel Residence of Decedent

3 Widowed 4 Divorced

Elementary/Secondary (0-12)

12

10b. County

30. Nema and address of person who completed ceuse of deeth (Item 23a) (Type, Print)

32 Registrar's Signature

BRIGEI

**Physician** /Medical Examiner

To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours state death.

To the Funeral Director: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 2 should be deteched for use as the buriar-transit Division of Vital Records, P.O. Box 68760,

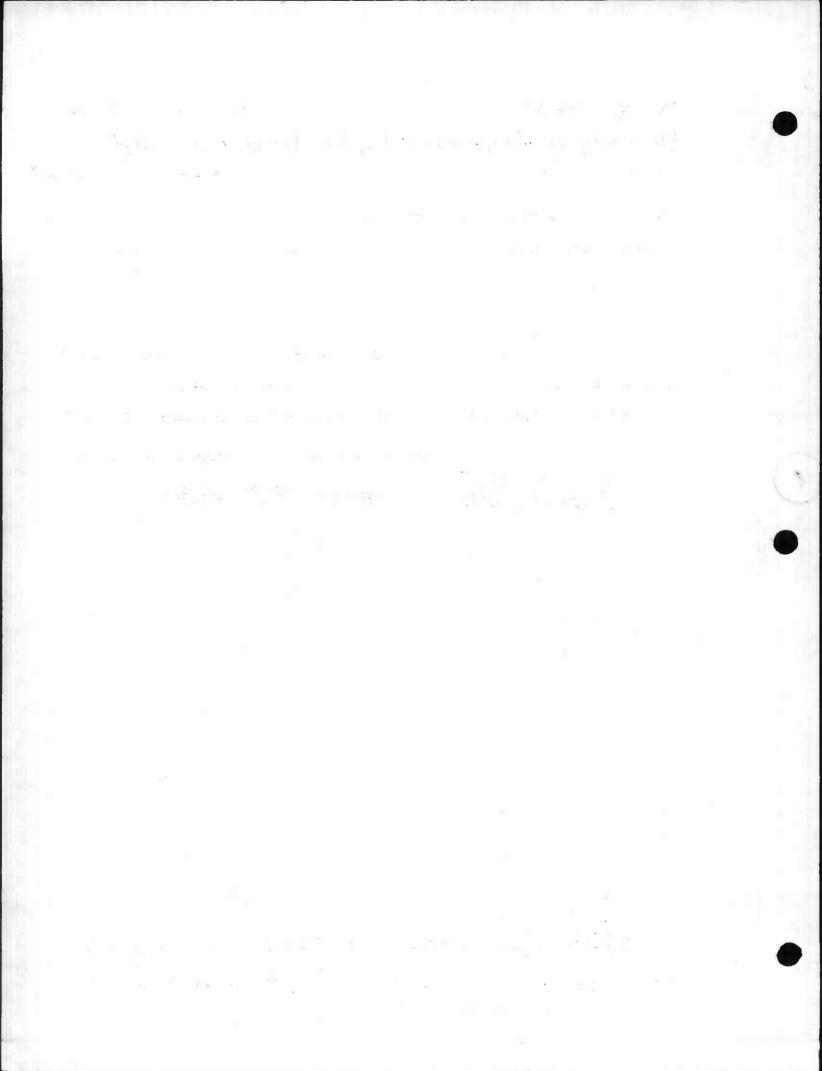
19a. Informant's Name/Relationship (T) Marianna H. Tu		19b. Meiling Addr 1515	ess (Street end Number or F 5 Chapel Hill	Rural Route Number, City or Town, S Dr. Baltimore, N	State, Zip Code) MD 21237
20a. Method of Disposition  1 XBurlal 2 Cremation 3 F 4 Donation 5 Other (Specify)		Place of Disposition (I emetery, crematory of Gardens of	or other place)	Date 20c. Location - C 9-13,1996 Baltimo	Olty or Town, State
21. Signature of Furnarial Service License	2 P.II		and Address of Facility /ach/Rosedale 11 Chesaco Av	Funeral Home e. Baltimore, MD	21237
23a. Part1. Enter the disease, or compl shock, or heart failure. List only or	cation that ceused the reatine cause on each line.	h. Do not enter the n	ode of dying, such as cerdi	ac or respiratory arrest,	Approximate Interval Between Onset and Deeth
immediate Cause (Final disease or condition resulting In death)	Myocardia	Linfard	rion		12 hrs.
	Abdomina	AORTIC	ANEURYSN	0	2 yrs.
Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury	EXSANQUIA	rese consequence	of):		7 hrs.
that initiated events resulting in death) Lest	Đđe to (o	r as a consequence of	f):		
Part II. Other significant conditions con	tributing to death but not resi	ulting in the underlyin	g ceuse given in Part I.		ributs to the causs of death
				24a. Was an eutopsy performed?	24b. Were autopsy findings available prior to completion of ceuse of death?
				1 ☐ Yes 2 No	1 Yes 2 No
25. Was cese referred to medicel examiner?  1 ■ Yes 2 □ No	ospital:		Other	eath (Check only one)	
27. Manner of Death  1 Natural 5 Pending 2 Accident Investigation	28a. Dete of Injury (Month, Dey Year)	28b. Time of Injury M	28c. Injury at Work? 1 Yes 2 No	Home 5 Residence 6 Other 28d. Describe how Injury occurred	
3 ☐ Suicide 6 ☐ Could not be determined	28e. Place of Injury - At he building, etc. (Specify	me, farm, street, fact	ory, office	28f. Location (Street and Number City or Town, State)	r or Rural Route Number,
29a. Certifier (Check only one) 1 Certifying Phys 2 Medical Examir	ician: To the best of my knowner: On the basis of examinet and manner stated.	wledge, death occurre ion and/or Investigati	ed at the time, date and place on, in my opinion, deeth occ	ee, and due to the cause(s) end mani curred at the time, date and plece, an	ner as stated. nd due to the cause(s)
29b. Signature and Me of confiler	Renge	7 - 1	PAGT & &	29d. Date signed	(Month, Day, Year)

S. GREENE

BAltimore, MO 21224

State Registrar Adom

31. Date filed (Month, Day, Year)

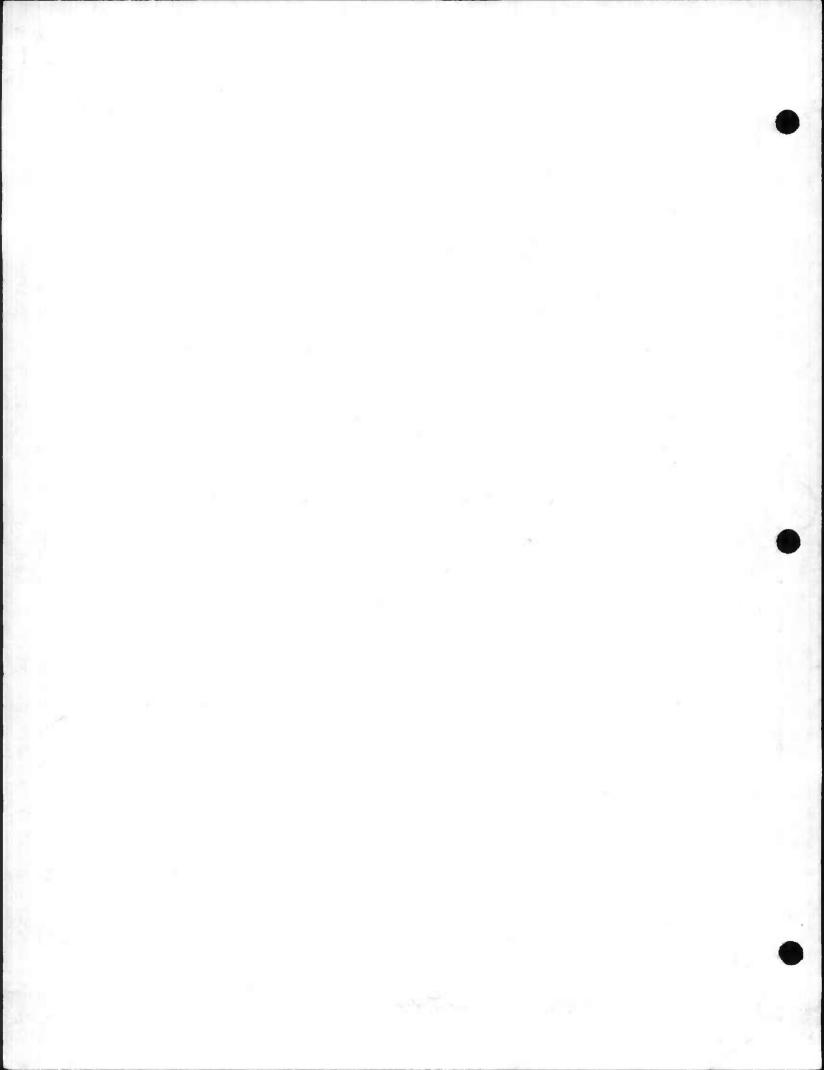


State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

96 27261

	_			Ce.	runcate of t	Deam		Reg. No.	
Physi	cian	1. Dacedent's Neme (First, Middle, I	HORPE				2. Data of De Month	Day	3. Time of Deeth
/Med		4e. Fecility Neme (If not institution, g			1.7	4b. Çity, Town, or Lo	Septem		1996 00:35 AM
Exam	iner	()	emorial +	lospital		Roll	0.00	110	A
Funera	1		Şax 7. Age	(In yrs. lest birthday)	If Under 1 Yaer	If Under 24 Hrs.	8. Date of Bi	rth	9. Birthplece (Stete or Foreig
Directo	_	241-01-0984	M 2DF	\$3 Yrs.	Months Days	Hours Min.	8. Date of Bi (Month, Di	3,1913	Country). C.
and		Usuel Residence of Decedent  10e. State 10b. County		10c. City, Town or Lo	ocation				10d. Inside City Limits
Manyl 4 sho	ō	md N	14	Ba	Ito				1 X Yes 2 □ No
1 the	rec	10e. Street and Number			10f. Zip Coda			10g. Citizen of \	Whet Country?
th with the Marylar 23a or 28a-f show	a D	2700 Winch	ester	St.	212	16		U.	S.A
items in the man	Funeral Director	11. Marital Stetus	12. Was Decedent Ex Armad Forces?	var in U,S. 13.	Wes Dacedant of H	lispenic Orlgin? (Spe an, Mexican, Puerto I	cify Yes or No	)- 14. Rad	e - Amarican Indien, ck, White, etc.
be filed within 72 hours after death with the Maryland ital Hygiene. Id other than "natural", or items 23a or 28a-f show event, its Medical Examiner must be notified as	þ	1 Never Merried 3 Widowed 4 Divorced			1□ Yes 217No	Specify:	, , , , ,	Specify	
d within 72 hours af giene. Ir than "natural", or gre Wedical Exam	etec	15. Decedent's (Specify only highest g	Educetion rade completed)	16e. Deced (Give	dent's Usuel Occup kind of work done	etion during most of workin d)	ng	16b. Kind of B	usiness/Industry
filed withir Hygiene. ther than	Completed	Elementary/Secondery (0-12)	College (1-4or 5+	) Se	21 f - Em	pluyed		Car U	vash
should be filed within Mental Hygiene. marked other than imatic event, the M	Be	17. Fether's Neme (First, Middle, Las	st)			18. Mother's Neme	(First, Middle	, Maiden Surnam	10)
2 should be and Mental is marked o	ToB	mat Thon	ne			Laura	T	nomor	
2 should and Mer Is marks	ľ	19a, Informent's Neme/Reletionship	(Type, Print)	19b. Meilir	ng Address (Street,	and Number or Rure	Route Numb	er, City or Town,	
D = 22			horpe- Wi	0		chester	51.	Bulto	
Pages 1 and		20e. Method of Disposition  128urlal 2 Cremation 3	☐ Removel from State		netory or other plea	(a)	Dete	Λ	City or Town, State
		4 ☐ Donation 5 ☐ Other (Special Signature of Funeral Service Lice		Mood	awn Ce		1196	Wood	lawn, mal
permit. Departr Importu any Inj		21. Signative of Political Solvice Lib	0001	$\gamma$	Neme end Addres	C. H-Wes			
		23e. Pert1. Enter the disease, or co	molications that caused to	he death. Do not ent	4360 er the mode of dvin	Wabas l		ve Irraet	Approximete
Physician		23e. Pert1. Enter the disease, or conshock, or heart failure. List only	y one ceuse on eech lina						Intervel Between Onsat and Deeth
/Medica		Immediate Ceuse (Final disease or condition	Sepsi	S					18 hours
Examine		resulting in deeth)	9.	ue to (or es e consec	juence of):				
bed lsit	nlne		6 Kneuma	nia					18 hours
axacu n and al-tra	Examiner	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Undarlying Cause (Disease or injury	D	ue to (or es e conseq	uence of):				
ysicia ysicia		triet initieted events	C	ue to (or as a conseq	uence of):				
requires that the death certificate be assecuted seen signed by the attending physician and hould be detached for use as the bunal-transit	n/Medicai	resulting in deeth) Lest	d						
that the death	sicla	Pert II. Other significant conditions	contributing to death but	not rasulting in the u	nderiving causa give	an in Pert I.	23b. Did	tobacco uee co	ntribute to the cause of death
at tha I by th	Physicia	Renal Failu			,,,			11	3 Probably 4 Unknow
es tha	þ			<u> </u>					
v require been si should I	Completed	Diabetic D	ecompens	ation			24e. Wes	an autopsy ormed?	24b. Wera eutopsy findings available prior to completion of cause
has has	mpl	Dehydratio							of deeth?
			n				10		1 Yes 2 No
	To Be	25. Wes cese referred to medical exeminer?  1 ☐ Yas 2 ▼ No	Hospital: 1 Inpatient	2 ER/Outpatien	t 3 DOA Othe	28. Plece of Deeth er: 4 ☐ Nursing Hon			or (Chapital
g Physia lar this		27. Menner of Deeth	28e. Dete of Injury (Month, Dey )		28c. Injury Work			how injury occur	
endin eath. or: Aff	atic	1 Neturel 5 Pending Investigation	on	injury		Yes 2 □ No			
frer differ din by	Certification:	3 Suicide 6 Could not determined	28e. Plece of Injury building, etc.	/ - At home, ferm, stre (Specify)	eet, fectory, office	2	8f. Location ( City or To		er or Rural Route Number,
To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After th Completaly filled in by the funeral		29a. Certifier 1 Certifying P	hydiology To the heat of	mu kanuladan dantt	a a a summer of the Africa Africa		- 4 4 - 4 - 4 - 4		
Hos 124 h Fun letaly	edical	(Check only 2 Medical Exe	hysician: To the best of a miner: On the basis of ea end menner stete	xeminetion end/or inv	estigation, in my op	pinion, deeth occurre	d et the time,	date end plece,	end due to the ceuse(s)
withir To th	X	29b. Signeture end title of certifier			29c. License				d (Month, Dey, Year)
11		Maus O	nuchie, t	10	AT	2438941	0	September	211,1996
H		30. Neme end address of person who	,		Print)	. +	0	01.	
			ONUCHIC	- 201	tast U	niversity	1 rark	way	
	ate	31. Dete filed (Ment), Day, Zear)	32. Registrer	Signet Sande					
Regis		SEP 12199	gring David	lan-fandell					



0.0		
Certificate of Death Reg. No.		
e of Maryland / Department of Health and Mental Hygien	e 96	27262

State Registrar

1. Decedant's Nema (First, Middle, Last) 2. Data of Death 3. Tima of Death Physician Month Day Vear 2030 Am Helen Louise Talbott Sept. 10 1996 /Medical 4e. Facility Nema (If not institution, giva street and number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** Speciality Hospital City Balto. NIA Deaton + Home | H Under 1 Yeer | If Under 24 Hrs. | 8. Dete of Birth | Months | Days | Hours | Min. | Month, Day, Year) | OCT 10, 1910 5. Sociei Security Number 6. Sax 7. Aga (In yrs. last birthdey) 9. Birthplece (State or Foreign Country) **Funeral** 1□M 2XF 203-10-7326 85 Yrs Director Usual Rasidence of Dacedant the Maryland 10a Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Madical Examiner must be notified at Baltimore MD 1 Yes 2 No Director 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? Havaver Street 1740 USA Funeral 12. Wes Decedent Evar in U,S. Armed Forces? 1 □ Yas 2√2 No If Yas, Give Year or Datas: Was Decedent of Hispenic Origin? (Specify Yes or No-if Yas, specify Cuban, Mexican, Puarto Rican, atc.) 14. Raca - American Indian, Biack, White, etc. permit. Peges 1 and 2 should be fited within 72 hours after c.
Department of Heelth and Mental Hyglene.
Important: If them 27 is marked other than "natural", or Item
any Injury or other traumatic avant 1 Navar Married 2 Married Baltimore, Maryland 21215-0020 Specify: White 1 ☐ Yas 2 No Specify: p 3√ Widowed 4 □ Divorced Completed 16a. Decedant's Usual Occupation (Give kind of work done during most of working lifa. DO NOT usa retired) 15. Dacadant's Education (Specify only highest grada complated) 16b. Kind of Businass/Industry Coilega (1-4or 5+) Elementary/Secondary (0-12) Own Home GRADE Homemaker 17. Fether's Neme (First, Middla, Last) 18. Mothar's Nama (First, Middle, Meiden Sumame) Be Robert Forny MAKNOWN 19a. Informant's Name/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Routa Number, City or Town, Steta, Zip Code) 20b. Placa of Disposition (Nama of comatary, cromatory of other place)

Cedar Hill (emetery Sept. 13 1994 Baltimore)

22. Name and Address of Facility

Anarles L. Stevens Fuveral Hame, Inc.

Approximate Interval Balty

Approximate Interval Balty

Onset and De Iteley V. Hicks Daughter 20a. Mathod of Disposition Buriei 2 Cremetion 3 Ramoval from Stata 4 ☐ Donetion 5 ☐ Other (Specify) 23e. Pert1. Entar tha disaase, or complications that causa the daeth. Do not anter the mode of dying, such as cardiac or respiratory errest shock, or heer failure. List only one cause on each line. Approximata Interval Batween Onset and Death **Physician** PNEUMONIA /Medical Immediate Causa (Final Z DAYS diseesa or condition rasulting in daath) Examiner PALKINSON'S Examiner physician and the buriel-transit Sequentially tist conditions, if any, leading to immadiata cause. Entar Underlying Causa (Diseasa or injury that initiated events resulting in deeth) Last Division of Vital Records, P.O. Box 68760, The law requires that the death certificate be Physician/Medical Dua to (or as a consequanca of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by t 1 ☐ Yes 2 No 3 ☐ Probably 4 ☐ Unknown DIABETES MELLITUS, DEMENTIA þ 24b. Wara sutopsy findings available prior to Completed 24a. Wes an autopsy performed? completion of cause of death? 1 Yas 2 No 1 ☐ Yas 2 ☐ No certificate or Attending Physician: Be 25. Wes casa raferred to medical axaminar? 26. Placa of Death (Check only ona) 1 ☐ Yas 2 ☐ No 27. Mannar of Death Hospitai: Othar: 4☐ Nursing Home 5☐ Residence 6 ☐ Othar (Specify) Certification: To 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 28a. Data of Injury (Month, Day Year) 28b. Tima of Injury 28d. Describe how injury occurred 28c. Injury at Work? After 1 Netural 2 Accidant 5 Panding 1 ☐ Yas 2 ☐ No efter death. invastigation Director: 6 Could not be determined 3 Suicida 281. Location (Street and Number or Rural Route Number, City or Town, Stata) 28a. Placa of Injury - At home, ferm, streat, factory, office building, atc. (Specify) 4 Homleida To the Hospital or within 24 hours aft To the Funeral Di completely filled in Certifying Physictan: To tha best of my knowledge, deeth occurred at tha tima, date and plece, and due to the ceuse(s) end manner as stated.

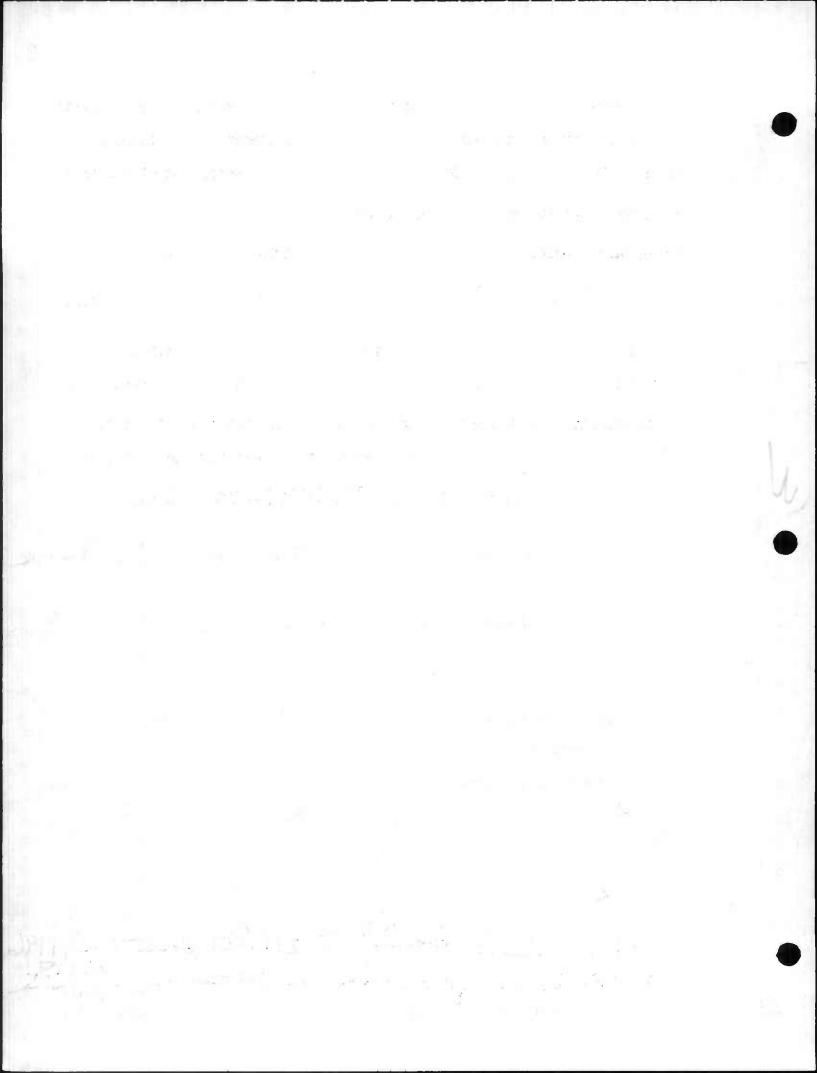
Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier Medical 29b. Signature and title of certifier llace und 29c. Licansa number 29d. Data signed (Month, Dey, Year) 731136 SEPT 11,1996 30. Nama and addrass of person who completed causa of death (Itam 23a) (Type, Print) 1/32. Registrar's Signatura CHARLES ST., BALTIMORE, MD 31. Data filad (Month, Day, Year)

Tavidson Randoll

**DHMH 16 Rav 6/95** 

E e e d'esp " x. K\* 

		<ol> <li>Decedent's Name (First, Middle, L</li> </ol>	.ast)					2. Date of De			<ol><li>Time of De</li></ol>
sician edical	_	HELEN		W	EISBERG			SEPT.	8, 199	6 1	2:54pn
miner	_	4a. Facility Name (If not institution, g	ive street and number	)			4b. City, Town, or	Location of Deeth	4c. County	of Death	
		JEWISH CONV					BALTI		BALT	IMORE	
rai or			Sex 7. A 1 M 2 F 88	ge (In yrs. last bi	Yrs. If Und Month	der 1 Year hs Days			16,1907	9. Birthplac Country MARYL	e (State or Fi
tor		10a. State 10b. County	TIMORE		vn <i>o</i> r Location <b>ALTIMO</b> R	E				10d.	Inside City L
al Director		10e. Street and Number 2704—C JENNER DR	IVE		10f. 2	Zip Code	21209		10g. Citlzen of V USA	What Country	?
by Funeral Director	2	11. Marital Stetus  1 Never Married 2 Married  3 Widowed 4 Divarced	12. Was Decedent Armed Forces 1 Tyes 22 if Yes, Give Year or Dates:	?		cedent of lipecify Cub	Hispanic Origin? (Specify:	Specify Yes or No to Rican, etc.)	14. Rac Blee Specify	ce - American ck, White, etc	
ted	2	15. Decedent's E		16a	Decedent's Us	sual Occu	pation during most of wo	rkina	16b. Kind of B	usiness/Indus	itry
Сомріете		Elementary/Secondary (0-12)	College (1-4or	5+)	GROCER	Tuse retire	ed)	iving	FOOD	S	
Be		17. Fether's Name (First, Middle, Las					18. Mother's Na	me (First, Middle,		-/	-21
2	0	JOSEPH	PC	ILEY				IDA	H	IMMELF	ARB
		19a. Informent's Neme/Relationship	(Type, Print)	198	o. Meiling Addre	ess (Stree	t end Number or R	ural Route Numbe	er, City or Town,	, Stete, Zip Co	ode)
		MR. SAMUEL WEISB	ERG (HUSBA		2704-C		VER DRIVE				2 700
	12	20a. Method of Disposition 1  Burial 2  □ Cremetion 3	Removal from Stete	camete	ny, crematory o	or other pla	,	Date	20c. Location -		
	L	4 Donation 5 Other (Special	-0	H	EBREW YO	OUNG	MENS - 9	-10-1996	- BALTI	MORE, M	D
BGB	1	21. Signeture of Funeral Service Lice	ensee				ess of Fecility	C Dunce	Two		
a		Illensue	Hur	MARIA		20T T	evinson	& Bros.,	Tuc.		
				10001	8900 1	Reist	erstown	Road Pik	esville	, MD 2	1208
in al er		23a. Pert1. Enter the diseese, or con shock, or heert feilure. List only Immediate Cause (Final disease or condition resulting in death)	mplicetions thet cause y one cause on each i	d the deeth. Do ine.	8900 I	Reist	Levinson Lerstown Ing, such es cardie	Road Pik	esville rest,	Ar	oproximate terval Betwee
Examiner		Immediate Cause (Final disease or condition resulting in death)	mplications that cause y one cause on each i	d the deeth. Do	not enter the m	node of dyl	cerstown Ing, such es cardie	Road Pik	esville rest,	Ar	oproximate terval Between
Medical Examiner		Immediate Cause (Final disease or condition	a. C. S.	Due to (or as a	consequence of	of):	cerstown Ing, such es cardie	Road Pik	esville rest,	Ar	oproximate terval Betwee
Medical Examiner		Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	a 6-8	Due to (or as a	consequence of	orde of dyl	Ing, such es cardie	c or respiretory el	rest,	Ario	oproximate lerval Betwee nset and Dea
Physician/Medical Examiner	F	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	a. Co-S	Due to (or as a	consequence of	orde of dyl	Ing, such es cardie	c or respiretory el	obacco usa con	Ar Ini	oproximate lerval Between set and Dea
by Physician/Medical Examiner	F	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	a. Co-S	Due to (or as a Due to (or as a c	consequence of	orde of dyl	Ing, such es cardie	23b. Did 1	obacco use con	ntribute to the 3 Probab	e cause of day 4 Unit
by Physician/Medical Examiner	F	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	a. Co-S	Due to (or as a Due to (or as a c	consequence of	orde of dyl	Ing, such es cardie	23b. Did 1	obacco use cor ves 2 No an autopsy med?	ntribute to th 3 Probab  24b. Were availate comparity	e cause of delivery find belop for the leaves of delivery find bloom autopsy find bloom for the leaves of cause of delivery find bloom for the leaves of the
Completed by Physician/Medical Examiner	F	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last  Part II. Other significant conditions of the conditions of the cause of the cause (Disease or injury that initiated events resulting in death) Last	a 6-8	Due to (or as a Due to (or as a c	consequence of	orde of dyl	ven in Part I.	23b. Did 1 1 24e. Was	obacco use cover 2 No an autopsymed?	ntribute to the 3 Probab	e cause of country find bloop right of cause of ca
Be Completed by Physician/Medical Examiner	F	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	a. Co-S	Due to (or as a Due to (or as a country of the coun	consequence of consequence of n the underlying	g cause gi	ven in Part I.  26. Place of De	23b. Did 1 1 24e. Was perfo	obacco use codes 2 No an autopsymed? (es 2 No	ntribute to the 3 Probab  24b. Were availa comple of dea	e cause of country find bloop right of cause of ca
To Be Completed by Physician/Medical Examiner	F	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last  Part II. Other significant conditions or cause. Enter the conditions of the cause o	a Contributing to death be contributing to death be contributing to death be contributing to death be contributing to death be contributing to death be contributing to death be contributed as the contribution of the contributi	Due to (or as a country of the country).	consequence of consequence of n the underlying	g cause gi	ven in Part I.  26. Place of Deher:	23b. Did to 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	obacco use codes 2 No an autopsymed? (es 2 No	ntribute to the 3 Probab  24b. Were availar compared to dee 1 Years (Specify)	e cause of dible prior to letton of causth?
Be Completed by Physician/Medical Examiner	F	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last  Part II. Other significant conditions of the conditions of the cause o	a Contributing to death be contributing to death be contributing to death be contributing to death be contributing to death be contributing to death be contributing to death be contributed as the contribution of the contributi	Due to (or as a country of the country).	consequence of consequence of the underlying of	DOA Ottl	ven in Part I.  26. Place of Deher: 40 Nursing I	23b. Did 1 1 24e. Was perfo	obacco use cod  /es 2 No an autopsy med?  /es 2 No ne) lenca 6 □Oth low injury occuri	ntribute to the 3 Probab  24b. Were availate comploif dea 1 Yourset (Specify) red	e cause of d autopsy findi ble prior to eletion of caus th?
To Be Completed by Physician/Medical Examiner	F 2	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last  Part II. Other significant conditions or cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last  Part II. Other significant conditions or cause in the cause of	a Contributing to death be contributing to death be contributing to death be contributing to death be contributing to death be contributing to death be contributing to death be contributed as the contribution of the contributi	Due to (or as a continuo de la continuo del continuo de la continuo de la continuo del continuo de la continuo del continuo del continuo de la continuo de la continuo del continuo	consequence of consequence of consequence of consequence of the conseq	DOA Other Door, office ad at the thi	ven in Part I.  26. Place of Deher: A Nursing Hark? I Yes 2 \( \subseteq \) No	23b. Did 1 1 24e. Was perfo  1 1 1 24e. Was perfo 24d. Describe 1 28f. Location (Scrity or Town	obacco use coordes 2 No an autopsy med?  res 2 No ne) lenca 6 □ Oth low injury occurr  threat and Numb resuse(s) end ma	ntribute to the 3 Probab  24b. Were availa comploidee 1 Your (Specify) anner as state	e cause of delicion of cause the prior to letion of cause of the prior to letion of cause the prior to
Certification: To Be Completed by Physician/Medical Examiner	F 2	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underfyliale cause (Disease or injury that initiated events resulting in death) Last  Part II. Other significant conditions or cause. Enter Underfyliale cause. Enter U	d contributing to death be contributing to death be contributing to death be contributing to death be contributed by the contribution of the contr	Due to (or as a continuo de la continuo del continuo de la continuo de la continuo del continuo de la continuo del continuo del continuo de la continuo de la continuo del continuo	consequence of conseq	DOA Other Door, office ad at the thi	ven in Part I.  26. Place of Deher: All Nursing In Investigation (North Part I) (	23b. Did 1 1 24e. Was perfo  ath (Check only of the S and the S an	obacco use coordes 2 No an autopsy med?  res 2 No ne) lenca 6 □ Oth low injury occurr  threat and Numb resuse(s) end ma	antribute to the state and due to the	e cause of d  autopsy findible prior to eletion of cause th?  es a No
edical Certification: To Be Completed by Physician/Medical Examiner	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underfluid Cause (Disease or injury that initiated events resulting in death) Last  Part II. Other significant conditions or cause. Enter Underfluid events resulting in death) Last  Part II. Other significant conditions or cause. Enter Underfluid events resulting in death) Last  Part II. Other significant conditions or cause. Enter Underfluid events resulting in death)  Part II. Other significant conditions or cause in the cause of cause of cause of cause or cause of cause	a. Contributing to death be contributing to death be contributing to death be contributed by the contribution of the contribut	Due to (or as a continuous put not resulting la continuous put	consequence of conseq	DOA Otto	ven in Part I.  26. Place of Deher: All Nursing In Investigation (North Part I) (	23b. Did 1 1 24e. Was perfo  ath (Check only of the S and the S an	obsecco use converse and Number of State and Number of State of the state and piece, it	antribute to the state and due to the	e cause of d  autopsy findible prior to eletion of cause th?  es a No



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** Month **MARTHA** VTRGTNTA WELLER September 5, 1996 12:07 pm /Medical 4b. City, Town, or Location of Death 4a. Fecility Neme (If not institution, give street end number) 4c. County of Death Examiner Frederick Memorial Hospital Frederick Frederick 8. Dete of Birth (Month, Day, Year)
Jan. 19, 1948

9. Birthplece (State or Foreign Country)
Winchester, Va. 7. Age (In yrs. last birthday) If Under 1 Year If Under 24 Hrs. 5. Social Securify Number **Funeral** Days Hours 1□M 2♥F 230-60-6356 48 Yrs. Director Usual Residence of Decedent the Maryland 10e State 10h County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23a or 28a-f ahow traumstic event, the Maxical Examinar must be notified at 1 Yes 2 No Director Frederick Brunswick Md. 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 21716 203 N. Dayton Ave. USA Funeral 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Bleck, Whita, etc. 72 hours efter 1 Yes 2 No If Yes, Give Yeer or Detes: 1 ☐ Never Merried 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: Specify: White þ 3 ☐ Widowed 4 Divorced Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT usa ratired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry should be filed within 7: ind Mentel Hygiene. Elementery/Secondery (0-12) College (1-4or 5+) Homemaker Home 8th 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be Pages 1 and 2 should be from all Health and Mentel Page 11 town 27 is marked of Julian Campbell Helen Headley Campbell 19e. Informent's Neme/Ralationship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 203 N. Dayton Ave., Brunswick, Md. Marsha Weller permit. Pro-20b. Pleca of Disposition (Name of cametery, cremetory or other piece) 20c. Location - City or Town, Stete 20a. Method of Disposition X Buriel 2 ☐ Cremetion 3 ☐ Removel from State 9/9/96 Green Hill Cemetery 4 ☐ Donetion 5 ☐ Other (Specify) Martinsburg, W.V. 22. Name and Address of Facility

Jefferson Chapel Funeral Home 21. Signeture of Funeral Service Licansee over P.O. Box 838, Charles Town, W.V. 25414 23a. Pert1. Entar the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory errest, shock, or heert feilure. List only one ceuse on each line. Approximate Interval Between Onset and Deeth Physician /Medical tmmedieta Causa (Finel disease or condition resulting in deeth) Respiratory Failure 1 day Examiner

bunial-transit

80

Physician/Medical

þ

Completed

Be

Certification:

edical

physician s the burial

ding

atten 0

signed by the a

peen

this funeral

After

To the Hospital or Attending within 24 hours after death.

To the Funeral Director: After completely filled in by the function.

page 2 has certificate

detached

Box 68760.

P.O. 1

Records.

Division of Vital Attending Physician: pue

Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated evants resulting in death) Last

Dua to (or es a consequence of): Intracranial Bleed

Due to (or es a consequança of):

Fall

Due to (or es e consequence of):

Alcohol

Pert II. Other significant conditions contributing to death but not resulting in the underlying cause givan in Part I.

23b. Did tobacco use contribute to the cause of death? 1 Yes 2XNo 3 Probably 4 Unknown

24e. Was an autopsy performed?

24b. Were autopsy findings available prior to completion of cause of death?

1 day

1 day

Years

1 ☐ Yes 2 ☐No

1 ☐ Yes 2 ☐ No

25. Was case referred to medical 1 Yes 2 No

5 Pending

Investigation

Hospitel: 1X Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Date of Injury (Month. Dev Year) Sep 4,1996

28b. Time of ±2:00p M

Other: 4 Nursing Home 5 Residence 8 Other (Specify) 28c. Injury at Work? 1 ☐ Yes 2 ☐No

28d. Describe how injury occurred patient fell

28f. Location (Straet end Number or Rural Route Number, City or Town State)

28e. Piece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 3 Suicide 8 Could not be determined 4 D Homicide At home

203 North Dayton Avenue

29e. Certiflar (Check only one)

27. Mannar of Deeth

1 Natural

2 X Accident

Drunswick Maryland

| Certifying Physician: To the best of my knowledge, deeth occurred at the time, data end piece, and due to the cause(s) and mennar as steted.

| Certifying Physician: To the basts of examinetion and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and mennar stated.

28. Place of Death (Check only one)

29b. Signeture and title of certifier oberts

29c. License number D09867

29d. Date signed (Month, Dey, Year) September 6, 1996

end eddress of person who completed causa of death (Itam 23a) (Type, Print)

Robert R.R. Roberts, MD., 7501-B McKaig Road, Frederick, Maryland 21701-3319 SEP 1 2 1996 Registrar's Signature

State Registrar

Find Constitute (V. told Straighter)

Finderials Arragaics

Find Constitute (Ve. 1997)

Finderials Arragaics

Finderials (Ve. 1997)

Finderials (Ve. 1997)

Finderial (Ve. 1997)

Finderial (Ve. 1997)

Finderial (Ve. 1997)

Finderial (Ve. 1997)

Finderial (Ve. 1997)

Finderial (Ve. 1997)

Finderial (Ve. 1997)

Finderial (Ve. 1997)

Finderial (Ve. 1997)

Finderial (Ve. 1997)

Finderial (Ve. 1997)

Finderial (Ve. 1997)

Finderial (Ve. 1997)

Finderial (Ve. 1997)

Finderial (Ve. 1997)

Finderial (Ve. 1997)

Finderial (Ve. 1997)

Finderial (Ve. 1997)

Finderial (Ve. 1997)

Finderial (Ve. 1997)

Finderial (Ve. 1997)

Finderial (Ve. 1997)

Finderial (Ve. 1997)

Finderial (Ve. 1997)

Finderial (Ve. 1997)

Finderial (Ve. 1997)

Finderial (Ve. 1997)

Finderial (Ve. 1997)

Finderial (Ve. 1997)

Finderial (Ve. 1997)

Finderial (Ve. 1997)

Finderial (Ve. 1997)

Finderial (Ve. 1997)

Finderial (Ve. 1997)

Finderial (Ve. 1997)

Finderial (Ve. 1997)

Finderial (Ve. 1997)

Finderial (Ve. 1997)

Finderial (Ve. 1997)

Finderial (Ve. 1997)

Finderial (Ve. 1997)

Finderial (Ve. 1997)

Finderial (Ve. 1997)

Finderial (Ve. 1997)

Finderial (Ve. 1997)

Finderial (Ve. 1997)

Finderial (Ve. 1997)

Finderial (Ve. 1997)

Finderial (Ve. 1997)

Finderial (Ve. 1997)

Finderial (Ve. 1997)

Finderial (Ve. 1997)

Finderial (Ve. 1997)

Finderial (Ve. 1997)

Finderial (Ve. 1997)

Finderial (Ve. 1997)

Finderial (Ve. 1997)

Finderial (Ve. 1997)

Finderial (Ve. 1997)

Finderial (Ve. 1997)

Finderial (Ve. 1997)

Finderial (Ve. 1997)

Finderial (Ve. 1997)

Finderial (Ve. 1997)

Finderial (Ve. 1997)

Finderial (Ve. 1997)

Finderial (Ve. 1997)

Finderial (Ve. 1997)

Finderial (Ve. 1997)

Finderial (Ve. 1997)

Finderial (Ve. 1997)

Finderial (Ve. 1997)

Finderial (Ve. 1997)

Finderial (Ve. 1997)

Finderial (Ve. 1997)

Finderial (Ve. 1997)

Finderial (Ve. 1997)

Finderial (Ve. 1997)

Finderial (Ve. 1997)

Finderial (Ve. 1997)

Finderial (Ve. 1997)

Finderial (Ve. 1997)

Finderial (Ve. 1997)

Finderial (Ve. 1997)

Finderial (Ve. 1997)

Finderial (Ve. 1997)

96-5058-510

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

Certificate of Death

ITEMS: 23 PART I, 27, 28a-f, PER State of Maryland / Department of Health and Mental Hygiene MEO FILM G-739 9/19/96 t.t

Physician
/Medicai
Examiner

1. Decedent's Name (First, Middle, Last) OUINCY WILLIAMS

SEPTEMBER 6, 1996

2. Dete of Deeth 8:23P.M.

4c. County of Death

**Funeral** 

4a. Facility Name (If not institution, give street end number) JOHNS HOPKINS HOSPITAL 5. Social Security Number 7. Age (In yrs. lest birthday) 4b. City, Town, or Location of Death BALTIMORE

n/a

Director

Director

Funeral

à

Completed

Be

Examiner

Physician/Medical

þ

Completed

Be

2

Certification:

edicai

Usual Residence of Decedent 10b. County 1**MM** 2□ F 47 Yrs.

If Under 1 Year if Under 24 Hrs. Days Hours Oct.6,1948  Birthplece (State or Foreign Country) NC

ns 23a or 28a-f show must be notified at

the Marylend

with

death Home

21215-0020

altimore, Maryland

Jamit. Pages 1 end 2 should be filed within 72 hours affer comportant: if Item 27 is marked other than "natural, or item any injury or other traumatic event, the Medical Property."

10e State MD n/a

218-44-8631

10c. City, Town or Location Baltimore

10d, Inside City Limits ¥2 Yes 2□No

10e. Street and Number

1650 Northwick CT.

21218

10f. Zip Code

10g. Citizen of What Country?

USA

11. Marital Status

1 Never Married 2 Married 3 Widowed MDDivorced

12. Was Decedent Ever In U,S. Armed Forces? Maryes 2 No

 Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 1□ Yes 2 KN6 Specify:

14. Race - American Indian, Black, White, etc. Specify: Black

15. Decedent's Education (Specify only highest grede completed)

Elementary/Secondary (0-12) College (1-4or 5+) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired)

16b. Kind of Business/Industry

12th 17. Father's Neme (First, Middle, Lest)

Quincy O. Williams, Sr.

18. Mother's Name (First, Middle, Meiden Sumeme) Marie Williams

19a. Informant's Name/Relationship (Type, Print)

19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code)

Priscilla Williams

20b. Place of Disposition (Neme of cemetery, cremetory or other place)

1650 Northwick Ct. Balto., MD 21218

Advance

20a. Method of Disposition

1 Burlal 2 ☐ Cremetion 3 ☐ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify)

. Zion

20c. Location - City or Town, Stete Date

Signature of Funeral Service Licensee

22. Name end Address of Fecility

James A. Morton & Sons Funeral Home MD 21217

1701 Laurens St. Balto., 23a. Pertit Inter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause or each line.

Approximete Interval Between Onset and Death

Irucking Co

Physician /Medical Examiner

burial-tran

the

physician

signed by t

The law requires that the death certificate be executed

Box 68760,

P.O. 1

Division of Vital Records.

Physicien:

this

After or Attending

death.

efter death

within 24 hours of To the Funeral C Hospital

in by t

Immediate Cause (Final disease or condition resulting in death)

NARCOTIC INTOXICATION

nowor

Due to (or es a consequence of):

Sequentially list conditions, if any, leeding to immediate ceuse. Enter Underlying Ceuse (Disease or injury that initiated events resulting in death) Last

Due to (or as e consequence of):

Due to (or as a consequence of):

23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown

1 ☐ Yes 2 ☐ No

24b. Were autopsy findings available prior to

24e. Was en eutopsy performed?

completion of cause of death? Yes 2 No

25. Wes case referred to medical 1 ☐ Inpatient 2 X ER/Outpetlent 3 ☐ DOA

Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.

26. Piace of Death (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify)

2 No

1 Yes 2 No 27. Manner of Deeth 1 Naturei 2 Accident

3 Suicide

4 Homicide

5 Pending investigation Could not be determined

9-6-96 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) OUND ON STREET

28b. Time of Injury UNKNOWN 28c. Injury et Work? 1 ☐ Yes 200 No 28d. Describe how Injury occurred UNKNOWN

29a. Certifier

BALTIMORE, MD. 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end plece, end due to the cause(s) and menner as stated.

2 Medical Examinar: On the basis of examinetion end/or investigation, in my opinion, death occurred et the time, date end plece, and due to the cause(s) end manner stated.

29b. Signature and title of certifier

29c. License number 29d. Date signed (Month, Dey, Year)

O.C.M.E.

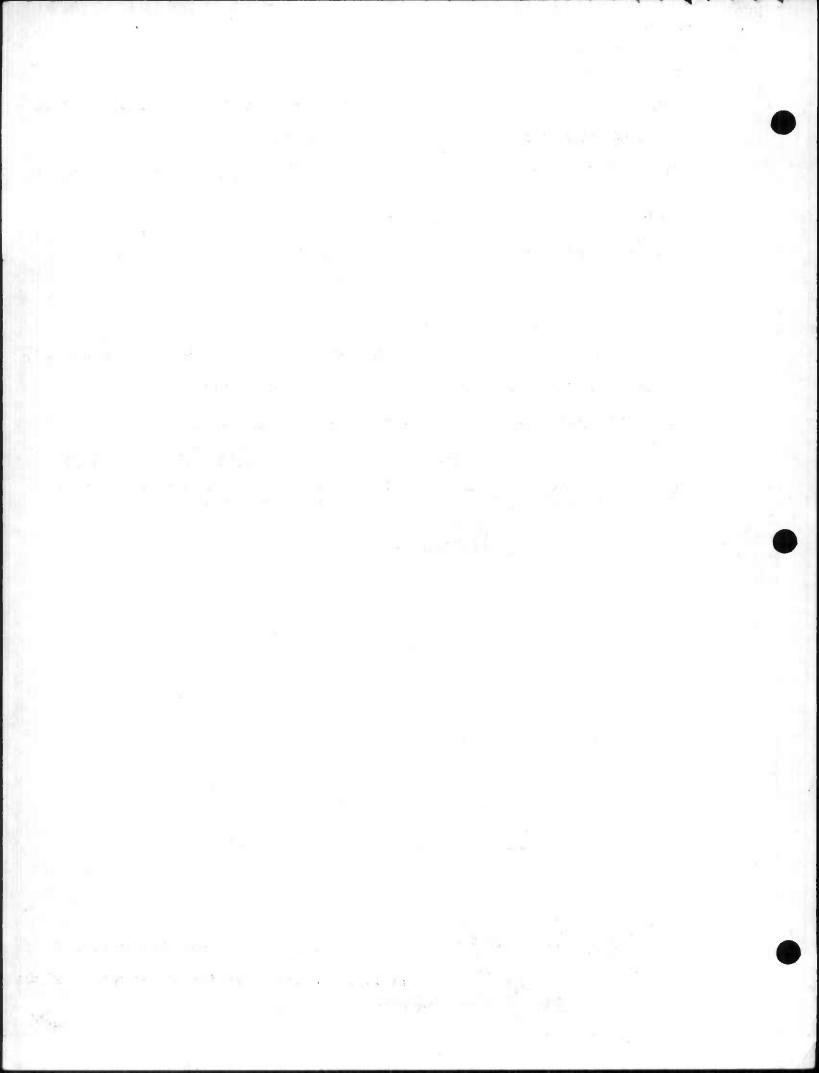
SEPTEMBER 7,1996

28f. Location (Street and Number or Rurel Route Number, City or Town, Stele) 1600 BLK. N. CAROLINE

of death (Item 23a) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201

State Registrar



etacl		-
be de		4
5 should t	urs after death with the State Dept, of Health and Mental Hygiene prior to bunial, cremation, or removal.	44.60
page		A According
director,		-
funeral		1
the	Oval.	-
5	rem	- 188
5	0	i
1	tion,	46.
eteh	ema	8-
dH0	1,0	-
and co	buna	
Sician	prior to	A
F.	впе	4
ding	Hygi	-
atte	rtal	
the	Mer	
5	and	•
signed	Health	
ееп	6	4
has b	Dept.	00
ate	tate	
Sertifi	the	
his	With	
After 1	death	
OR.	ffer	1
RECT	Urs a	-

	1 - STATE STATE OF MARYLAND / I		OF HEALTH AND I	MENTAL HYGIENI REG. NO.	E					
	1. DECEDENT'S NAME (First, Middle, Last) GOLDON CUMMA		<del></del>	2. DATE OF DEATH DA SEPTEMBER	11,199	3. TIME OF DEATH 7:30 AM M				
	4. SOCIAL SECURITY NUMBER  5. SEX  1 № 03—7197  1 № M 2 □ F  79	6. BH	BIRTHPLACE (State or Foreign Country) Maryland							
~	9e. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN DR LOCATION OF DEATN  9c. COUNTY DF DEATN									
DIRECTOR	Manor Care Health Services Rossville Baltimor									
E	10e. STATE 10b. COUNTY	10c. CITY, TOWN DR LOCATION			10d. INSIDE CITY LIMITS?					
	Maryland Baltimore	Overle	a 10f. ZIP CODE	1 YES 2 X ND						
FUNERAL	6717 Linden Avenue		21206	- 7	ed States					
S	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARM	MED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Spec			or No- 14. R	ACE - American Indian.				
BY F	1 Never Merried 2 M Merried FORCES? 1 X YES 2 NO 3 Widowed 4 Divorced FYES, GIVE WAR DR DATES		yes, specify Cuban, Mexica	Specify: White						
	15. DECEDENT'S EDUCATION 16a. DEC	EDENT'S USUAL OC	CUPATION	16b. KIND OF BUS	SINESS/INDUSTR					
COMPLETED	(Specify only highest grade completed) (Giv Elementary/Secondary (0-12) College (1-4 or 5 +)	(Give kind of work done during most of working life. Do NDT use retired.)			THE COUNTY OF DUSINESS/INDUSTRIT					
MPL		ctrical			_	overnment				
	17. FATHER'S NAME (First, Middle, Last)			ME (First, Middle, Meiden						
BE (	Andrew Muirhead Welsh  196. INFORMANT'S NAME (Type/Print)  190.	. MAILING ADDRESS	(Street and Number or Rural	Belle Zin						
2	Mrs. Karyn K. Kraft / Niece	3731 Tim	ahoe Circle	Baltimore	e, Md.	21236				
	1 X Burial 2 Cremetion 3 Ramoval Irom State cemetery, crem	ND DATE OF DISPOS natory or other place)			CATION — City o					
	4 Donation 5 Other (Specify) Morela 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Mark T. Zavoy	and Memor	ial Park 9		altimor	e. Maryland				
	Mails T. Zavoy		Leonard J. I	Ruck, Inc.						
	23. PART I. Enter the diseases, or complications that caused the dee		5305 Harford			Md. 21214				
	shock, or heert fellure. List only one cause on sech line.		1.	i oo oo oo oo oo oo	intory arrest,	Interval Between Onset and Death				
	disease or condition . ( 16 and 16 ) ( 1000 of 15 )									
	DUE TO (OR AS A CONSEQUENCE OF):									
NO.	Sequentielly list conditions, If any, leading to immediate  DUE TO (OR AS A CONSEQUENCE/OF):									
CERTIFICATION	csuse. Enter UNDERLYING CAUSE (Disease or Injury									
FIE	that initiated events  resulting in death) LAST	UENCE OF):								
E	d									
AL	PART II. Other significent conditions contributing to death but not re	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO								
ă				1 YES 2	NO	OF DEATH?				
M	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEAT	TH YES 🗆 I	NO TUNCERTAL	N []		1 TYES 2 NO				
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL 26. PLACE	E OF DEATN (Check								
YSIC	1 YES 2 NO 1 Inpettent 2 ER/Outpettent 3	DOA 4 Nothing	t: sing Nome 5 🗆 Residence	6 🗆 Other (Specify)						
	27. MANNER OF DEATN 28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	26d. DESCRIBE NOW I	NJURY OCCURE					
В	2 Accident investigation	and Number or Ru	er or Bural Bouta Number							
TED	3 Suicide 8 Could not be determined 26s. PLACE OF INJURY — At home, term, street, fectory, office building, stc. (Specify) 28s. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
COMPLET	29a. CERTIFIER (Check only 1 CERTIFYING PNYSICIAN: To the best of my knowledge, des	ath occurred at the t	me, date and place, and due	to the cause(s) and mer	nner se stated.					
S S	one) 2 MEDICAL EXAMINER: On the basis of exemination and/or in	nveatigation, in my o	pinion, death occured at the	time, data end placa, an	d due to the cau	se(s) and manner as stated.				
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NU	MBER	29d. DATE SIG	MED (Month, Day, Year)				
10	30. NAME AND ADDRESS OF PERSONWING COMPLETED CAUSE OF DEATH (ITEM	(27) (Type Print)	0073	64CM.	- "	F176				
	R-1. MAGNO M.D. 7811	Wire	Aur	BACK.	Mo	2/222				
	31. DATE FILEO (Month, Day, Year)  SEP 12 1996  SEP 12 1996  SEP 12 1996	es.								

CI

#### Please Type or Print in Biack Indeiible Ink. Assure Ali Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

10f. Zip Code

18e. Decedent's Usuel Occupation

MARY'S

P	I	TEMS	: 23	PART 1	9/12/96	28d	3	
	PER	MEO	F'ILM	6 - 739	9/12/96	tit		

Certificate of Death

2. Dete of Deeth

	/Medic Examir Funeral	cal
	Director	
Baltimore, Maryland 21215-0020	permit. Pages 1 and 2 should be filed within 72 hours efter death with the Maryland Department of Haalth and Mental Hygiene. Important: If Item 27 is marked other than "natural", or items 23s or 28s-f show any Injury or other traumatic event, the Medical Examiner mast be motified at ODGs.	To Be Completed by Funeral Director

2

**Physician** 

/Medical

Examiner

physician and is the buriel-trans

USB as for

detached

8

page 2

this funeral

After

n 24 hours after deeth.

To the Hosp within 24 hos To the Fune completely fi

that the death certificate be executed

Box 68760.

P.0.

Records.

Vital Physicien:

o

Division

or Attending

Hospital

The law requires

Examiner

Physician/Medical

þ

Completed

Be

Certification: To

Wedical

TAMES 4a. Facility Neme (If not institution, giva street end numbar) N.A.S. PATUXENT RIVER 5 Social Sacurity Number

1. Decedent's Neme (First, Middle, Last)

EMMETT

7. Age (In yrs. last birthdey)

58

WISE

JULY 27 pay 1996

4c. County of Death ST.

Usuel Residence of Decedent 10a Stete 10b. County VIRGINIA 10e. Street end Number

231-40-2253

N/A

10c. City. Town or Location SUFFOLK

Yrs.

| If Under 1 Year | If Under 24 Hrs. | Nonths | Deys | Hours | Min. | Nonth, Dey, Year | O 1 - 1 2 - 1 9 3 8

4b. City, Town, or Location of Death

LEXINGTON PARK

9. Birthplece (State or Foreign VIRGINIA

10d. Inside City Limits

1:56PM

XXYas 2 No 10g. Citizen of What Country?

5152 NORTH HARBOR ROAD

12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Giva

Wes Dacedent of Hispenic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puerto Rican, etc.)

23435

U.S.A. 14. Race - American Indien, Bleck, White, etc.

1 ☐ Yes "XXNo Specify:

Specify: WHITE

16b. Kind of Business/Industry

15. Decedent's Education (Specify only highest grade complated) Elementery/Secondery (0-12) College (1-4or 5+) YEARS

DESIGN

(Giva kind of work done during most of working life. DO NOT use retired) ENGINEER

SHIP BUTTIDING

17. Fether's Neme (First, Middle, Lest)

1 Never Merriad X2 Married

3 ☐ Widowed 4 ☐ Divorced

EMMETT WILLIAM WISE 18. Mother's Name (First, Middle, Maiden Surnama) SUSIE

BRADSHAW

19e. Informent's Name/Reletionship (Type, Print) PATRICIA B. WISE

(WIFE)

19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 23435 5152 NORTH HARBOR ROAD, SUFFOLK, VIRGINIA,

20e. Method of Disposition 1 □ Burial 2 □ Cremetion 3 □ Removel from Stete 20b. Plece of Disposition (Name of cametery, cremetory or other plece)

20c. Location - City or Town, State

4 Donetion 5 DOther (Specify)

MEADOWBROOK MEM. PARK 7-30-96 SUFFOLK, VIRGINIA

ure of Figneral Service Lia

22. Name and Address of Facility

Onset end Deeth

H.W.JENKINS, 4905 YORK RD., BALTO. 23a. Pert1. Enter the disease, or complications that caused the daeth. Do not enter the mode of dying, such as cardiac or raspiratory arrest, shock, or heart failura. List only one ceusa on each line.

Approximate

Immediete Ceuse (Finel diseese or condition resulting in deeth)

CARBON MONOXIDE INTOXICATION

Due to (or es e consequence of)

Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Couse (Diseese or injury that initiated events resulting in deeth) Last

Due to (or es e consequence of):

Dua to (or es e consequence of):

Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.

23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

ATHEROSCLEROTIC CARDIOVASCULAR DISEASE

24e. Wes an eutopsy

24b. Were eutopsy findings available prior to completion of cause

1 XYes 2 □ No

26. Piece of Deeth (Check only one)

Vas 2□ No

25. Wes case referred to medical examiner? 1 Yes 2 No

27. Menner of Deeth

1 Neturei

XX Accident

3 Suicida

4 ☐ Homicide

5 Pending Investigetion

1 ☐ Inpatient 2 ER/Outpetiant 3 ☐ DOA Dete of Injury (Month, Dey Year) 28b. Time of Injury 1229 7-27-96

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28c. Injury et Work? 1 ☐ Yes 2 No

28d. Describe how Injury occurred

INHALE EXHAUST FUME'S

28e. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify)

281. Location (Street end Number or Rural Route Number, City or Jown, Stete) Patu Xent River Pleasure Boat

St. Mary's County, Maryland

1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the ceuse(s) end menner es stated.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred et the time, dete end piece, and due to the cause(s) end mannar steted.

(Check only one) 29b. Signeture end title of certifier

Dennis

29c. License number

29d. Date signed (Month, Day, Year)

Christian

6 Could not be determined

O.C.M.E.

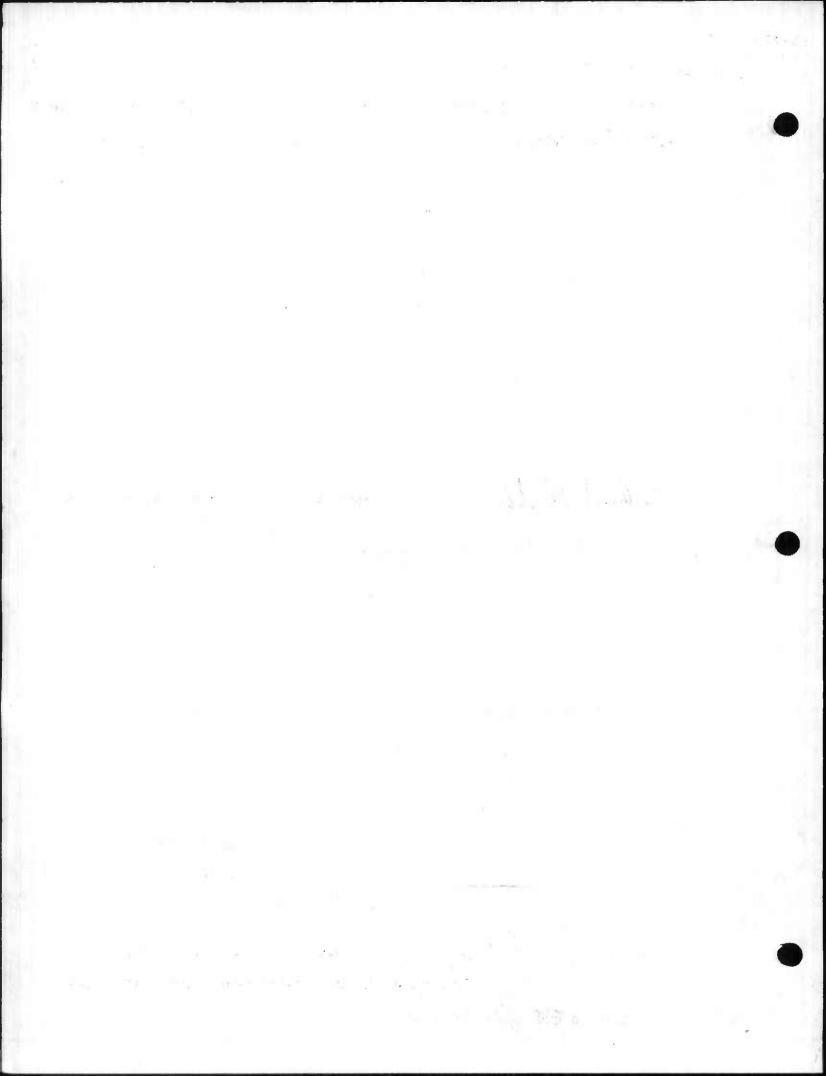
JULY 28, 1996

30. Name end address of person who completed cause of deeth (Item 23e) (Type, Print)

huten J. 111 Penn Street, Baltimore, Maryland 21201

State Registrar 31. Deta filed (Month, Day, Year)





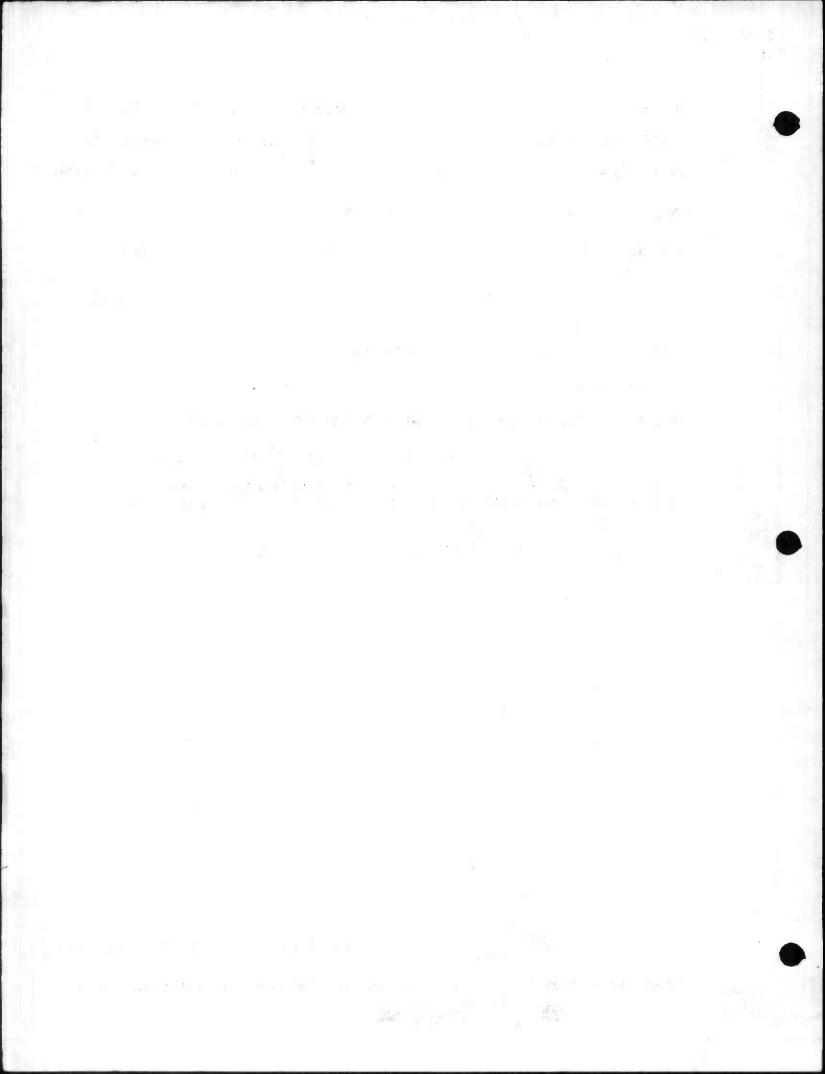
Box 68760, P.O. Records, Division of Vital 6

Other: 4 Nursing Home 5 🕅 Residence 6 Other (Specify) 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 5 Pending Investigation 1 Yes 2 No 2 Accident 6 ☐ Could not be determined 3 Sulcide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide Medicai 29a. Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the ceuse(s) and manner as stated. 2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and manner stated. 29b. Signature end title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) O.C.M.E. AUGUST 26, 1996 30. Nama and address of person who complated ceuse of death (Itam 23a) (Type, Print)

State Registrar

Hospital 24 hours 24 hours

To the Hosp within 24 hos To the Fune completely fi



_	
	1
	,
-	
8	
~	
00	
9	
. BOX 68760,	
O	
$\mathbf{m}$	
<u>.</u>	
Ų.	
P.0	
10	
0	
7	
X	
ä	
~	
OF VITAL RECORDS	
7	
	i
-	
_	1
Ē.	
O	1
Z	,
DIVISION	The state of the second second second
<u></u>	-
77	
2	
<u></u>	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit nermit. Pages 1: 2. 3 should	ath with the State Dept. or Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE HOSPITAL OR ATTENDING PHYSICIAN: The law	TO THE FUNERAL DIRECTOR: After this certificate has b	be filed within 72 hours after death with the State Dept	MPORTANT: If Item 28 is marked, or Item 23

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

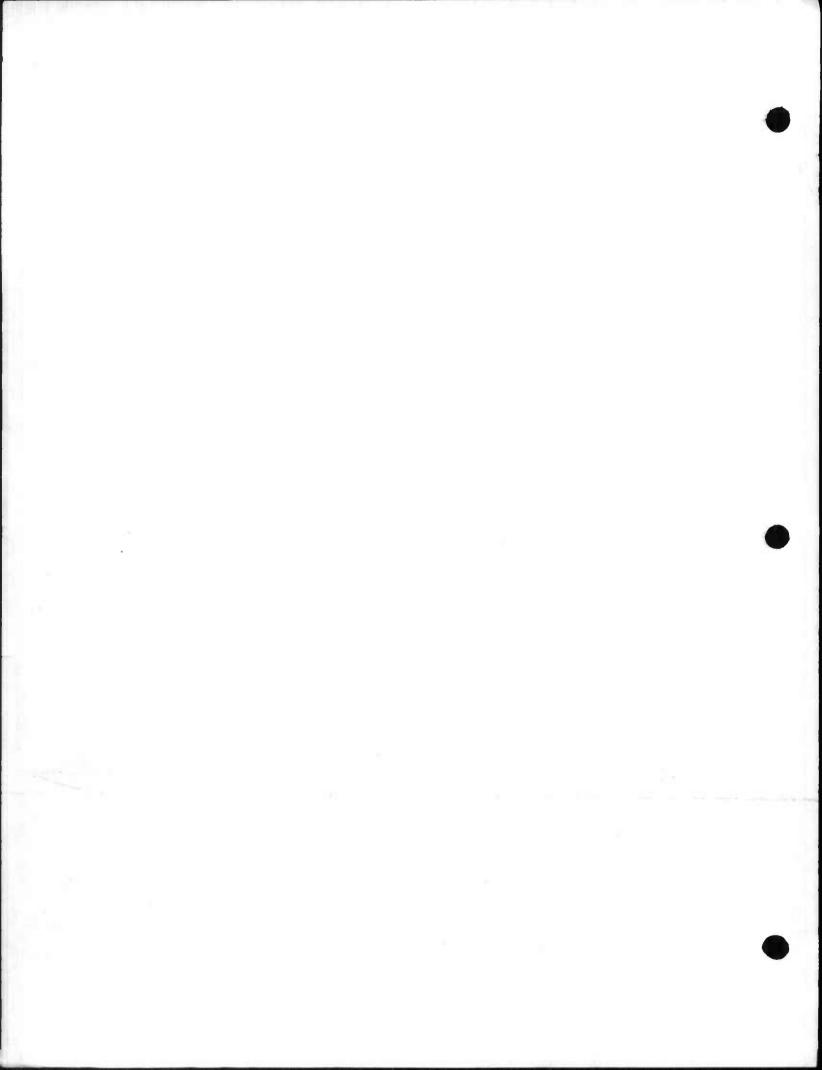
BE

2

TEDA SEP 13 1996 8.

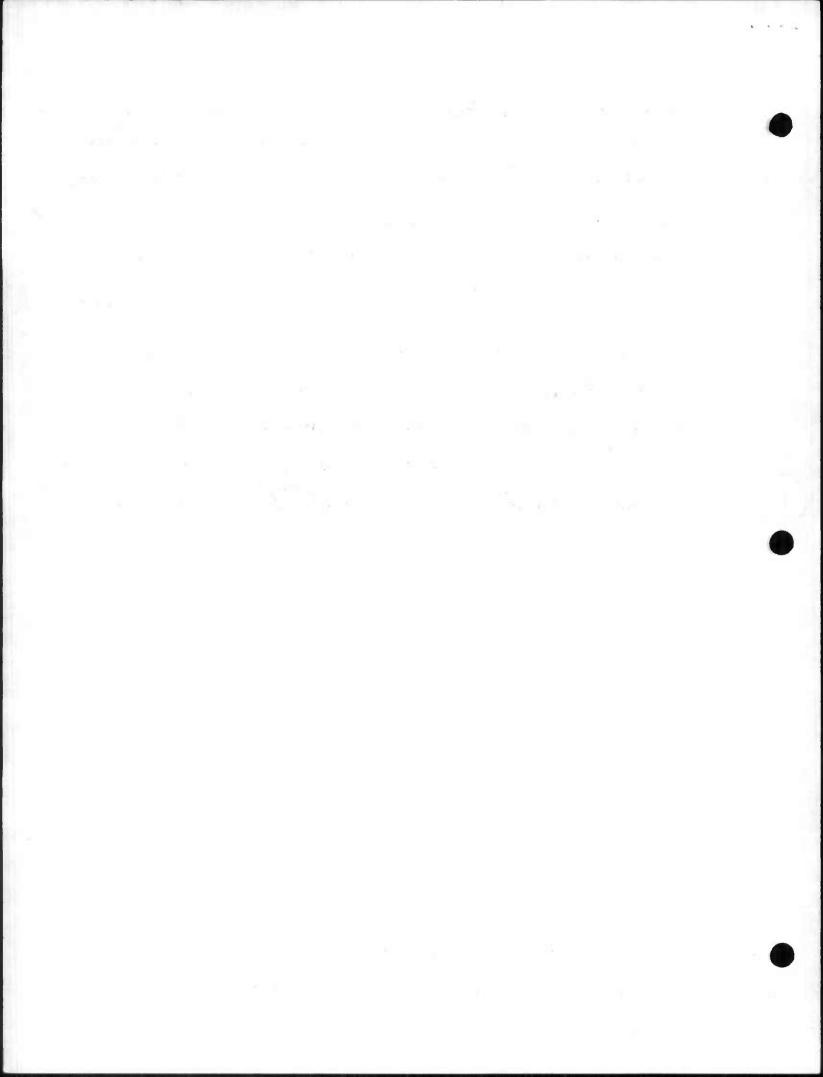
31 REGISTRANTS SIGNATURE

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last, 3. TIME OF DEATH MONTH 04-20-1996 YEAR HNDER SON MARY 1:50 Am 4. SOCIAL SECURITY NUMBER S. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year) 11-29-1902 a. BIRTHPLACE (State or Foreign Maryland MONTHS DAYS 578-46-0206 1 | M 2 | D 93 415 YRS. HOURS Se. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Allegis Health Care Center of Bethes Betheoda. DIRECTOR Montgomery. RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Montgomery. Belhesda. MI 1 YES 2 NO FUNERAL 10s. STREET AND NUMBER 5721, Grosvenur Lane, Betsenda MD 2 0814 10f, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 20814. IISA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 HO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuben, Maxican, Puerto Rican, etc.) 1 YES 2 M Specify: 14. RACE — American Indian, Black, White, etc. 1 Diever Married 2 Married BY 3 Widowed Specify: Black 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5 +) 12th Nurse Private Industry 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Richard Green Della (Unknown) BE 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Sandra Sullivan(niece) 1117 Capitol View Dr. #944 Landover, Md. 20785 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION -- City or Town, State complete comparing of the place Crematory May1,1996 Riverdale, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Ralph Williams Funeral Service ulle - 11th St., SE; Wash., DC 23. PART i. Enter the diseasea, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fellure. List only one cause on each line Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) 20 42 Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING sea. CAUSE (Disease or injury DUE TO (OR AS A CONSEQ that initiated events resulting in death) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TES 2 NO 1 TES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE DF DEATH (Check only one) HOSPITAL: 1 TES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA ursing Home 5 - Residence & Other (Specify) 27. MANNER OF DEATH 28a, DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO 2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined 4 Homicide 29s. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the films, date and place, and due to the cause(s) and manner as attend. 2 MEDICAL EXAMINER: Do the basis of examination and/or investigation, in my opinion, death occurad at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIED 29d, DATE SIGNED (Month, Day, Year) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE O



				State of	i Marylan		artment of I <i>tificate of</i>	Health and Death	Mental Hy	giene Reg. No.	96	272	270	
			1. Decedant's Nama (First, Middla,	Last)					2. Data of De	ath		3. Time o	f Death	
	Physici /Medi								Month	Day 190	Day Year		m	
	Examir		4a. Facility Nama (If not institution,	titution, giva street and number)  4b. City, Town, or							-	11 1		
1			8204 WILSON AVE	•			B	PARKVIll	e	Bal	time			
	Funeral			S. Sax	7. Aga (In yrs. i	last birthday)	If Under 1 Year Months Days			th v Year	9. Birthp	laca (Stata e	or Foreign	
	Director		218-32-8929	1□M 2ØF	86	Yrs.	months outs	110013	June 4	1910	Gern	Vanv_		
	pur *		Usual Rasidance of Decedant  10a. Stata 10b. County		10c Clts	y, Town or Loc	cation						Na d Incha	
	sho sho	5	12750-047			xkville					1"	0d. Insida C	2 No	
	the N	Director	Md Baltim  10e. Street and Number	we	100	XHVILLE	10f. Zip Coda			10g. Citizan of	Affron Cours	- 711		
	with with		8204 WilsonAv				2123	44				uyr		
	me 23	Funeral	11. Maritai Status		dent Evar in U,	S. 13. V			Specify Yas or No	U 5	ce - Amaric	an indian.		
0	r Rer	Fun	1 Nevar Married 2 Marrie	Armed For	cas? 2 No			Hispanic Origin? (S pan, Maxicen, Puar	to Rican, atc.)	Bia	ck, Whita,			
21215-0020	2 should be filed within 72 hours after deeth with the Maryland and Mental Hygiene. Is merked other than "natural", or items 23a or 28a-f show aumatic evant, the Medical Examiner must be notified at	by	3 ☑ Widowad 4 □ Divorced	If Yas, Giv Yaar or Da	a itas:	1	☐ Yas 2 No	Specify:		Specif	W. W.	TITE		
5-0	72 ho	Completed	15. Decedant's (Specify only highast			16a. Deced	ant's Usual Occu	pation during most of wo	rking	16b. Kind of B	usinass/inc	lustry		
21	ithin 18.	nple	Elamantary/Secondary (0-12)	Coilega (1	4or 5+)			ed)	rang					
12	ygier ygier nt, th	Co	12	-		M	artress			Food	-			
and	d out	Be	17. Fathar's Nama (First, Middla, Le	ist)				18. Mothar's Na	ma (First, Middla	, Maidan Suman	na)			
Z Z	I Mer I Mer Instic	1º	Frederich Meb	ey					Acker					
Maryland			19a. intormant's Name/Ralationshi	1				t and Number or R						
	is 1 and 2 should be filed within 72 hours after deeth with the Marylan of Health and Mental Hygiene. Ifem 27 is marked other than "natural", or items 23a or 28a-f show other traumatic evant, the Medical Examiner must be notified at		Welfgang Albach 20a. Mathod of Disposition	13CH	20b. P	lace of Dispos	sition (Nama of		Data	20c. Location				
Baltimore,	Pages nent of int: If its iry or o		1 ☐ Burial 2 ☐ Cramation 3		Stata	ematary, cram	natory or other pla		Sept 11					
1	4525		4 ☐ Donation 5 ☐ Other (Spe 21. Signature of Funarai Sarvice Lie		Gre		Nama and Addr		1996	Baltir	nore	, IMA		
Ba	Depar Impor Impor			1				ral Chape						
		Н	23a Part A Enter the disease or or	states the	used the death	Do not ente	:H 0038	arford Rd.	Balto	Mg . 5.	234			
A	Physician /Medicai Examiner		23a. Part i Entar tha disaasa, or ci shook, or haart tailura. List or immediata Causa (Finai disaasa or condition rasulting in death)			-		scular 1			1	Approximatintarval Bet Onset and	ween Death	
		<b>a</b>			Dua to (or	ras a consequ	uance of):							
	uted d ansit	Examiner	One of the last of	b	Due to (or	r as a consequ	2000			-	i			
oʻ	an an		Sequantially list conditions, if any, leading to immadiata ceusa. Entar Undarlying Cause (Disaasa or injury		Dua 10 (01	as a consequ	dance on.							
68760,	cate be executed physician and s the burial-transit	dical	Cause (Disaasa or injury that initiated events rasulting in daath) Last	C	Dua to (or	as a consequ	uence of):							
, W	ing pl										i			
Вох	death certifi e attending od for use as	lan		0										
0	the des	Physician/M	Part It. Other significant conditions	contributing to da	ath but not resu	ilting in the un	idariying ceusa gi	ven in Part t.	23b. Dld	tobacco use co	ntribute to	the cause	of death?	
	hat the		Cerebral	Vascu	law I	Disea	10)		10	Yes 2 No	3 Prob	ably 4	Unknown	
ds,	requires that been signed b should be deta	d by							040 14/00		24h We	re autopsy	findings	
Record		Completed								an autopsy med?	ava	allabia prior i	to	
Rec	hes hes	dw										death?		
=	lcian: The li certificate he rector, page		05.14						10	THE COURSE	1	Yas 2	No	
of Vital		o Be	25. Was cesa rafarrad to medicei axaminar?  1 ☐ Yas 2 ☑ No	Hospitai:	patiant 2 1	50/0	27 ss. Oth	har	ath (Check only o		400			
	Phys or this eral d		27. Mannar of Death	28a. Data o	f Injury	ER/Outpatient 28b. Tima of	3 DOA 28c. Inju	4 U Nursing P	10ma 5 Rasi 28d. Dascribe	how injury occur		,		
1 Montural 1 Montural 2 Accident 3 Suicide 4 Montural 4 Montural 5 Panding investigation 2 Sa. Place of Injury At home, farm, streat, tactory, office							rk? ]Yas 2□No	2 🗆 No						
Division	er des	Certification:	3 ☐ Sulcide 6 ☐ Could no datamin	d Zoa. Place	ot injury - At hor g, atc. (Specify		at, tactory, office		28f. Location ( City or To	Streat and Numl	ber or Rura	Routa Num	iber,	
Ö	rs aft at Dir	Ce		Dallall	g, atc. (Specify	,			Ony or ro	wii, Olala)				
	To the Hospital or Attandi within 24 hours after death. To the Funeral Director: A completely filled in by the fu	edical	29a. Cartifiar 1 ✓ Certifying Check only 2 → Medical Ex	aminar: On tha ba	sis of axaminati	vladga, daath ion and/or inv	occurred at tha ti	ma, data and place opinion, daath occu	, and dua to tha urred at tha tima,	causa(s) and madata and place,	annar as st	ated. tha ceusa(r	8)	
	ithin ithe	Med	29b. Signature and title of certifier	and mann	ar Stated.		29c. Licens				29d. Data signed (Month, Day, Year)			
	F > F 8		D 27	4	1.	. A 4-	Do	7769		9.9	01			
	H		30. Nama and addrass of person wh	V/MY	Mac	cer o	) W	237/		7 1	70			
				4		40th S		LL M	1					
	Sta	te	Dr. Shaldon Goldon 31. Date tiled (Month, Park Kear) SEP 13 1996	32. Re	qiayar, Sidon	delle	ITECT	Balto. Ma	4. 21211					
	Registr		255 T 3 1330	U										

DHMH 16 Rev 6/95



		1. Decedent's Name (First, Middia,	.ast)						2. Deta of Da		V	3. Time f
Physici: /Medic		Peter	A	mati					Septemb	per 11	1996	10:30 p
Examin		4a. Facility Neme (If not institution, g	ive street end numbe	r)			4	lb. City, Town, or L	ocation of Deat	h 4c. County	of Death	
TIME TO I		Stella Maris						Towson		Ba1	timo	ce
Funeral Director		212-07-3737	Sax 7. A 1 M 2 □ F	Age (In yrs. k	est birthday) Yrs.	If Under 1 Ye Months De		If Undar 24 Hrs. Hours Min.	8. Dete of Bir (Month, Da March 2	th ly, Year) 28,1915	9. Births Cour Mary	place (State or For http: / land
/lend		Usuel Residence of Decedent  10a. State 10b. County		10c. City	, Town or Lo	cation					1	0d. Inside City Lin
Man Man	to	Maryland Balti	more		Uppe	r Falls	5				1 ☐ Yes 2 🔀	
on the	ie	10e. Street end Number		1		10f. Zlp Cod	le			10g. Citizen of	Whet Cour	ntry?
th will	alc	11708 Franklin	ville Road	l		21	115	56		U.S	.A.	
permit. Peges 1 end 2 should be filed within 72 hours after deeth with the Maryland Department of Health and Mental Hygiene. Important: if Item 27 is marked other than "natural", or Items 23a or 28a-f ahow any injury or other traumatic event, the Medical Examener must be notified at once.	by Funeral Director	11. Marital Status  1 □ Nevar Married 2 ☑ Merried  9 ☑ Widowed 4 □ Divorced	12. Was Deceden Armed Forces 1 Yes 2  If Yes, Give Yeer or Detes	? ] No		Ves Decedent of Yas, specify C		Hispanic Origin? (Specify Yes or Noban, Mexicen, Puerlo Rican, etc.)  Specify:		o- 14. Race - Ameri Bleck, Whita Specify: Wh		etc.
Permit. Pages 1 and 2 should be filed within 72 hours aft Department of Health and Mental Hygiene. Important: if flem 27 is marked other than "natural", or any injury or other traumatic event, the Medical Examples.	Completed	15. Decedent's (Specify only highest of			16a. Deced	ent's Usuel Oc	cupe	etion	ina	18b. Kind of B	usiness/în	dustry
ithin Ben	npie	Elementery/Secondery (0-12)	Coilege (1-4or	r 5+)	life. L	O NOT use re	tired	during most of work ()	nig			
ygier yer th		8th grade			Cran	e Opera	ato			Steel		any
lid be fi lental H ked ott ic ever	To Be	17. Fathar's Nama (First, Middle, La Frank Amati	st)					18. Mother's Nem (Name	e (First, Middla, Unknown		ne)	
and N		19e. Informent's Neme/Ralationship	(Type, Print)		19b. Meilin	g Address (Str	eet e	end Number or Rur	al Route Numb	er, City or Town	, Stete, Zip	Code)
aith a		Janet Bourque	(daughter)		1170	8 Frank	cli	inville R	oad, Up	per Fal	ls, M	D 21156
of He		20e. Method of Disposition	Domesial from Class	20b. Ple	ace of Dispor	sition (Neme of netory or other	place	e)	Dete	20c. Location	- City or To	own, State
Peg ment: H ury o		1 ☐ Buriel 2 ☼ Cremation 3 4 ☐ Donetion 5 ☐ Other (Spec	ify)	(1		nt Crem			/13/96	Baltimo	re, M	Maryland
sparti sparti mporti ny inj		21. Signature of Funeral Service Lic	Stispe /		22	Name end Ad	dres					
805 2 8		1 Marke	110					air Rd.,			2123	16
		23a. Part1. Enter the disaesa, or co	mplications that cause y one cause on each	ed the deeth.	. Do not ente	er the mode of	dying	g, such es cardiac	or respiretory e	rrest,		Approximate Interval Between
Physician											1	Onset and Deeth
/Medical Examiner		Immediate Cause (Finel disease or condition	Conges	stive	Heart	Failur	e					
	<u>.</u>	resulting in deeth)		Due to (or	as e conseq	uence of):						
ed nsit	Examiner		ь									
and el-train	xar	Sequentially list conditions, if eny, laading to immediate		Due to (or	es a conseq	uence of):						
tricate be executed ig physician and as the buriel-transit	al	Sequentially list conditions, if eny, laeding to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events	C								i	
tificate be executed to physician and as the buriel-transit	edical	resulting In deeth) Lest		Dua to (or	as e consequ	ience of):					1	
nding	2		d									
ned by the attending	Physician/M	Pert II. Other significant conditions	contributing to death	but not resul	Iting in the un	derlying cause	oive	en in Pert I	23h Did	tobacco use co	ntribute to	the cause of de
by th	hys	•			and at the di	donying oddoo	give	or are out i.		Yes 2 No		v
igned be del	by F			-								
ysictan: The law require is certificate has been si director, page 2 should I	Completed								24e. Wes	en eutopsy omed?	8V	ere autopsy finding allable prior to mpletion of cause death?
The law	E								10	Yes 2 No	10	Yes 2□ No
certificate	Be	25. Wes cese referred to medical exeminer?						26. Plece of Deet	h (Check only o	one)		
nis ce	2	1 ☐ Yes 2 ☒ No	Hospitel: 1 ☐ Inpat	lent 2 🗆 E	R/Outpetlen	3□ DOA	Othe	er: 41 Nursing Ho	ma 5 Resi	dence 8 Ott	er (Specif	y)
tending Phileath. Ior: After thi		27. Menner of Deeth 1 ☑ Neturel 5 ☐ Pending	28e. Dete of Inj (Month, D	ury ey Year)	28b. Time of Injury	28c. II	njury Work	/ et </td <td>28d. Describe</td> <td>how Injury occur</td> <td>red</td> <td></td>	28d. Describe	how Injury occur	red	
eath. or: A the fu	cati	2 ☐ Accident investigati				M 1	101	Yas 2□No				
To the Hospital or Attending is within 24 hours after death. To the Funeral Director: After completely filled in by the funer	Certification:	3 Sulcida 6 Could not 4 Homicide determine	200. PIECE OF IT	njury - At hor etc. (Specify)	ma, farm, stra	iet, fectory, offi	CO	11	28f. Location ( City or To	Street and Numi wn, Steta)	ber or Rura	Il Route Number,
To the Hospital or Attending Physician: The law requires that the death cerwithin 24 hours after death.  To the Funeral Director: After this certificate has been signed by the attendin completely filled in by the funeral director, page 2 should be detached for use	edical	29e. Certifler (Check on) Control Ext	hysician: To the best miner: On the basis end menner s	of examinetic	riedge, deeth on end/or inv	occurred at the estigetion, in m	e tim	ne, dete end plece, pinion, deeth occur	end due to the red et the time,	cause(s) and modete and piece,	enner es s end due to	tated. o the cause(s)
To the To the Comp	W	29b. Signeture and the of countries	de Ma	)		29c. Lic	9090	number 1550	6	29d. Data signe	d (Month,	
		-				1		, , , , , ,		7	14.	96
1		30. Name end eddress of person who						m-	) CD . C	1004		
		Eddie Nakhuda, M	.D. 2300	Dulan	ey val	ттей ко	ad	, Towson	, MD 2	1204		

DHMH 16 Rev 6/95

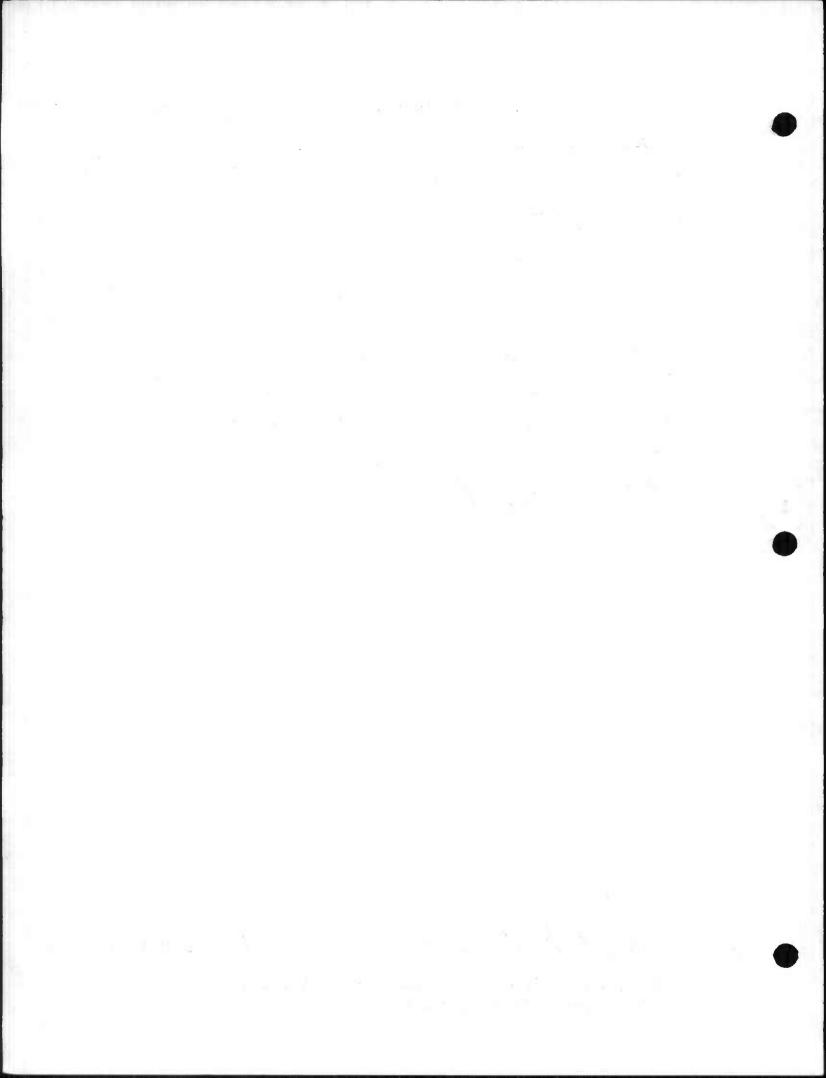
tal or atten	for use as	
y the hospi	be detached	at once.
r intained b	5 shoot	notified :
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after the four after the many be retained by the hospital or aftern	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physical and and completely flind in the thin income function, page 5 should be distributed by the attending the same and an advantage of the same and the sam	be find within 12 hours after death with the State Upp. or health and wenter hydere provide outlief, cheminal marked, or item 23 shows any injury, or other traumatic event, the medical examinar must be notified at once.
)	he fumeral d	examine
4 hours after	fled in ty th	e medical
ted within 2	completely	be find within 12 hours after death with the State Debt. or retain and mental hyperie prot to butta, demand, or Item 23 shows any injury, or other traumatic event, the medical ear
ite be execu	sician and	traumatic
ath certifica	ttending phy	, or other
that the de	ed by the a	any injury
aw requires	s been sign	3 shows
CIAN: The I	ertificate ha	or item 2
ING PHYSI	After this co	marked,
OR ATTENC	DIRECTOR	tem 28 is
HOSPITAL	FUNERAL	TANT: If I
TO THE	TO THE	IMPOF

	FOR 1 . STATE		STATE OF N	MARYLAN						ENTAL HYGIEN	_	30	Co. 1 Co. 1 Co.
	REGISTRAR	A 41-1-41- A A)			CERI	IFICAI	E OF	DEATH	_	REG. NO		-	
	1. DECEDENT'S NAME (Flost FLORENCE	ВА	RBARA			MIGER				Sept. 12,			3. TIME OF DEATH  1:35 A M
9	4. SOCIAL SECURITY NUME 218-12-8640		5. SEX 1  M 2  F	6. AGE (In )	yrs. last birtho	MONTHS	DAYS	HOURS I	HRS.	7. DATE OF BIRTH (Month, Day, Year) Oct. 24,	1912	Count	HPLACE (State or Foreign ry)  Md.
	9a. FACILITY NAME (If not in	natitution, give s	street and number)			9b. CIT	Y, TOWN	OR LOCATION	OF DEA		_	NTY OF D	DEATH
DIRECTOR	Gilchrist Co						Tow	son			1	Balt:	imore
<u> </u>	10a. STATE	10b. COUNT	Υ		10c.	CITY, TOWN	OR LOCA	TION					10d. INSIDE CITY
0	Md.	Ва	ltimore				Tov	son					1 YES 2 NO
AL	10e. STREET AND NUMBER	)					10	f. ZIP CODE			10g. CIT	ZEN OF	WHAT COUNTRY?
빌	24 'C' Alan	brooke	Ct.					21204	1	_		USA	
BY FUNERAL	11. MARITAL STATUS  1 Never Merried 2  3 Widowed 4 Dive		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES	2 X NO	13	If yea, a		Maxican,	C ORIGIN? (Specify Yes, Puerto Ricen, etc.)	n or No—	14. RAC Blac Spec	
E0 E	15 DEC	CEDENT'S EDU	ICATION	1.	Se DECEDE	NT'S USUAL	OCCUIDAT	ION		16b. KIND OF BU	CINECO (INI	MIETRY	White
	(Specify on	ly highest grade	e completed)		(Give kin	d of work done OT use retired.	during m	ost of working		TOU. KIND OF BO	SINESS/IN	JOSINI	
COMPLET	Elementary/Secondary (i	0-12)	College (1-4 or 5		Contra	acts A	dmir	istrat	or	Federa	.1 Go	vern	ment
Ö	17. FATHER'S NAME (First, A	fiddle, Last)						18. MOTHE!	R'S NAM	E (First, Middle, Maiden	Sumame)		
BE	William		James	Z	Armige			Bark					Cook
0	19a. INFORMANT'S NAME (									oute Number, City or Tow		,	
-	Miss Barbara		rmiger						Ct.	Towson, M			
	20s. METHOD OF DISPOSIT  1 K Burist 2 Cremetic  4 Donetion 5 Other	on 3 🗆 Ren	noval from State			or other place ark		lame of	9/	14/96 B			
	22. NAME AND ADDRESS OF FACILITY Ruck Towson Funeral Home, Inc. 1050 York Rd. Towson, Md. 21204												
	23. PART i. Enter the d	liseasea, or	complications the	et ceueed t	the deeth.	Do not ente	er the m	ode of dying	j, such	as cardiac or resp	iratory ar	rest,	Approximate
	iMMEDIATE CAUSE (Fi disease or condition reaulting in death)	nel	a	REAT	76	AN	cen						Intervel Batween Onset and Dsath
NO	Sequentielly list condi-	tions,	b		CONSEQUEN								
AT	If any, lasding to imme cause. Enter UNDERLY			(011 710 71 0		o_ o. ,.							
CERTIFICATION	CAUSE (Diseese or Injuthat Initiated events resulting in death) LAS		DUE TO	OR AS A C	CONSEQUEN	CE OF):							
2													
MEDICAL	PART II. Other signific	ent conditio	ne contributing to	death but	t not recult	ling in the i	underlyk	ng ceuee giv	en in i	Part i. 24a. WAS AN PERFO 1 TYES	RMED?	246	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
		100 00:				Wee =		d					1 TES 2 NO
Ä	DID TOBACCO U		TRIBUTE TO CA			YES	-	UNCE	RTAIN	1 🗆 📗			`
PHYSICIAN:	25. WAS CASE REFERRED ' EXAMINER?	TO MEDICAL	HOSPITAL:			OTH		"					•
YS	1 TYES 2 NO		1 Inpetient 2			OA 4 🗆 N	ursing Ho	me 5 Real	denca (	Other (Specify)	HOSI	116	
ВУ РН	27. MANNER OF DEATH  1/54 Natural 5  2 Accident	Pending Investigation	1 1	F INJURY Day, Year)	281	INJURY	W	JURY AT ORK? YES 2	NO	28d. DESCRIBE HOW	INJURY OC	CURED	
0	3 Sulcida 8 Homicide	Could not be determined	28e. PLACE ( building	OF INJURY - , atc. (Specif)	- At home, for	erm, street, fe	ectory, off	Ice		281. LOCATION (Street City or Town, State		or Rural	Route Number,
COMPLET	TOTAL OTHY									to the cause(a) and ma			(e) and manner as stated.
BE	29b. SIGNATURE AND TITL	E OF CERTIFIE	L MO					29c. LICEN			29d, DA	TE SIGNE	D (Month, Day, Year)
10	30. NAME AND ADDRESS OF	OF PERSON W		JSE OF DEAT	TH (ITEM 27)	(Type, Print)	リノナ	151	مرح	30 . LP.	2/2	04	
	31. DATE FILED (Month, Day	, Year) 1906	32. REGISTR	Davids	TURE	Long							
	DEP & C						-						DHMH-16 Rev 1/

State of Maryland / Department of Health and Mental Hygiene

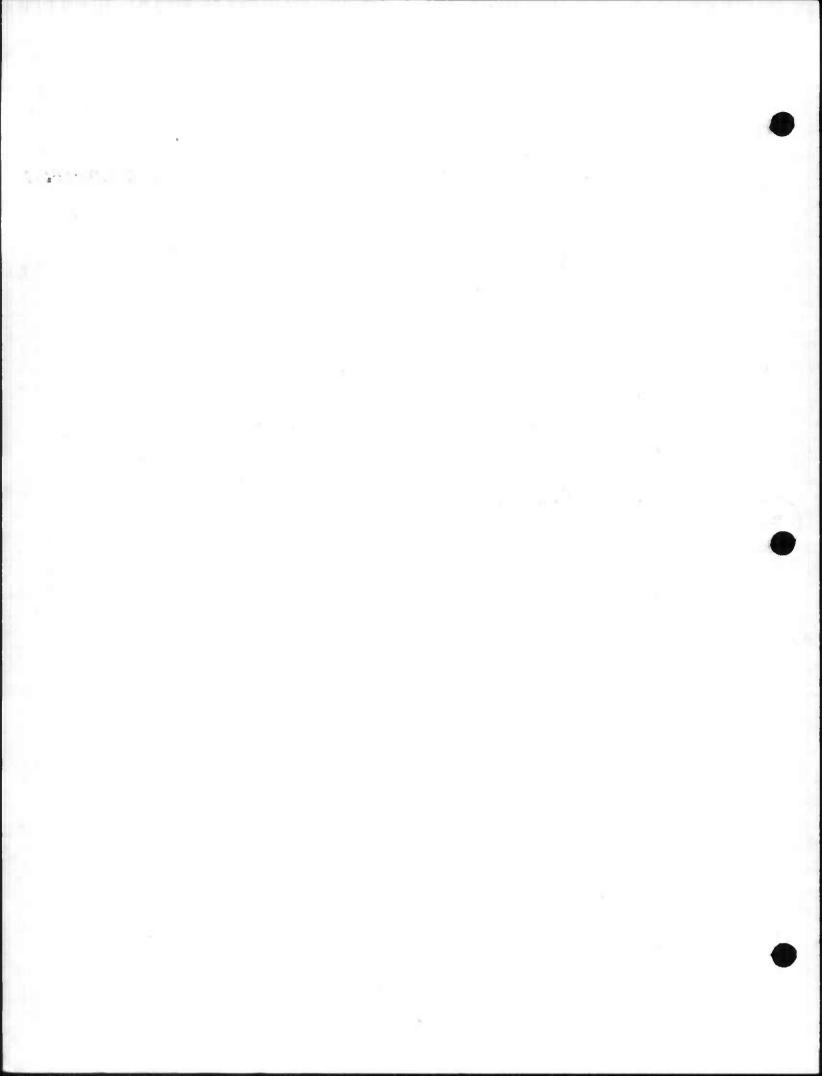
96 27273

					Certifica	te of Death		Reg. No.	
п	Physic	an	1. Decedent's Name (First, Middle, Last	•	Danke		2. Date of Do	eath Day	Year 3. Time of Death
	/Medi			DANNA V.	RKOOKS		Sept	10	1996 6:40 pm
j	Examir	ner	4a. Facility Name (If not institution, give	street and number) RIDGE	N.H.	4b. City, Town, o	Location of Deal	h 4c. County	Salto
	Funeral Director		5. Social Security Number 217-05-2405  Usual Residence of Decedent	M 20 F 7. Age (In yrs	Yrs. If Und Months	er 1 Year If Under 24 Hi Days Hours Mi		th ey. Year) 5,1912	9. Birthdiace (State or Foreign
	Maryland H show thed at	tor	10a. State 10b. Coonty 5 a	10c. C	ity, Town or Location				10d. Inside City Limits 1 ☐ Yes 20 No
	th with the 23e or 28e	Funeral Director	6736 Brom	oten Rd	10f. Z	ip Code 2120	7	10g. Citizen of W	/hat Country?
020	n 72 hours after death with the Manyland "naturel", or items 23a or 28a-f show potest Examinet must be published at	by	11. Marital Status  1 Never Married 2 Married  3 Widowed 4 Divorced	12. Was Decedent Ever in t Armed Forces? 1 Yes 2 Nio If Yes, Give Year or Dates:	J,S. 13. Was Dec If Yes, sp 1 ☐ Yes	edent of Hispanic Origin? ecity Cuban, Mexican, Pue 2000 Specity:	(Specify Yes or Norto Rican, etc.)	14. Race Black Specify:	- American Indian, k, White, etc.
21215-0020	E 1 (B)	Completed	15. Decedent's Edu (Specify only highest grad Elementary/Secondary (0-12)	cation e completed) College (1-4055+)	16a. Decedent's Us	rork done during most of w use retired)	rorking	18b. Kind of Bu	
Maryland	should be filed within nd Mental Hygiene. merked other than urratic event, the M	To Be (	Tames Name (First, Mindle, Last)	ad Bam	25	18. Mother's N	ame (First, Middle -abeth	, Maiden Surnam	e)
e, Mar	1 and 2 sho Health and em 27 is me other treums			nnis-Daug	6736	Brompto	n Rd	Balt	v, md 21207
Itimore	permit. Pages 1 and 2 Department of Health a Important: If Item 27 is any injury or other tre		20a. Method of Diaposition  13 Burial 2 Cremation 3 F  4 Donation 5 Other (Specify)	Removal from State	Piece of Disposition (Micometery, crematory or	other place)	a/14/96	Balta	City or Town, State
	Depari Depari Impor		21. Signatura of Epineral Service Licens	March	430	and Address of Facility  The fitter  Wabas	sh Av		
			23a. Part1. Enter the disease, or compi shock, or heart feilure. List only o	lcations that caused the dea ne cause on each line.	th. Do not enter the mo	ode of dying, such as cardi	ac or respiratory	irrest,	Approximate Interval Between Onset and Death
	Physician /Medical Examiner	Je.	Immediate Cause (Final disease or condition resulting in death)	_	or as a consequence of	):		· ·	6 weeks
BOX 68/60,	certificate be executed nding physician and use as the burial-transit;	n/Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	Due to (	or as a consequence of		I PNIM	LOMA	Rmonth
	death of for	sicia	Pert II. Other significant conditions col	ntributing to death but not re-	sulting in the underlying	cause given in Part I	23b. Did	tobacco use con	tribute to the cause of death?
, r.	ws that the death igned by the atter be detached for	by Physician				odddo gifoli wy dili.		_	3 Probably 4 Onknown
of Vital Records,	aw requir st been s 2 should	Completed b					24a. Was	an autopsy ormed?	24b. Were autopsy findings available prior to completion of cause of death?
H	The The page .	Con					10	Yes 20 No	1 Yes 2 No
VIE	ician: Th certificate rector, pag	Be	25. Was case referred to medical examiner?	Hospital:		Out	eath (Check only		
5	Physical Phy	1: To	1 ☐ Yes 2 ☑ No ☐ 27. Manner of Death	28e. Date of Injury	ER/Outpatient 3 C	Nursing	1	how injury occurr	
DIVISION	Attending or death. Vector: After by the fune	Certification:	1 ☑Natural 5 ☐ Pending 2 ☐ Accident Investigation 3 ☐ Suicide 6 ☐ Could not be	(Month, Day Year)  28e. Placa of Injury - At h	Injury M	28c. Injury at Work? 1 Yes 2 No		· ·	er or Rural Route Number,
š	호등급등		4 Homicide determined	building, etc. (Speci	ity)		City or To	wn, State)	
/	Fun Fun	edical	29e. Certifier 1 Certifying Physical Check only one) 2 Medical Exami	elclan: To the best of my knowner: On the basis of examination and manner stated.	owledge, deeth occurre ation and/or investigetio	d at the time, date and pla n, in my opinion, death oc	ca, and due to the curred at the time	date and place, a	nner as stated. and due to the cause(s)
	of the second	Me	29b. Signature and title of certifier	Querce.	DD 25	9c. License number	2/		1 (Month, Day, Year) 1667 12, 1996
,			30. Name and address of parson who co		m 23a) (Type, Print)	·K Heights /		~ pierv	1001 10,1170
			DEDOTON I	Pierce	1770 lar	K MEIGHTS /	quenue		
	Sta	ite	2FbJ 3,1886	Jaha a moura to	artife#6				



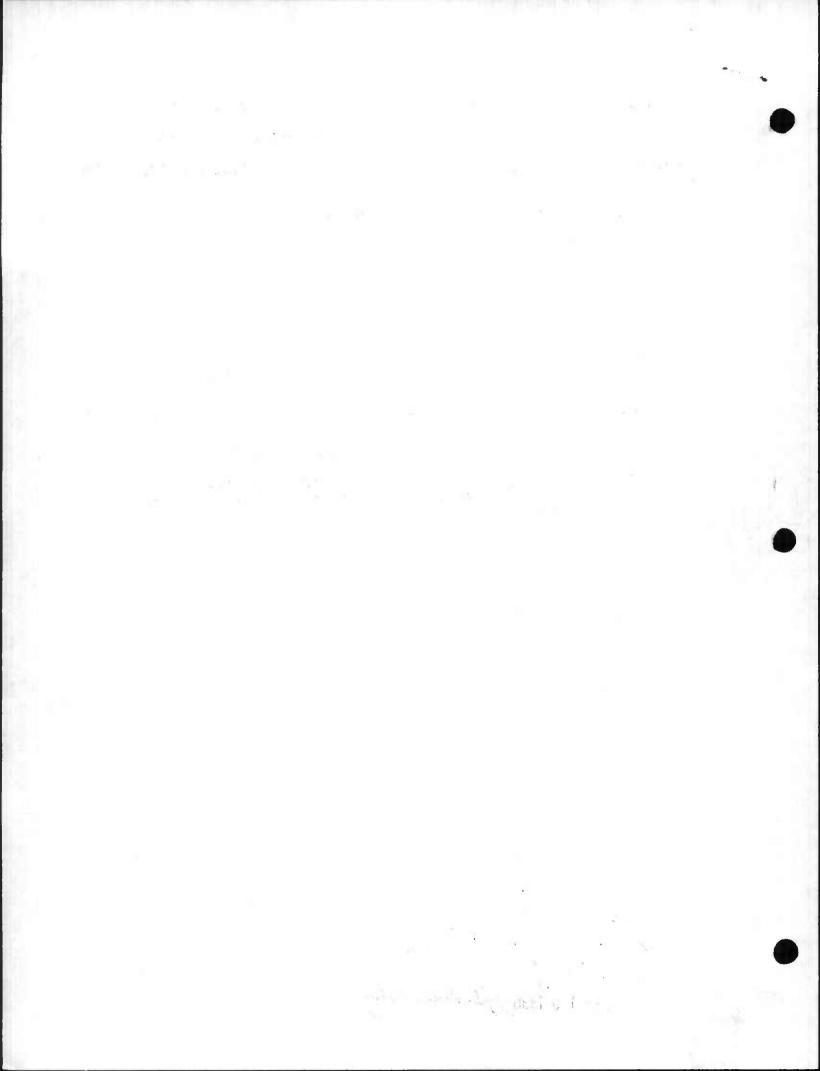
					Certificate of	Death	Reg. No.	too I too I I
п	Physic	ian	1. Decedent's Neme (First, Middle, I	ast)			Dete of Deeth Month Dey	3. Time of Death
	/Medi		DAVID B	URTON			Month 9 Dey 6	96 3:30 p.m.
	Exami	ner	4a. Facility Name (If not institution, g	010.0		4b. City, Town, or Location	on of Death 4c. County	of Death
			Gift of Hope +	tospice 819 N.	COLLINGTON AVE	Galtimore	•	
	Funeral Director		5. Social Security Number 8.  216-78-8668  Usuel Rasidance of Decedent	Sex 7. Aga (In yrs. I	Yrs. Months Deys	If Undar 24 Hrs. 8. Hours Min.	Data of Birth (Month, Day, Year) 2-15-60	9. Birthplace (State or Foreign Country)  BALTMOREM D
	dend wo		10a. Stete 10b. County	10c. City	, Town or Location			10d. Inside City Limits
	Mary F	to	Md	Bal	timore			1  Yes 2 No
	r 28s	Director	10e. Street end Number		10f. Zip Coda		10g. Citizen of V	Vhat Country?
	h wit		818 N. Collinat	on Ane.	21203	5	1150	
	deat	Funeral	11. Maritai Status	12. Wes Decedent Ever in U, Armed Forces?	S. 13. Wes Decedent of H	Hispanic Origin? (Specify en, Maxican, Puarto Rica	Yes or No- 14. Rac	e - American Indian, ik, Whita, atc.
21215-0020	a within 72 hours after death with the Maryland jiene. I then "naturel", or frems 23a or 28a-f show the Medical Examiner must be notified at the Medical Examiner.	by	1 ☑ Never Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	1 ☐ Yes 2 17 No If Yes, Give Yaer or Datas:	1 ☐ Yes 200 No		Specify	
5-0	72 h	eted	15. Decadent's (Specify only highest of	Education	16a. Decedent's Usual Occup (Giva kind of work done life. DO NOT use retire	pation	16b. Kind of Bu	isiness/Industry
121	within iene. then	Completed	Elemantary/Secondery (0-12)	College (1-4or 5+)	Day a . 1	d)	6	
	a filed v		17. Father's Neme (First, Middle, La.	me1	DUS DOY	40 Mathada Nama /Fi	rst, Middle, Meiden Surnam	uraurti
Maryiand	Mental I Merital I arked of etic eve	Be c	-throng as B	111		Ada Las		6)
7	2 should b and Menta is marked sumetice	To	19e. tnformant's Name/Rejetionship	(Type, Print)	19b. Melling Address (Street	and Number or Burni Bo	HOWAN City or Town	State Zin Code)
Ž	C1 00 00 00		Catherine J. H	almes (Sister)	3929 Taxa H		sonville 71.	37777
re,	other tr		20e. Method of Disposition		leca of Disposition (Neme of ematary, cramatory or other ple			City or Town, Steta
Baitimore			1 Buriel 2 □ Cremation 3 4 □ Donetion 5 □ Other (Spec	☐ Hemovel from Stata	Zion Cemeter	,	9-96 Caltin	wa Md
alti	Departmer Important any Injury		21. Signature of Fuperei Sarvice Lic		22. Nama and Addre			Funeral
B	Depa Impo any is		I San Ca	mile	Hime 17	1) 41 Aluc	th Avenue	
Similar I			23a. Pert1. Enter the diseese, or co shock, or heert fellure. List on	mplications that caused the death	. Do not enter the mode of dyle	ng, such as cardiac or re	spiratory arrest,	Approximete Interval Between
	hysician		Should at House tollard. Elde of	y one couse on each mie.				Onset and Death
	/Medical Examiner		Immediate Ceuse (Final diseese or condition	· Disseminated	Mycobacterium ar	ium intrace	Unlaw insect	cu
	Examino:	la:	resulting in deeth)		res a consequence of):		V	
	ns ted	Examiner		6 AIDS				
	ifficate be executed g physician and as the burial-transit	xar	Sequentielly list conditions, if any, leeding to immediate cause. Entar Underlying Ceuse (Disease or Injury	Due to (or	es a consequence of):			
68760,	siciar buri		Cause, Entar Underlying Ceuse (Disease or injury thet initieted events	. severe di		imyapat	hy	
89	tificating phy as the	edicai	rasulting in death) Last		as a consequence of):		J	
		N/U		a end stag	je renal di	sast.		
ω.	Physician: The law requires that the death cer this cartificate has been signed by the attendir ral director, page 2 should be detached for use	by Physician/M	Pert II. Other algnificant conditions	contributing to death but not resu	alting in the underlying cause give	ven in Pert I.	23b. Did tobacco use cor	ntribute to the cause of death?
P.O.	by the	Phy	15101 101				1 Yes 2 No	3 Probably 4 Unknown
Ś	as the	Ď	uver jain					
ord	pluor bluor	Completed	dianhea				24a. Was an autopsy performed?	24b. Were autopsy findings available prior to
Sec	2 50	npie	10.00100					completion of cause of death?
a	cate						1□Yes 2/1 No	1 ☐ Yes 255 No
<b>#</b>	iiclan: The lav cartificate has irector, paga 2	Be	25. Was case referred to medical examiner?	Hospitel:	SPICATION ST DOL ON	28. Place of Deeth (Ci		
ō	Phys r this	2	1 Yes 2 No	1 ☐ Inpatient 2 ☐ I	ENOutpatient 3L DOA	4 LI Nursing Home	5 ☐ Residence 6 ☐ Other Describe how injury occurr	er (Specify) Hospice
Division of Vitai Records,	Afta fune fune	tion	1 Naturel 5 Pending 2 Accident investigeti	(Month, Dey Year)	Injury Wo	rk?  Yes 2□No	Document in injury document	
S	Atter r dea octor by thu	Hice	3 ☐ Suicide 6 ☐ Could not	d 28e. Piece of injury - At no	me, ferm, street, fectory, office	281.	Location (Streat end Numb	er or Rural Route Number,
ā	s afte	Certification:	4 ☐ Homicide	building, atc. (Spacify	)		City or Town, State)	
	To the Hospital or Attending Physician: The Is within 24 hours after death.  To the Funeral Director: After this cartificate he completely filled in by the funeral director, page	edical	29e. Certifier 11X Certifying F (Check only one)	hysicien: To the best of my know miner: On the besis of examineti end manner steted.	viedge, deeth occurred et the tir ion end/or investigetion, in my o	me, dete end pleca, end oplnion, deeth occurred e	due to the cause(s) end me t the time, dete end piece, a	nner as steted. and dua to the cause(s)
	within To th	X	29b. Signature and title of certifier		29c. Licens	se number	29d. Deta signed	(Month, Day, Year)
	(		16le Rah	mon MD	N3:	303	Septembe	n 6,1996
	W		30. Neme and address of person who	completed cause of death (Item	23a) (Type, Print)			
				ahlmon MD	Johns H	opkins Hosp	ital	
	Sta		31. Date filed (Month, Day, Year)	32. Registrer's Signet				
245	Registr	ar	SEP1 3 1996	Jaba Stocker Real				

DHMH 16 Ray 6/95



# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 27275

_	, e.		Certificate of Death Rag. No.											
	Physic	ian	1. Decedent's Name (First, Middle, La						2. Data of De	eth	3. Time of Deeth			
	/Medi		Alice S.	Bezold					Septem		12:30 PM			
	Exami	ner	4e. Fecility Nema (If not institution, given 3510 Ridge Road	e street and number)				4b. City, Town, or I Westmins	ter	Carroll				
	Funeral Director		5. Social Security Number 212-22-255  Usual Residence of Decedent	F 7. Age	e (In yrs. last b 95		If Under 1 Ye Months Dey			y, Year) 9. Birth Y, Year) 900 Mary	piece (Stete or Foreign intry) Land			
	land ow		10e. Stete 10b. County		10c. City, Tov	wn or Locat	lion	•			10d. Inside City Limits			
	the Mary 28a-f sh	ector	Maryland Carrol	1			estmin				1 ☐ Yes 2√7 No			
	23a or	Funeral Director	3510 Ridge Road				10f. Zip Code 2	1157		10g. Citizen of Whet Country? U.S.A.				
21215-0020	72 hours efter death with the Maryland natural", or Items 23s or 28s-f show dical Enaminer must be notified at	by	11. Marital Stetus  1 ☑ Never Merriad 2 ☐ Married  3 ☐ Widowed 4 ☐ Divorced	12. Was Decedent I Armed Forces? 1 ☐ Yes 2 ☑ N If Yes, Give Yeer or Detes:		If Y	as, specify C	f Hispanic Orlgin? (Spuben, Maxican, Puerti o Specify:	pecify Yas or No o Rican, atc.)	Biack, White				
5-0	n 72 hours "natural", ed cal Exp	eted	15. Decedent's E	lucation de completed)	16a	. Deceden	t's Usuel Occ	supetion ne during most of wor	kina	16b. Kind of Business/Ir	ndustry			
121	withir ane. than	Completed	Elementery/Secondery (0-12)	College (1-4or 5	+)		NOT use reti	ne during most of workingd)		Domesti	C			
Maryland 2	Hygi Hygi sher ant,	Be	17. Fether's Neme (First, Middle, Last, Henry Bezold			110	il Cilare			Meiden Surname)				
ryla	d 2 should be th end Mental 7 is marked of traumatic ev	10												
	and 2 sh lealth end m 27 is m		19e. Informent's Neme/Reletionship ( Ken Clarke (Neph		3.	510 R	idge R	oad Westm:	inster,	er, City or Town, State, Zi Maryland 21	157			
Baltimore,	of H of H f Ite				cemete	ery, cremat	on (Name of ony or other p emeter		, 1996	20c. Location - City or T Sykesville,				
Balt	permit. Pag Department Important: I any Injury o		1X Buriel 2   Cremation 3   Ramoval from Stete   Lakeview Cemetery Sept.11,1996   Sykesville, Maryland											
右	77.0		23e. Pert1. Enter the disaese, or com shock, or heert feilure. List only	plications that daused	the death. Do						Approximete Interval Between			
	Physician /Medical Examiner	niner	Immediate Cause (Final disease or condition resulting in death)		Due to (or eace			y ou	rest RLL		Onset end Death			
x 68760,	centificate be executed iding physician end ise es the burlei-transit	Medical Examiner	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initieted events rasulting in deeth) Last	c. Then	Due to (or as e Due to (or es a	۸ .	2	(menti	n A	3 herman				
Bo	eeth ce ettend I for us	lan		d.						1				
P.O.	that the deeth cert ed by the ettendin deteched for use	Physician/	Pert II. Other eignificant conditions of	ontributing to death bu	t not resulting i	n the unde	rlying cause	givan in Part I.	23b. Dld 1	obacco usa contribute t	to the cause of death?			
S, P.	requires that the deeth been signed by the etter hould be deteched for u	by Ph	- Analysia	- un	li fo	rtv	rial		10'	Yee 2 No 3 Pro	bably 4 Unknown			
Sord	require been si should I	eted			U					rmed? av	Vere eutopsy findings vailable prior to completion of cause			
l Re	9 % N	Completed							101	01	deeth?			
/ita		Bec	25. Was case referred to medical exeminer?					28. Piece of Dee						
0	Physician: rthis certific ral director,	To	1 Yes 2 No	Hospitel: 1 ☐ Inpatier			3LI DOA			lenca 8 Other (Speci	fy)			
Division of Vital Records,	ath. rt: After I	ation:	27. Menner of Deeth 1 ☑Neturel 5 ☐ Pending 2 ☐ Accident investigetion	28e. Dete of Injun (Month, Dey		Tima of Injury	28c. In W	ury at ork? □ Yes 2 □ No	28d. Describe h	low injury occurred				
Divis	of or Atte	Certification:	3 Suicide 6 Could not be determined	28e. Plece of Inju- building, etc.	ry - At home, fe (Specify)	erm, street,	factory, offic	a	28f. Location (S City or Tow	Street end Number or Run n, State)	al Route Number,			
	To the Hospital or Attending is within 24 hours effer death. To the Funeral Director: After completely filled in by the funer	edical C	29a. Certifier (Check only one)	reician: To the best of inar: On the bests of end manner stet	examinetion en	e, deeth oo id/or invest	curred et the igation, in my	time, dete end plece, opinion, deeth occur	end due to the orred et the time, o	ceuse(s) end menner as a dete end pleca, and due t	steted. o the ceuse(s)			
	ro the	Me	29b. Signature and title of certifier	0			29c. Lice	nse number		29d. Dete signed (Month,	Day, Year)			
			> Sholnila	Sira	i91.1	S	1	30119		9-10-0	16			
	10		30. Name and eddress of person who of SHAHLDA	1916012	5 M	6)	6			ILLE ROAL				
	Sta Registra		31. Dete filed (Month, Sey, Pet) 3	1996 <sup>32</sup> Febru	Martes	Rardo	Ц				]-			



State of Maryland / Department of Health and Mental Hygiene

9	77	2	7	C
6	-	6	1	U

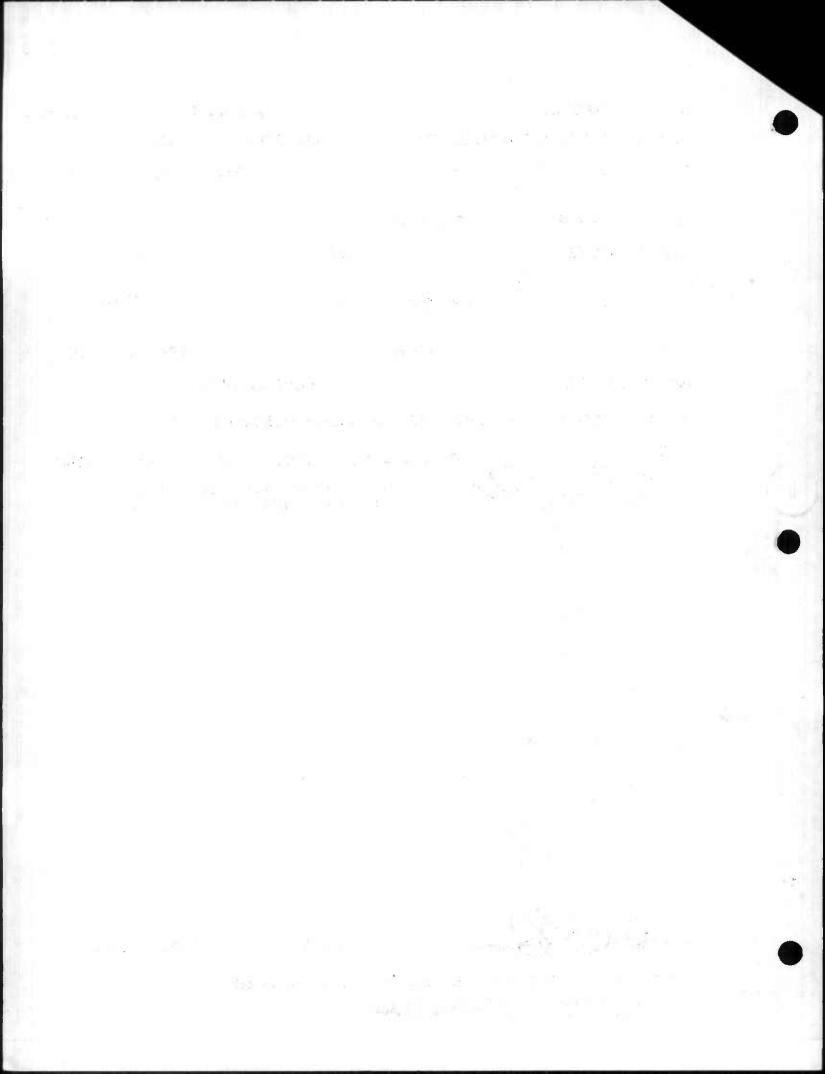
Certificate of Death 1. Decedant's Name (First, Middla, Last) 2. Date of Deeth 3. Time of Death Month Physician **BEDRUNKA** SEPT. 9, 1996 6:00 A.M. /Medical 4e. Facility Name (If not institution, give street end number) 4b. City. Town, or Location of Deeth 4c. County of Death JOHNS HOPKINS BAYVIEW MEDICAL CENTER BALTIMORE N/A 5. Sociel Security Number 6. Sex If Un r 1 Y r | If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) APR. 14, 1916 7. Age (In vrs. lest birthday) Birthplece (State or Foreign Country) **Funeral** 1 □ M 2 □ F Months Days Hours 216-01-4455 80 Yrs. Director MD Usuel Residence of Deceden with the Maryland 10a State Show 10b. County 10c. City. Town or Location 10d. Insida City Limits 7 is marked other than "natural", or items 23s or 28s4 show traumatic event, the Medical Experimenments be notified at Director 1 ☐ Yes 2 ☐ No BALTIMORE BALTIMORE 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 6805 5TH AVENUE 21222 U.S.A. Funeral 12. Wes Decedent Ever in U.S. 1
Armed Forces?
1 Ayes 2 No
If Yes, Give
Year or Dates: 1942-1945 11 Marital Status 13. Was Decedent of Hispanic Origin? (Specify Yes or No If Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 14. Race - American Indian, Bleck, White, etc. hours efter 1 Never Married 2 Married 6 Barrimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: þ 3 ☐ Widowed 4 ☑ Divorced Specify.WHITE Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decadent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Hygiene. Elementary/Secondary (0-12) Collaga (1-4or 5+) LABORER BETHLEHEM STEEL Department of Health and Americal Hy, Important if Item 27 is merical Hy, Important III is a series of the Importa 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Be MATHIAS BEDRUNKA MARIE C. ATHENS 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) BERTHA I. MENNIT (PERSONAL REP.) 6805 5TH AVENUE BALTIMORE MD 21222 20b. Place of Disposition (Name of cametary, crematory or other place) 20c. Location - City or Town, State 1 

Burial 2 □ Cremation 3 □ Removal from State OAKLAWN CEMETERY 4 ☐ Donation 5 ☐ Other (Specify) SEPT. 11,1996 BALTIMORE MARYLAND 21. Signature of Funeral Service Lit 22. Name end Address of Facility BRADLEY-ASHTON FUNERAL HOME, INC. 2134 DUNDALK AVENUE BALTIMORE MD 21222 23a. Part 1. Enter the disease, or comblications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** Immediata Causa (Final disease or condition resulting in death) /Medical a END STAGE CHRONIC OBSTRUCTIVE PULMONARY DISEASE YEARS Examiner Due to (or as a consequence of). END STAGE CARDIOMYOPATHY YEARS certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last bunial-tran Due to (or as a consequence of): Box 68760. physician Physician/Medical the Due to (or as a consequence of) for use es 98 P.O. I Part II. Other significant conditions contributing to death but not rasulting in the undarlying causa given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by 1 Tyes 2 No 3 Probably 4 ☐ Unknown Records, þ 8 Completed 24b. Were autopsy findings aveilable prior to complation of cause of death? 24a. Was an autopsy performed? The law hes 1 Yes 2XNo certificate 1 Yes 2 No Division of Vital Hospital or Attending Physician: 25. Was case raferred to medicel examinar? Be 26. Placa of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospitel: ¼XXnpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 10 1 Yes 2 No this 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? 28d. Describe how Injury occurred Certification: 28b. Time of After 1 Natural 5 Pending investigation Injury death. 1 Yes 2 No within 24 hours after death To the Funeral Diractor: A completely filled in by the f 2 Accident 6 Could not be determined 3 Suicide 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide edical Certifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data end place, and due to the cause(s) manner stated. 29a, Certifier (Check only one) 29b. Signature and this 29c. License number 29d. Date signad (Month, Day, Year) D28461 SEPT. 9, 1996 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) RICHARD BENNETT MD 5505 HOPKINS BAYVIEW BALTIMORE MD 21224

State Registrar

Registrar's Elgnature



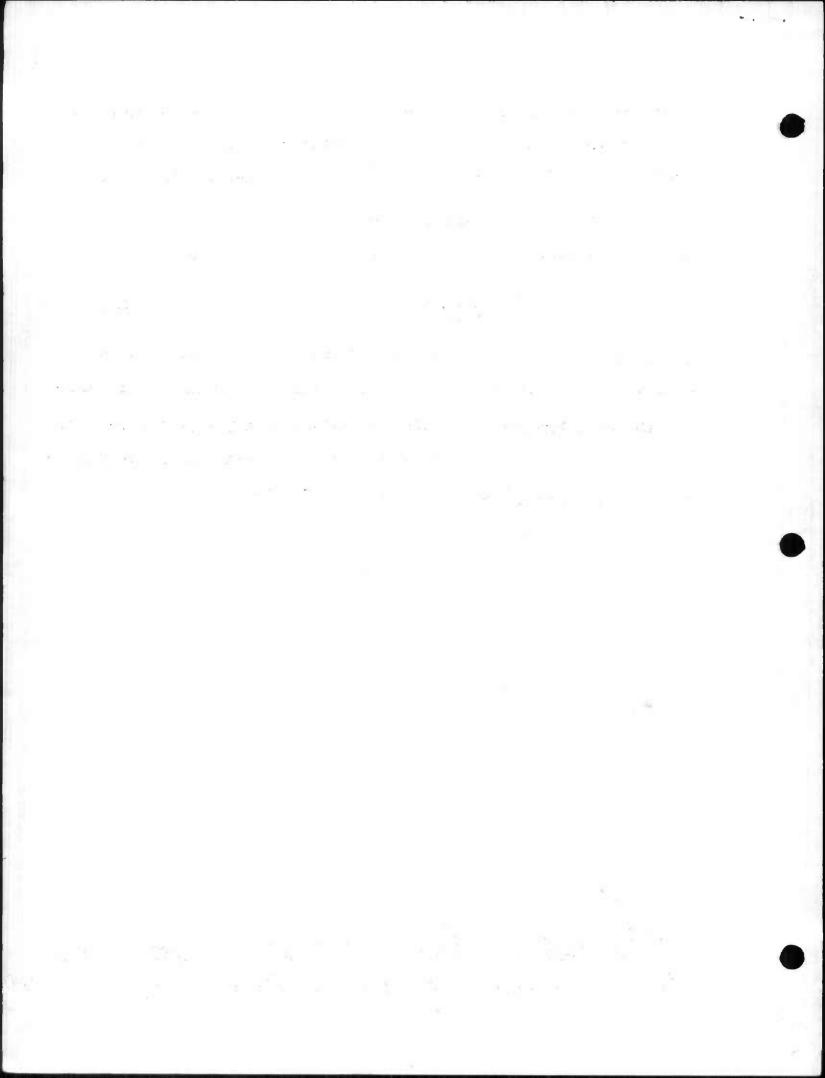
State of Maryland / Department of Health and Mental Hygiene

96 2727

								Cer	tificat	e of	Death			Reg. No.			
			. Decedent's Neme (First,	Middle, La	ist)								2. Dete of D	eeth	507:01	3. Time of Death	
Phys	sicia edica	_	William .	JOSE	PH P	72.00	KLE	HUR	<t< td=""><td></td><td></td><td></td><td>Septen</td><td>nber 12-</td><td>Year 199 (</td><td>0215 Am</td></t<>				Septen	nber 12-	Year 199 (	0215 Am	
	eaica mine		e. Fecliity Neme (If not ins				- 10 000			4	b. City, To		cation of Dee		ty of Deeth	02)37,11	
, EAU			Good Samari	tan H	ospital					E	altir	more	City	N/	'A		
Fune	ral		Sociel Security Number	6. 5	Sex	T	(In yrs. la	st birthdey)	If Under Months			24 Hrs. Min.	8. Dete of Bi (Month, D	irth	9. Birthp	plece (Stete or Foreign	
Direct	tor		20-36-1318 suel Residence of Deced		1⊠M 2□F	5	6	Yrs.					Feb. 2	1940	Mary		
how			0a. Stete 10b. C	ounty			10c. City,	Town or Loc	cation						1	Od. Inside City Limits	
e Me		N 1	aryland N/	Α			Balt	imore	City							1 X Yes 2 ☐ No	
4 th		1	0e. Street and Number						10f. Zip					10g. Citizen of		ntry?	
23a			104 Fleetwoo	od Av	enue				212	06				U.S.A.	I.S.A.		
Mich y Idilia A I A I S - DOZZO d 2 should be filed within 72 hours efter death with the Menylend h and Mentel Hygiene. 7 is marked other than "natural", or itams 23a or 28a-f ahow traumatic avent, the Medical Examiner man be nothed at		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Maritel Stetus     Never Married 2 □     Widowed 4 □ Div.		12. Wes Dec Armed F 1 Dyes It Yes, G Year or I	orces? 2 N		lt.	Ves Deced Yes, spec	ify Cuba	lispanic Or an, Mexica Specify:	n, Puerto	ecify Yes or N Rican, etc.)		eck, White,	etc.	
4 I Z I 3-UUZU d within 72 hours of jiene. r than "natural", or the Medical Exam			15. De	cedent's E	ducation	3,	/21/6	T6a. Deced	ent's Usue	I Occup	ation			16b. Kind of			
A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Completed	(Specify only Elementery/Secondary (		ade com <i>pleted</i> , College		4)	(Give k	kind of wo	rk done i se retired	du <i>ring</i> mos d)	t of work	ing				
d with		Ę 1	.2th Grade	7-12)	College	(1-401 3		Securi	ity C	ffic	ær			Public	: Scho	ol	
a fight		1 0	7. Fether's Neme (First, M	liddle, Last	)						18. Moth	er's Nem	e (First, Middle	e, Meiden Sume	me)		
uid b Wents		C	harles		Ever	ett		Brock1	Lehur	st	Cla	ra	Cec	ælia	Bro	ckmeyer	
d 2 should be file th and Mental Hy 7 is marked othe traumatic avent.	Ι'		9e. Intorment's Neme/Rel	etionship (	Type, Print)		•	19b. Melling	g Address	(Street	end Numb	er or Aur	al Route Numi	ber, City or Tow	n, Stete, Zij.	Code)	
		J	Geanette Broo	ckleh	urst/Wi	.fe		4104 E	Pleet	wood	l Ave	nue,	Baltin	more, Ma	rylan	d 21206	
2 2 2 2 0		2	De. Method of Disposition	B.F	10 - marrallana	Chaha	20b. Ple	ce of Dispos	altion (Ner	ne of ther plac	ce)		Dete	20c. Location	- City or To	own, Stete	
Pages nent of int: if it			1 XBuriel 2 ☐ Creme 4 ☐ Donetion 5 ☐ Ott			Stete	Par	kwood	Ceme	tery	7	9/	L4/96	Baltin	pre,	Maryland	
Deficient Page Department of Important: If any injury or	8	2	Parkwood Cemetery 9/14/96 Baltimore, Maryland  1. Signeture of Function Service Licensee  22. Name and Address of Facility John C. Miller, Inc.														
O RAES	8	4	1	- 1	34	7									.1 7	21.206	
		1	6415 Belair Road, Baltimore, Maryland 21206 Approximate shock, or heart tellure. List only a such as cardiec or respiretory errest, list only a such as cardiec or respiretory errest.														
Physicia /Medic	al	le	mmediate Cause (Final	. List only											7	Onset end Deeth	
Examin		r	esulting in deeth)		e. /\\		Due to (or	es e consequ	uence of):	VO		-	300	0000			
D 4		5										7	ntau	retur			
ocute ind trans		5	e. Acute Anterior Wall hypocordial 4hs.  Due to (or es e consequence of):  Due to (or es e consequence of):  Due to (or es e consequence of):														
e est lan a	Ú		equentielly list conditions eny, leeding to immediate ause. Enter Underlying												1		
eeth certificate be executed etending physician and for use as the bunal-transit		the state of	Ceuse (Diseese or Injury net initieted events esulting in deeth) Lest	C:													
entific ding p		E													1		
eth ce thendi					d				-								
the etter		P	ert II. Other significant co	enditions o	ontributing to o	leeth bu	t not resuit	ting in the un	deriying c	ause giv	en in Pert	l.	23b. Did	l tobacco uee c	ontribute to	o the cause of desth?	
at the	1												17	¥00 2□ No	3 Pro	bably 4 Unknown	
res that the designed by the electron detached for	1																
aw requi		naie le								_			24e. Wei	s an autopsy iomned?	SV CO	ere eutopsy tindings elleble prior to empletion of cause death?	
The law ate hes page 2		5											1 🗆	Yes 20 No	1[	Yes 20 No	
ician: The certificate rector, par			5. Wes case reterred to m	edical							26. Place	e of Deet	h (Check only				
	1	)	exeminer?		Hospitel: 1 🗆	Inpatier	nt 20E	R/Outpatient	3 🗆 DC	A Oth	et.			idence 6 🗆 O	ther (Specif	(y)	
Attanding Physic deeth.				Pending nvestigetion		ot Injur	Year) 2	28b. Time of Injury	М 2	8c. Injun Wor	yet k? Yes 2 □		28d. Describe	how injury occ	irred		
x 2 5 c			3 Suicide 6 C	Could not b letermined	200. FIEU	e oi Inju ling, etc.	ry - At hom (Specify)	ne, ferm, stre	et, tectory	, office				(Street and Nun own, Stete)	nber or Rure	al Route Number,	
To the Hospital or within 24 hours after To the Funeral Director completely filled in	l collection		9e. Certifier 1 Ce (Check only one) 2 Me	rtifying Ph	yelcian: To the ninar: On the b end mer	pasis of	examinetic	edge, deeth on end/or inve	occurred estigetion	et the tin	ne, date er pinion, dea	id place, ith occurr	end due to the red at the time	e ceuse(s) end r	nanner es s , and due to	tated. the ceuse(s)	
Vithir To th		-	9b. Signature and title of o	ertilier	0		1		290	. Licens	e number			29d. Date sign	ed (Month,	Day, Year)	
( )	Į.		N leur	sta.	Vin	W	1 Kx	in	1	XI	35	64		Sport	12	1996	
17	1	30	0. Name and address of p	erson who	completed cau	ise of de	ath (Item 2	23a) (Type, F	Print)		(	- 1		apr	104)	1996 Stimoup	
V			(9000 S	Q INA	DINT	914	Hos	05	(A)	1/	orh	Pa	1 HM	Blind	B	Stronout	
	Ctot	3	1. Dete tiled (Month, Dev.	Year)	0 00	Registre	Scionary	ha/					-000	1-100	110	1	

Registrar

SEP 13 1996



State of Maryland / Department of Health and Mental Hygiene 96 27278

	U /	39 9/20/96 t.t		Cei	tificate of	Death		Reg. No.	0 41410					
Physic	ian	Decedent's Name (First, Middle, L.					2. Data of De Month SE	PT. Dey	3. Time of Deeth Yeer					
/Med		LINWOOD	WARREN			RETT	- AUGU:	<del>ST</del> 10,	1996 12:23 A					
Exami	iner	4e. Facility Neme (If not institution, gi		a a a a a a a a a a a a a a a a a a a			r Location of Daar							
		GREATER BALT I  5. Sociel Security Number 6.			ER If Under 1 Yeer	TOWS			TIMORE					
Funeral Director			Sex 7. Age (In yrs. 1	Vre	Months Deys	Hours Mi	n. (Month, D	25,1910	Birthpleca (State or Foreign Country)     Md .					
fand wo		10e. Stata 10b. County	10c. Ci	ty, Town or Lo	cation				10d. tnside City Limits					
Mary First	tor	Md. Baltim		D-14	imore				1 ☐ Yes 25kNo					
r 282	Director	10e. Street end Number	ore	Ball	10f. Zip Code			10g. Citizen of	Whet Country?					
th wit		12 Greenbury Ct.		21207				US	A					
s i and 2 should be filed within 72 hours after death with the Maryland f Haaith and Mental Hygiene. Item 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Mental Examiner must be nutified at	by Funeral	11. Maritei Status  1 Navar Married 2 Married  3 M Widowed 4 Divorced	12. Was Decedant Evar in U Armed Forces? 1 ☐ Yas 2 ⅓ No If Yes, Give Yeer or Dates:		Vas Decedent of Nest Specify Cub	dispanic Origin? ( en, Mexicen, Pua	Specify Yas or No irto Rican, etc.)		ca - American Indian, ck, Whita, atc.					
2 hor		15. Decedent's E	ducation	16e. Deced	ent's Usuel Occup	petion	16b. Kind		usiness/Industry					
a. In 'n	Completed	(Specify only highest gr Elementery/Secondary (0-12)	rede completed)  College (1-4or 5+)	(Give	ent's Usuel Occup kind of work done OO NOT use retire	during most of w d)	orking		nd State					
od wil	200	6		Grou	nds Keep	er		Fair G	rounds					
a la la la la la la la la la la la la la	Be (	17. Father's Neme (First, Middle, Las	1)			18. Mother's Na	ame (First, Middle	ne)						
Ment Ment arke	0	Franklin	E	arrett		Amelia			May					
and sis ma		19a. Informant's Neme/Relationship	(Type, Print)	19b. Mailin	ailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)  Greenbury Ct. Baltimore, Md. 21207									
and laaith m 27 her tu		Michael T. Edward												
gas 1 I of H If ite or ot		20e. Method of Disposition 1 StBurlal 2 ☐ Cremation 3 D	Removel from State	ce)	Dete	20c. Location -	City or Town, Stete							
men tant: jury					9/14/96	Timon	ium, Md.							
permit. Pagas 1 an Department of Haai Important: If Item 2 any injury or other once.		21. Signature of Funeral Service Lice	20b. Plece of Disposition (Neme of cametery, cremetory or other plece)  20c. Location - City or Town, Stete  20c. Location											
Physician /Medical Examiner	Jer .	23a. Part1. Enter tha diseese, or con shock, or haert feilure. List only Immadlete Ceuse (Finel diseese or condition rasulting in deeth)	SEPSIS AND PNEU		MPLICATING		TION STASES		Approximate Intervel Between Onsat and Deeth					
ficate be axecuted physician and is the burial-transit	Examiner	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury												
CI W	Medicai	Cause (Disease or injury that initieted events resulting in deeth) Lest	C. Due to (o	r es e consequ	uence of):									
attendin for usa			d											
tha at	Physician/	Pert II. Other significant conditions	contributing to death but not res	ulting In the un	darlying cause giv	ren in Pert I.	23b. Dld	tobacco use co	ntributs to the cause of death?					
d by th		CHRONIC OBSTRUCTIVE F	PULMONARY DISEASE				10	Yes 2 No	3 Probably 4 Unknow					
law requires that the der as been signed by tha a r 2 should be datached f	Completed by						24a. Was	en eutopsy ormad?	24b. Were autopsy findings evallable prior to completion of cause of death?					
Tha ata h	000						10 A	Yes 2□No	Yes 2 No					
ysicien: The law s certificate has I director, page 2 s	Be	25. Wes case raferred to medicel exeminer?				28. Pleca of De	eth (Check only	one)						
Physician: this certific ral director,	10	YEXYes 2□ No	Hospital: 1 Inpatient 2	ER/Outpatient	3□ DOA Oth	er: 4 Nursing	Home 5 ☐ Resi	dence 8 Oth	ar (Specify)					
	on:	27. Menner of Deeth 1 ☐Netural 5 ☐ Pending	28e. Dete of Injury (Month, Day Year)	28b. Time of Injury	28c. Injur Wor		28d. Describe	how injury occur	red					
or Attended the dast in by the	Certification:	2 Accident investigation 3 Suicida 6 Could not be determined	28e. Placa of Injury - At he building, etc. (Specify	UNKNOW ome, farm, stre	N	Yes 2 No	City or To	Street end Numb vn, Stete)	per or Rural Route Number,					
To the Hospital or within 24 hours after To the Funeral Discompletely filled in	edical C	29a. Certifier (Check only one)  1 Certifying Ph	unknown  yelctan: To the best of my known  niner: On the basis of examinat end manner steted.	wiedge, deeth tion end/or inv	occurred et the thrastigation, in my o	ne, date end pleo pinion, deeth occ	UNKNOW e, end due to the curred et the time,	causa(s) and mu	anner as stated. and due to the ceuse(s)					
To the Vithin To the	Me	29b. Signetura and title of certifiar	Chuti no		29c. Licens	e number		29d. Date signe SEPTEMBER	d (Month, Day, Year)					

111 Penn Street, Baltimore, Maryland 21201

State

all of the control of 1 0 10 10 20 V 1 2 E

State of Maryland / Department of Health and Mental Hygiene

7	7	2	7	0
6	Ł	6	-	J

					Cei	rtificate of	Death		Reg. No.		
Phys	sician	_	. Decedent's Neme (First, Middle, Last		. 1			2. Dete of De Month	ath Dey	Year	3. Time of Deeth
	dical			EW BR	NWO			SEP.	5	1996	0855
	niner		a. Facility Name (If not Institution, giva	street and number)			4b. City, Town, or L	ocation of Deetl	4c. County	of Deeth	
	_	Ų,	DEATON SPECIALIT			IG HOME	BALTI			N/A	
Funei	_	15	Social Sacurity Number 6. Sa. 15	,	yrs. last birthday) 39 Yrs.	If Undar 1 Yaar Months Days		8. Data of Bir	th YSYgar)	9. Birthp	placa (Stata or Foreign
Direct	or	1	Jsuel Residence of Decedent		) J			3/0/12	/3/	МА	TEARD
/land	81	-	0e. Stete 10b. County	100	c. City, Town or Lo	cation				1	0d. Inside City Limits
h the Marylan r 28a-f show	ò		MARYLAND N/A			BALTIMO	DRE				1 Yes 2 □ No
ith the	Director		0e. Street end Number			10f. Zlp Code			10g. Citizen of \		
5-0020 72 hours efter death with the Maryland neture!', or Items 23s or 28s-f show final Essenting man be notified at	ai		3021 SOUTHLAND AV	'ENUE APT.2	2	21	1225			U.S.A	٦.
ar dea	Funeral	1	1. Meritel Stetus	<ol><li>Wes Decedent Evar Armad Forcas?</li></ol>	in U,S. 13.	Was Decedent of I	Hispenic Origin? (Sp pan, Maxican, Puerto	ecify Yas or No	- 14. Rec	ce - Americ	
S et a	L >		1 Navar Married 2 Married	1 ☐ Yas 2 ☑ No If Yes, Give X		1□ Yes 2No			Specify		
ural'	d by	-	3 ☐ Widowed 4 ☐ Noivorced	Yeer or Detes:	1		250				
Mai yiaiid Zizio-UUZU nd 2 should be filed within 72 hours ef tilth and Mental Hygiene. 27 ie marked other than "naturel", or traumeite event, tie Med all East	Be Completed		15. Decedent's Edu (Specify only highast grad	cation e com <i>pleted)</i>	18e. Deced	lent's Usuel Occu kind of work done DO NOT use retire	petion during most of work	ding .	16b. Kind of B	usiness/ind	dustry
I within jiene.	g E		Eiamentery/Secondary (0-12)	College (1-4or 5+)	1110. 2	DISABLED	,		BAL	TIMOR	RE,CITY
be filed with tal Hygiene.	ပို	1	7. Fether's Neme (First, Middle, Last)	U			18. Mothar's Nam	e (First, Middle,			
Mental Mental	ToB		DAWN WALKER				MARGA	ARET WAL	KED		
d 2 should by the and Menta 7 is marked traumatic ex	1		19e. Informent's Neme/Reletionship (Ty	pe, Print)	19b. Mellin	ng Address (Street	t and Number or Rui			State, Zip	Code)
nd 2 alth a 27 ie			MARGARET WALKER	(MOTHER)	3021	SOUTHLA	AND AVENUE	BALTIM	ORE MAR	YLANE	21225
es 1 and of Healt		2	Oe. Method of Disposition	2	Ob. Piece of Dispo			Dete	20c. Location -		
			1X Burial 2 ☐ Cremetion 3 ☐ R 4 ☐ Donetion 5 ☐ Other (Specify)				RY 9/11/9	16	LANSDOW	NF MA	ARYI AND
Department Important: I any Injury o	3	2	21. Signeture) of Funarel Service License		22	. Nama end Addre	ess of Fecility THERS FUN	AEDAL HO	L/IIIODON	1116 211	W. L. M. D.
255	8		That he	Vale							01017
		1	23a. Part1. Enter the diseesa, or complishock, or heart feilure. List only or	cations thet caused the	daath. Do not ent	er the mode of dyl	AW PLACE E Ing, such es cardiec	or respiretory e	rrest,	AND	Approximata Interval Between
Physicia	ın	1	Shook, of Hoart foliate. Elst only of								Onset and Death
/Medic	_		mmediete Cause (Finel disaesa or condition	LIVE	R FAIL	U25					Z MONTH
Examin			asulting in deeth)		to (or as e conseq	72.0				1	
sit s	Examiner			)						1	
eath certificate be executed attending physician and for use as the burlel-transit	хал	1	Sequentially list conditions,	Due	to (or es e conseq	uence of):					
flicate be ex g physician as the burle	<u>e</u>		Sequentially list conditions, if eny, leeding to immediate ausa. Enter Undarlying Cause (Diseese or Injury het initieled events	)						i	
licate physicate s the	Medical	1	esulting In death) Last	Dua	to (or as a conseq	uence of):				i	
n certifi anding use a	2			l							
death o	Ca	-	ert II. Other elemificant conditions con	tributing to death but go	è roquièles le èse un	ndadulas asuas si	iven in Dark I	22h Did	tohana una an	m d will be a disp. A di	the cause of death?
that the death led by the atter datached for u	hys		ert II. Other significant conditions cor						Yes 2 No		bably 4 Unknown
liras that signed to	S P		CHRONIC MACKER	TITIS, AC	QUIRED	IMMUN	ODEFICIAL	ich	24/10	0_110	bably 4 onknown
requires that the been signed by th should be datache	Completed by Physician		SUNDREME, EPI	DURAL AB	10130	H-4 4 4/4	-4	24a. Wes	en eutopsy	24b. W	ere autopsy findings ellable prior to
lew requires been 2 should	piet	4	29NOREME ETT	JUICAL ATYS	5005	MALNU	RITION	perio	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	CO	mpletion of cause death?
The lew ata has page 2	E							10	Yes 20 No	10	Yes 2 No
iclen: The certificata rector, pag	Be		5. Wes case referred to medical				28. Place of Deer	th (Check only o	one)		
2 00 0	To		axaminer? 1 ☐ Yes 2 (No	lospitel: 1 Inpatient	2 ER/Outpatien	t 3 DOA	her: 4 Nursing Ho	oma 5 Rasi	dance 8 Oth	nar (Specif	y)
After th funeral			7. Menner of Deeth 1 A Neturel 5 □ Pending	28e. Dete of Injury (Month, Day Yea	28b. Time of Injury	28c. Inju Wo	iry et	28d. Describe	how injury occur	red	
Attending or death. actor: After by the fune	atic	3	2 Accidant investigation				Yes 2□No				
r Ath ter de irect	Certification:		3 ☐ Suicide 6 ☐ Could not be determined	28e. Plece of Injury - building, atc. (S)	At home, ferm, stroecify)	eet, fectory, office		28f. Location ( City or To		ber or Rura	al Route Number,
irs of call of	3	L									
To the Hospital or Attendit within 24 hours effer death. To the Funeral Director: A completely filled in by the fu	edicai	2	(Check only 2 Medical Examin	ician: To the best of my ner: On the besis of exa	knowledge, deeth minetion end/or inv	occurred at the ti	ime, dete end plece, opinion, deeth occur	end due to the red et the time,	cause(s) end ma dete end piece,	anner as s	teted. tha cause(s)
the the	Med		one)	end menner steted.		29c, Licen					
5 ½ 5 g		12	9b. Signeture and title of certifier	100					Sep. 5		
1				Vallau i			1136			/	
5		3	O. Neme end eddress of person who co	mpleted cause of death  (CC), MI) (  32. Registrer's S	(Item 23a) (Type,	Print)	C- RI	T. 0 . 0	1 4-5	717	20
	24040	3	11. Dete filed (Month, Day, Year)	32. Registrer's	Rigneture -	つおんじ)	DAC 1	1 Incore	1 -40	010	
	State strar	ľ	cen 1 9 1006	Tilia D	avidson-Ran	delle					

State of Maryland / Department of Health and Mental Hygiene

96

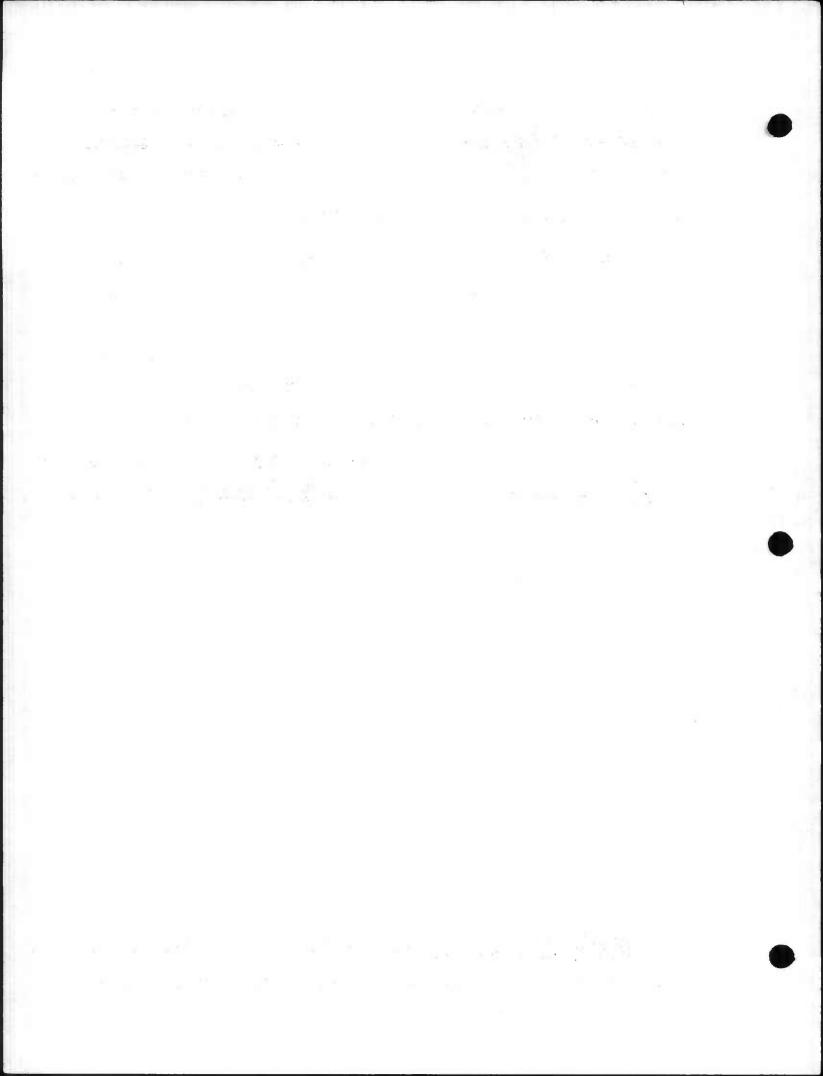
27280

				Ce	rtificate d	of Death		Reg. No.							
- A		1. Decedent's Name (First, Middla, L.	ast)				2. Data of D			. Time of Death					
Physici /Medi		Robert E	Burke					ber 1,	1996 1	1:00 am					
Examir		4a. Facility Name (If not institution, gi	va street and number)			4b. City, Town,	or Location of Dea								
		BENNETT MANOR N			If I ladge 1 V	OAKLANI	D, MARYLAN		ARRETTE						
Funeral Director			Sex 7. Age (In 7. 1	yrs. lest birthday, Yrs.	Months Da		1/21/1	ey, Year)	9. Birthplaca Country) WASHIN	GION, DC					
show show		10a. State 10b. County		. City, Town or L					10d. I	tnside City Limits					
with the Maryland a or 28a-f show Lbs notified at	ctor	MARYLAND GARRET	T CO.	OAKL	AND MAR	YLAND			1	1☐XYes 2☐ No					
0 28 E	Oire	10e. Street and Number			10f. Zip Coo	le		10g. Citizen of	What Country?						
23a unit	le	1616 HARRIS DRIV	E		2	1550		U.S.	.A.						
hours after death with the Mayfa ture!; or items 23a or 23a-f shor al Examiner must be notified at	by Funeral Director	11. Marital Status  1 □ Never Married 2 □ Married  3 □ Widowed 4 □ Divorced	12. Was Decedant Ever Armed Forces? 1 ☐ Yes 2 ☐XNo If Yes, Giva Yaar or Dates:	In U,S. 13.	Was Dacedant If Yes, specify ( 1 ☐ Yes 2 ☐ X	of Hispanic Origin? Cuban, Mexican, Pu No <i>Specify:</i>	(Specify Yes or Nuerto Rican, atc.)	(es or No- n, atc.)  14. Race - American India Bleck, White, etc.  Specify: WHITE							
72 ho neturn Scal J	Completed	15. Decedent's E (Specify only highest gr	ducation	16a. Dece	dant's Usual Oc	cupation	working	16b. Kind of B	usinass/industr	у					
ithin and	nple	Elementary/Secondary (0-12)	College (1-4or 5+)	lite.		one during most of tired)	Working								
A Section of the sect		12	0		UNKNOW		Complete Supu	UNKNOWN							
Mental H Mental H arked oth	To Be	17. Father's Name (First, Middle, Last UNKNOWN	,			18. Mother's I	Name (First, Middle	a, Maiden Sumen							
2 ah is mark		19a. tnformant's Name/Relationship BENNETT MANOR NU				PRIVE OF				le)					
s 1 and Health tem 27 other tr									21550	Ptoto					
0 = 0		1 Surial 2 □ Cramation 3 D	Removal from State	cemetery, cre	metory or other	place)									
thmer thmer thmy ijury			a. Mathod of Disposition  1 \( \omega \) Burial 2 \( \omega \) Cramation 3 \( \omega \) Removal from State \( \omega \) Donation 5 \( \omega \) Other (Specify) \( \omega \) Donation 5 \( \omega \) Other (Specify) \( \omega \) Donation 5 \( \omega \) Other (Specify) \( \omega \) Donation 5 \( \omega \) Other (Specify) \( \omega \) Donation 5 \( \omega \) Other (Specify) \( \omega \) Donation 5 \( \omega \) Other (Specify) \( \omega \) Donation 5 \( \omega \) Other (Specify) \( \omega \) Donation 5 \( \omega \) Other (Specify) \( \omega \) Donation 5 \( \omega \) Other (Specify) \( \omega \) Donation 5 \( \omega \) Other (Specify) \( \omega \) Donation 5 \( \omega \) Other (Specify) \( \omega \) Donation 5 \( \omega \) Other (Specify) \( \omega \) Donation 5 \( \omega \) Other (Specify) \( \omega \) Donation 5 \( \omega \) Other (Specify) \( \omega \) Donation 5 \( \omega \) Other (Specify) \( \omega \) Donation 5 \( \omega \) Other (Specify) \( \omega \) Donation 5 \( \omega \) Other (Specify) \( \omega \) Donation 5 \( \omega \) Other (Specify) \( \omega \) Donation 5 \( \omega \) Donation 5 \( \omega \) Other (Specify) \( \omega \) Donation 5 \( \omega \) Other (Specify) \( \omega \) Donation 5 \( \omega \) Other (Specify) \( \omega \) Donation 5 \( \omega \) Other (Specify) \( \omega \) Donation 5 \( \omega \) Other (Specify) \( \omega \) Donation 5 \( \omega \) Other (Specify) \( \omega \) Donation 5 \( \omega \) Other (Specify) \( \omega \) Donation 5 \( \omega \) Donation 5 \( \omega \) Other (Specify) \( \omega \) Donation 5 \( \omega												
permit. Pa Department Important: any injury ottos.		21. Signature of Funeral Service Lice	22 Name and Address of Eacility ESTEP BROTHERS FUNERAL HOME P.A. 1300 EUTAW PLACE BALTIMORE, MARYLAND 21217  a. Part I. Enter the disease, or complications that gaused the death. Do not anter tha mode of dying, such as cardiac or respiratory arrast, Approximate												
		23a. Part1. Enter the disease, or con shock, or heart failure. List only	Inte	erval Betwean											
Physician /Medicai Examiner		Immediate Cause (Final disease or condition	athero	sclero	tic ca	rdiovas	cular d	isease		years					
LAGIIIIICI	L	resulting In death)	Due	to (or as a conse	quence of):										
led led	Ē		b												
certificate be executed ding physician end ise as the buriel-transit	Examiner	Sequentially list conditions, if any, leading to immediata cause. Enter Underlying Cause (Disease or Injury	Due	to (or as a consa	quence of):										
siciar buri		Cause. Enter Underlying Cause (Disease or Injury that initiated avents	C	. /					-						
p phy	/Medical	rasulting In death) Last	Dua	o (or as a conse	quance or):										
			d												
deeth o	icia	Part II. Other significant conditions	contributing to death but not	resulting in the u	inderlylna cause	a givan in Part I	23h, Did	I tobacco usa co	ntribute to the	cause of death?					
es that the de igned by the e be deteched in	y Physiciar	seizure disord						Yes 2□ No		47					
been s	Completed by		- 12					s an autopsy formed?	availab	autopsy findings ble prior to stion of cause					
0 - 8	Ĕ							Yes 2 XNo							
certificate rector, peg		25. Was case referred to medical				20 Place of I	Death (Check only		1 Te	s 2 No					
rnysician: this certific ral director,	o Be	axaminar? 1 ☐ Yes 2 Po	Hospital:	2 □ ER/Outpetie	nt 3 DOA		g Home 5 ☐ Res		ner (Snecify)						
	-	27. Mannar of Death	28a. Date of Injury	28b. Time o		njury at Work?		how injury occur							
ath. :: After e funer	atio	1 Natural 5 Pending 2 Accident Investigation	(Month, Day Yea	r) Injury	м	work? 1 ☐ Yes 2 ☐ No									
l or Attending efter death. Director: After I in by the fune	Certification:	3 Suicida 6 Could not be determined		At home, farm, st ecify)	reet, factory, off		(Street end Numb own, Stete)	ber or Rural Ro	uta Number,						
To the Hospital o within 24 hours eff To the Funeral Di completely filled in	edical C	29a. Certifiar (Check only one)  1 Certifying Pl	nystcian: To the best of my miner: On tha basis of axan and manner stated.	knowledge, daat nination and/or in	h occurred at the	e time, date and pla ny opinion, death o	ace, and due to the courred at the time	cause(s) and ma , date and place,	anner es stated and due to tha	1. cause(s)					
Nithin To the	Me	29b. Signature and title of certifiar			29c. Lic	ense number		29d. Data signe	ed (Month, Day,	Year)					
-2-0		1/1/147	Marian	LA	D2!	5759		Septem	ber 1	, 1996					
1		30. Nama and address of parson who	completed cause of death	Item 23a) /Tunn											
/		Walter K. Naum				Rd Acc	ident MI	21520	-0247						

82, Registrar's Signature

DHMH 16 Rev 6/95

State Registrar 31. Date filed (Month, Dey, Year) SEP 13 1996



WRC 96-5034-013

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

ITEMS: 23 PART I, 27, PER ME'D State of Maryland / Department of Health and Mental Hygiene

Physici /Medic Examir	al
Funeral	

The law requires that the death certificate be executed burial-transit physician s the burial P.O. Box 68760, 88 esn Records, ata has been signe paga 2 should be certificata Division of Vital or Attending Physician: this funeral After

FILM G-739 9/27/96 t.t Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month VERA LYNN BOWMAN SEPT. 04, 1996 11:14 PM 4e. Fecility Neme (if not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth CARROLL COUNTY GENERAL HOSPITAL WESTMINSTER Carroll 5 Social Security Number If Under 1 Year Months Deys if Under 24 Hrs. Hours Min. 7. Age (In yrs. iest birthday) 8. Dete of Birth (Month, Day, Yeer) Birthplece (State or Foreign Country) nı □ M 2 kg F 219-60-8584 42 June 16, 1954 Maryland Usual Residence of Decedent 10e. Stete 10b. County 10c. City, Town or Location 28a-f show 10d. Inside City Limits Examiner must be notified at Director 1 ☐ Yes 2 ☑ No Maryland Carroll Westminster 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? ö Items 23a 1819 Sams Creek Road Funeral 21157 U.S.A. 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. Raca - Americen Indien, Pages 1 and 2 should be filed within 72 hours after onent of Health and Mental Hygiene. Int: If Item 27 is marked other than "natural", or Nes Bleck, White, etc. 1 Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify. Black þ Specify: 3 ☐ Widowed 4 ☐ Divorced Completed traumatic event, the Medical 15. Decedent's Education (Specify only highest grade completed) 16e. Decadent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) 12 0 Process Server Attorney Services 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be Frank Bowman Kathleen Coostly 19e. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) permit. Pages 1 and 2 s Department of Health ar Important: If Item 27 is any injury or other trau Kathleen Bowman/Mother 1819 Sams Creek Road-Westminster, Maryland 21157 20a. Method of Disposition 20b. Plece of Disposition (Name of cemetery, cremetory or other piece) 20c. Location - City or Town, Stete Date 1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Removel from State 4 □ Donetion 5 □ Other (Specify) State rem 21. Signeture of Funerel Service Licansee

Joseph B. VanSant <sup>22. Name and Address of Fecility</sup>
StateAnatomy Board-655 W. Baltimore Street 13. Son Baltimore, Maryland 21201-1559 23e. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximete Intervei Between Onset end Deeth **Physician** Immediate Cause (Final disease or condition resulting in death) /Medical CARDIAC ARRHYTHMIA Examiner Due to (or es e consequence of): Examiner INTERSTITIAL MYOCARDIAL FIBROSIS Sequentielly list conditions, if eny, leading to immediate ceuse. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Last Due to (or es e consequence of) Physician/Medical Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ Completed 24b. Were autopsy findings eveileble prior to completion of cause of deeth? 24e. Wes en eutopsy performed? 1 Yes 2 □ No 1 1 Yes 2 No 25. Wes cese referred to medical Be 26. Piece of Deeth (Check only one) 2 Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1XYes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Certification: 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Year) 28b. Time of Injury 28c. Injury et Work? 28d. Describe how injury occurred 1 XXNatural 5 Pending To the Hospital or Attendi within 24 hours after death. To the Funeral Director: A completaly filled in by the fo 1 Yes 2 No investigation 2 Accident 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, State) 4 Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, dete end place, and due to the ceuse(s) end manner es stated.

2 Medical Examiner: On the basis of examinetion and/or investigetion, in my opinion, death occurred et the time, date end place, end due to the cause(s) end menney etelegd. Medical 29a. Certifier 29b. Signeture and title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) SEPT. 06, 1996 O.C.M.E. 30. Name end eddress of person who completed ceuse of deeth (Item 23e) (Type, Print)

On A I A France 111 Penn Street, Baltimore, Maryland 21201 avid towler 31. Dete filed (Month, Dey, Year) State 1 3 1996 SEP



and the second s

State of Maryland / Department of Health and Mental Hygiene

96 27282

						Certifi	cate of	Death		R	eg. No.		
			1. Decedent's Name (First, Middla, L	est)						2. Data of Deat			3. Time of Death
	Physic		John	Joseph	p1	0.34				Month	Day	Year	5 05
1	/Medi		4a. Facility Neme (If not institution, gr		Bul.	er		4b City Toy	wn or Lo	August cation of Deeth		996 y of Death	5:05 a.m.
J.	Exami	ner			,						40. 00011	y or Death	
_			1421 Beason Stre				Hadas & Vans	Balti If Under 2				one	
	Funeral			Sex 7. A 153.M 2□ F	ige (In yrs. lest bin	Mo	Under 1 Yeer onths Days		Min,	8. Dete of Birth (Month, Dey,	Year)	9. Birthp	plece (Stete or Foreign
	Director		215-62-5037	· Gam LET	41	Yrs.				Oct.11,			sylvania
	D .	7	Usual Residence of Decedent										
	show a		10a. State 10b. County		10c. City, Town		n					1	10d. fnside City Limits
	M T	5	Maryland none		Balti	more							Yes 2□No
	128 P	Director	10a. Street and Number			11	Of. Zip Code			1	0g. Citizen of	What Cour	ntry?
	3a o		1421 Beason Stree	+			212	30			7.7	CA	
	be filed within 72 hours after death with the Meryland stal Hygiene. Id other than "natural", or items 23a or 28a-f show svent, the Medical Examines must be notified at svent, the Medical Examines.	Funeral	11. Maritei Stetus	12. Wes Deceden	t Ever in II S	13 Was			nin? (Sne	cify Yes or No-	-	.S.A.	can indlan
	Hen He	5	1 Never Merried 2 Married	Armed Forces	?	if Yes	s, specify Cub	an, Mexican	Puerto I	Rican, etc.)		ck, White,	
20	a o	by F	3 □ Widowed 4 □ Divorced	1 ☐ Yes 2 ☐ If Yes, Give Year or Dates	-	101	res 25 No	Specify:			Speci	y: Wh	ite
21215-0020	non min	D T	**	- A 1938ARI									
5	72 nat	Completed	15. Decedent's E (Specify only highest gi	ducation ade completed)	16a.	(Give kind	s Usual Occup of work done IOT use retire	during most	of workir	ng	16b. Kind of E	iusinass/ind	dustry
2	filed within Hygiene. ther than "	lg l	Elementary/Secondary (0-12)	College (1-4or	5+)			d)					
N	filed with! Hygiene. other than	S	11	0		Wait	er				Food S	ervic	e
Maryland	should be filed nd Mental Hygi marked other imatic svent, I	Be	17. Father's Nama (First, Middle, Las	1)				18. Mothe	r's Na <i>m</i> e	(First, Middle, M	Aziden Sume	me)	
<u>a</u>	Mental Mental arked o	To	Charles Kenneth E	uler				Rose	Mar	y Coff1	in		
2	2 should and Men s merks numetic		19a. informant's Name/Rafationship	(Type, Print)	19b.	Mailing Ad	idress (Street	end Numbe	r or Rura	l Route Number	City or Town	. Stata. Zic	Code)
Ž	N 40 00 E		T	1									
a)	Health Health Health		Leonard Brown/Fri 20e. Method of Disposition	end	20b. Plece of	Pisposition	eason :	Street	-Bal	timore,	Maryl 20c. Location	and	21230
ō	Pages nent of I int: If its iry or or		1 ☐ Buriai 2 ☐ Crametion 3 [	Removal from State	camatar		y or other ple	ce)		Dete	EUG. LUGATION	- City or 10	JWII, State
E	Pa ant: ury		4 ☑Donation 5 ☐ Other (Special	(y)					1				
altimore,	permit. Pages Department of Important: If it sny Injury or snot		21. Signature of Funeral Service Lice	nsee	Dimenter	22. Na	me end Addre	ess of Facility	/	(FE 11	D 1.1		
m	Dep de la company de la compan		B	S. Wade,	pirector					1-655 W.		more	Street
			23a. Part1. Enter the disaasa, or con	notications that cause	ed the death. Do r	of anter the	cimore	, Mary	rand	21201	-1559_		Approximate
J.			shock, or heart failure. List only	one ceuse on each	line.					, , , , , ,		1	interval Between Onset and Death
	Physician /Medical		Immediate Causa (Final		/			11				1	2 /
	Examiner		disease or condition resulting in death)	a Spon	taneaus	P	velme	Thon	"My				a days
		L.		a Spor	Due to (or as a	consequence	oe of):						5 years
	D #	in	cnp hysena										5 years
	certificate be executed ding physician and se es the buriel-transit	me	Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury										
Ó	an an an an an an an an an an an an an a											1	
68760,	S Sicl	Medical	that initiated evants	C	Due to (or as a c	onsequenc	e of):					-	
89	tifice g ph	Pa	resulting in deeth) Lest										
$\sim$	0 2 3			d									
Bo	at at	Physician											
o.	that the de led by the e detached t	ysi	Part II. Other eignificant conditions	contributing to death	but not resulting in	the underl	ylng cause gi	ven in Pert i.		23b. Did to	bacco use co	ontribute to	the cause of death?
0	requires that the seen signed by the hould be detache		A105							1X Y	s 2 No	3 Prol	bebly 4 Unknow
of Vital Records,	8 5 8	by											
2	been si should	Completed								24a. Was ar		av	ara autopsy findings allable prior to
ပ္ထ	> 11 07	pje	-									co	mpletion of cause death?
Ĕ,	0 - 0	E								1□ Ye	s 25No	15	☐Yes 2☐ No
m		Ö	OF West and and the section						OI LESSON				1 Tes 2   No
<b>=</b> :	Physician: The this certificate ral director, page	00	25. Was case referred to medical axaminer?	Hospital:	2 = = = = = = = = = = = = = = = = = = =		Ott	107		(Check only on			
ō	this raidi	2	1 Yes 2 No	1 L inpat			LIDOA	4 LI NUI	-	ne 5 Reside			y)
	2 2 2	on	27. Manner of Death 1 Natural 5 □ Pending	28a. Date of Inj (Month, D		ime of njury	28c. Inju			28d. Describe ho	w injury occu	rred	
Division	Attending or deeth. ector: After by the fune	atl	2 Accident Investigation	IVIIAV		N.	1 1 🗆	Yes X	40				
<u> </u>		Ĕ	3 ☐ Sulcide 6 ☐ Could not be determined	289. Placa of if	njury - At home, fai otc. (Specify)	rm, street, f	actory, office		2	28f. Location (St. City or Town		ber or Rure	el Route Number,
ā .	al or Attendir s efter deeth. Il Director: Al	Certification:		building, e	itc. (Opecity)					Only or roun	, 0.0.0)		
	To the Hospital or within 24 hours effu to the Funeral Dircompletaly filled in		29a. Certifier 1 Certifying Pl	nysician: To the best	of my knowledge.	death occ	urred at the til	ma. data and	place, a	and due to the ca	use(s) and m	anner as s	tated.
:	Fur Fur	edical	(Check only 2 Medicat Exa	miner: On the basis of	of examination and	Vor Investig	gation, in my o	opinion, daat	h occurre	ed at the time, de	ate and place	, and due to	the cause(s)
	within 2 To the comple	M	29b. Signature and title of certifier	- /	100		29c, Licens	se number		26	d. Date signe	ed /Month	Day Yeart
- 1	S O V		4.4	T X				10	15		0/-	1	·
			XIV 7	ann	(W)			901	0	0	7/5	196	,
			30. Name and addrass of person who	completed chuse of	death (Item 23a)1	Type, Fint	vre /			,	/ /	200	
			16 S. Ent	W 55	131	1/6~	una /	3/	2/	20/	n(		
	Sta	ate	31. Date filed (Month, Day, Year)	32. Regist	trar's Signature								
	Regist	rar	SEP 1 3 1906	Sel No	300	W +							

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene

		orato or maryland	Dopartmont of Houses and	Montainggione	70	( )
			Certificate of Death	Reg. No.		
	1. Decedent's Name (First, Middle, Last)			2. Dete of Deeth	M	3. Time
hysician /Medical	CAROLYN	Α.	CROSBY	SEPTEMBER 8	, 1996	8:0
	4e. Fecility Neme (If not institution give s	treat and number)	4h City Town o	Location of Death	she of Dooth	

**Funera** 

Directo

permit. Pages 1 and 2 should be filled within 72 hours efter death with the Maryland Department of Health and Mantial Hygiene. Important: If Item 27 is marked other than "natural", or hams 23a or 28a-f show any injury or other traumatic event, the Medical Examinar must be notified at

Baltimore, Maryland 21215-0020

Physician /Medical Examiner

fing Physician: The law requires that the death certificate be executed nis cartificate hes been signed by the ettending physician and I director, page 2 should be detached for use as the buniel-transit Division of Vital Records, P.O. Box 68760,

10	1. Decedent's Nam	e (First, Middle, La	st)						2. Dete of De	eeth		3. Time of Deeth
ian	CAROLY	V		Α.			CROS	SBY	SEPTEM	BER 8,	1996	8:06P.M
cal ner	4e. Fecility Neme (	If not institution, giv	a straat end numb	bar)			4b. City	, Town, o	Location of Dee			0.002.01
	2206 ROS	SLYN AVE	Ξ				E	BALT	IMORE	N,	/ A	
	5. Sociel Security N			. Age (In yrs. le	st birthdey)		aar If Ur	nder 24 Hr		rth	9. Birthpl	ece (State or Foreign try)
	217 40	7689 1	□ M 2∏ F	53	Yrs.	WIGHTIS DE	iys Hoi	ars IVIII	JUN. 3	0,1943	MAR	YLAND
	Usuel Rasidence of 10e. State	f Decadent 10b. County		100 City	Tour or I s	nation						
5	70.00157	121			Town or Lo						10	Od. Inside City Limits
ecto	MD.	N/A			BALT	IMORE						1 Yes 2 No
ā	10e. Straat and Nur					10f. Zip Cod				10g. Citizen of What Country?		
Funeral Director		SLYN AV			1.5		216			U.S. (		
Š	11. Maritel Status	led 2 Marriad	12. Wes Decede	es?		Wes Dacedent If Yes, specify (	or Hispenic Suban, Max	corigin? (	Specify Yes or Norto Rican, etc.)		ce - America ck, Whita, a	
	3 Widowad		1 Tas 2 If Yes, Give Yaar or Date			1□Yes 21X	No Spe	cify:		Specif	: BI	ACK
Completed by		15. Dacedant's Ed	fucation	J.	16a. Dece	dent's Usuel Oc	cupation			16b. Kind of B	usiness/Ind	uetry
piel	(Speci	cify only highest gra	de completed) College (1-4	or 5.1	(Give	kind of work do DO NOT use re	ne dunna	most of we	orking		201170001170	2011
ĕ	N/A	110ary (0-12)	N/A	OI 3+)	CHI	EF				RESTAU	JRANT	,
Be	17. Fether's Neme	(First, Middle, Last)					18. M	lother's Ne	eme (First, Middle			
2	FRANK	CROSBY						QUE	ENESTE	R SMITH	H CRC	SBY
	19e. Informent's Na	ame/Reletionship (7	Type, Print) (MO	THER)			eet end Nu	mber or F	Rural Route Numb	er, City or Town,	Stete, Zip	Code)
	MRS. QU	EENESTE	R ANDER		2112			E RO	AD BA	LTIMORE	E, MD.	21216
	20a. Method of Disp	oosition Cremetion 3 🗆	Removel from Sta	20b. Pie	ce of Dispo netery, crer	sition (Neme of netory or other	f pleca)		Dete	20c. Location	City or Tov	Mn, Stete BALT
	4 Donetion	5 Other (Specify	/)	WOO	DLAWI	N CEME	TERY	9/1	3/96	BALTIN		
	21. Signature of Fu	neral Servica Licen	see LEWI	S T.	GWYNI	Name and Ad	Idress of F	ecility				04045
	7	enien -	74.	nen	,				YNN FU			21215
	23a. Pert1. Enter the shock, or heer	ne disaase, or comp	plications that cau	ed tha death.	Do not ant	ar the moda of	dylng, such	n es cardie	oc or respiratory e	rrest,		Approximete Intervel Between
an/Medical Examiner	Immediate Causa (Finel disease or condition resulting in daath)  e. PULMONDM HAMMSDEM DOULS IM  Dua to (or as a consequence of):  Dua to (or as a consequence of):  Dua to (or as a consequence of):  Dua to (or as a consequence of):  Dua to (or as a consequence of):  Dua to (or as a consequence of):											
Med	rasulting In death) L	.031			·	ŕ	1					
an			d								1	
sic	Pert II. Other signifi	cant conditions co	ontributing to death	h but not resulti	ing In the ur	nderlying causa	given In P	ert 1.	23b. Dld	tobacco use co	ntribute to	the cause of death?
F.									1 🗆	Yes 2□ No	3 Prob	ably 4 Unknow
by											T	
Completed by Physic									24e. Wes	an autopsy ormed?	eva	ra autopsy findings liabla prior to
jdu											of d	eath?
S									Ho	Yes 2□No	10	Yes 2□ No
Be	25. Wes casa refarred examiner?		Hospitel:				_	lece of Da	ath (Check only	one)		
2	1 X es 2 □ 1 27. Manner of Death	40	1 L Inpa		2/Outpetlen	T 3LI DOA		Nursing I	Homa 5 Rasi			)
LO	1 Naturel	5 Pending	28e. Data of It (Month, I	Dey Year)	8b. Time of Injury		Vork?	N T N	28d. Dascribe	how Injury occur	red	
cat	2 ☐ Accident 3 ☐ Sulcida	Investigation 6 Could not be		Injune At hom	a form atm		☐ Yas 2	2 🗆 NO	OPf Location (	Ctroot and N. m.	an an Duml	Don't Market
ert	4 Homicide	determined	building,	etc. (Specify)	a, leitii, stie	eet, factory, office	ve.		City or To	Street end Numb wn, Stete)	er or nurer	Hould Ivumber,
Medical Certification:	29a. Cartifier (Check only one)	1☐ CertifyIng Phy 2☑ Medical Exam	rsician: To the bas iner: On the besis end manner	s of exemination	edga, death n end/or Inv	occurred et the restigation, in m	time, dete y opinion,	end place deeth occi	e, and due to the urrad et the time,	cause(s) end me dete and piece,	enner es sta end dua to i	ited. tha cause(s)
Me	29b. Signetura and t	title of certifier				29c. Llce	ensa numb	er		29d. Data signe	d (Month, D	ley, Year)
	100	Na PE	1 Sh.	12			C 14	T.		CDDDD	1 D C	1000
-	30, Neme end eddre	ss of parson who	omplated cause of	of deeth (Item 2)	3a) (Tvna I		C.M.	L.		SEPTEM	SER 9	,1996
	HARUN	NIND					Stre	et.	Baltim	ore. Ma	arvla	and 2120

State Registrar

31. Dete filed (Month, Day, Year) SEP 13 1996

Physic							Oei	unca	te or	Death			Reg. No.			
/Med		1. Decedent's N	ame (First, Midd D	dle, Last) J		CIT	rro,Jr					2. Dete of D. Month SEPT.		199	Year 6	3. Time of Death 12:25 F
Exami		the second secon	a (If not institution		straet end number ENUE	7)				4b. City, Tov		ocation of Dea	th 4c. Co	ounty o	of Death	
Funeral Director		5. Social Sacurit		6. Sex	7. A	ga (In yrs	s. lest birthday) Yrs.	if Unde Months	r 1 Yaar Days	If Undar 2 Hours	24 Hrs. Min.	8. Date of Bi (Month, D		53	9. Birthpia Country	Se (State or Foreign Balto. M
show ad at		214-6 Usuai Residence 10a. Stata	of Decedant 10b. County			10c. C	City, Town or Lo			1						. Inside City Limits
ath with the Meryla 23a or 28a-f show	Director	Md.	Number	Cit	У		Balti	_	Code				10g. Citize	n of W	het Country	1 Yes 2 No
ath wit			Pontia	ac A						225			USA			
ours efter dea el', or items Examiner m	by Funeral		s arried 2[X]Mar d 4 □ Divorced	rriad	12. Was Deceden Armed Forces 1 ☐ Yas 2√ If Yes, Give Year or Datas:	ss? If Yes, specify Cuban, Mexican, Puerto  ☐ No 1 ☐ Yes 24☐4No Specify:					gin? (Spo , Puerto				, White, etc	).
Maryland 21215-0020 4 2 should be filed within 72 hours efter death with the Meryland th and Mentel Hygiene. 7 is marked other than "neturel", or items 23a or 28e-f show traumstic event, the Medical Examiner mantice notified a	Completed		15. Daceder pecify only higher econdery (0-12)	st grede	cation a com <i>pleted)</i> Coilege (1-4or	5+)	16a. Deced (Give life. L	ent's Usu kind of wo OO NOT u	al Occup ork done se retired	ation during most d)	of work	ing			iness/Indu	ranspor
	Be	17. Father's Nan			0	er					a, Meiden Su	, Meiden Surneme)				
	P		Name/Relations		ro Sr.		19b. Mailin	g Addres	s (Street			Neal  Poute Number	oute Number, City or Town, Stete, Zip Code)			
Pages  Jumpa Pages  Department of International of International of International of International of International of International of International of International Office Int		21. Signature of	n 5 ☐ Other (S	License	.16	y W	_ 1	Name a	nd Addre	ss of Facility Y Fun	12, nera	Sept. 1996 Il Hom	e of	So	Md.	Balto.
	n/Medical Examiner	Immediate Caus disaasa or cond resulting in deat Sequantially list if any, leading to cause. Enter to Cause (Disease that initieted everasulting in daatt	conditions, immediate derlying or injury nits		pertens	ive Due to (	ath. Do not ente	iOSC uence of):	eler	g, such as o	cardiac c		arrest,		A le	pproximate terval Between nsat and Death
e X e	Physician/Medical	disaasa or cond resulting in deat Sequentially list if any, leading to cause. Enter Ur Cause (Disease that initiated ever asulting in death	conditions, immediate derlying or injury ints	Hyp.	e cause on each	ive Due to (	Arter (or as a consequence or as a consequence	iOSC uence of):	eler	otic	Cai	raspiratory a	erest,	ar	Dise	aproximate terval Between neat and Death  ase
e X e	by Physician/Medical	disaasa or cond resulting in deat Sequentially list if any, leading to cause. Enter Ur Cause (Disease that initiated ever asulting in death	conditions, immediate derlying or injury ints	Hyp.	pertens	ive Due to (	Arter (or as a consequence or as a consequence	iOSC uence of):	eler	otic	Cai	23b. Dld	tobecco ue	ar e cont	Dise  Dise  Probate to the savaile company and the savaile company are the savaile company and the savaile company are the sav	autopsy findings bie prior to letion of cause
aw requires that the death certificate is been signed by the ettending phys 2 should be deteched for use as the	by Physician/Medical	disaasa or cond resulting in deat Sequentially list if any, leading to cause. Enter Ur Cause (Disease that initiated ever asulting in death	conditions, immediate derlying or injury ints	Hyp.	pertens	ive Due to (	Arter (or as a consequence or as a consequence	iOSC uence of):	eler	otic	Cai	23b. Dld	tobecco ue Yee 2	ar ee cont No	Dise  Dise  ribute to the distribute psy findings bie prior to letion of cause ath?	
aw requires that the death certificate is been signed by the ettending phys 2 should be deteched for use as the	Be Completed by Physician/Medical	disaasa or cond resulting in deat Sequentially list if any, leading to cause. Enter Ur Cause (Disease that initiated ever asulting in death	conditions, immediate detrying or injury ints	Hyj c. d.	pertens	ive Due to (	Arter (or as a consequence or as a consequence	iOSC uence of):	eause give	otic  otic	Cat	23b. Did	tobacco ue Yee 2 (1) San autopsy ormed?	ar ee cont No	Dise  Dise  Pribute to the savaite composition of decisions and the savaite composition of the savaite	autopsy findings bie prior to letton of causa th?
ng Physician: The law requires that the death certificate ther this certificate hes been signed by the ettending physuneral director, page 2 should be deteched for use as the	To Be Completed by Physician/Medical	disaasa or cond resulting in deat Sequentially list if any, leading to cause. Enter Cause (Disease that initiated everasulting in deat II. Other elg	conditions, immediate inderlying or injury ints in the condition in the co	Hyj c. d.	pertens	ive Due to (  Due to (  Dua to (   Dua to (	Arter (or as a consequence or as a consequence	iOSC  uence of):  uence of):  derlying of	eause give	en in Part I.	Ca1	23b. Did 1   24a. Was perfo	tobacco ue Yee 2 () S an autopsy ormed? Yes 2 () Idance 8 ()	ar  ee cont  No :	Dise  Dise  Probat  24b. Were composed dei  1 1 7	autopsy findings bie prior to letton of causa th?
ng Physician: The law requires that the death certificate ther this certificate hes been signed by the ettending physuneral director, page 2 should be deteched for use as the	To Be Completed by Physician/Medical	disaasa or cond resulting in deat  Sequentially list if any, leading to cause. Enter tr Cause (Disease that initiated ever asulting in deatl  Part II. Other alg  25. Was case refexaminer?  1 27 yes 2	conditions, immediate detrying or injury ints h) Lest learned to medical learned to medic	Hyj c. d.	Dertens  Dertens  Dertens  Dispital: 1   Inpati	Due to (  Due to (  Due to (  Dua to	Arter (or as a consequence or as a consequence	iOSC  uence of):  uence of):  derlying of	eause give	en in Part I.	Call of Death	23b. Dld 1 □ 24a. Was perfo	tobecco ue Yee 2 Yes 2 None) Idance 8 how Injury o	ee continue on the continue on	Dise  Dise  Dise  Problem to the availation of decrease and the composition of the compos	poroximal pathween neat and Death as and Death as and Death as a cause of death as a cause of death all pathween autopsy findings bie prior to letion of causa th?
Physician: The law requires that the death certificate this certificate hes been signed by the ettending physural director, page 2 should be deteched for use as the	To Be Completed by Physician/Medical	disaasa or cond resulting in deat Sequentially list if any, leading to cause. Enter Cause (Disease that initieted ever asulting in deat Part II. Other signal of the cause of	conditions, immediate detrying or injury inits in) Lest inflicant condition in the conditio	Hyj  c.  d.  d.  gation not be nined	pertens  oertens  oertens  ributing to death in the complete i	Due to (  Due to	Arter (or as a consequence or as a consequence	iOSC  uence of):  uence of):  derlying of  M  occurred	DA Othorse. Injury Work	g, such as conticed of the continuous of the con	of Death sing Horaldo	23b. Did 1 24a. Was perf.  24b. Check only me 5 🖫 Rasi 28d. Describe	tobecco ue  Yee 2  S an autopsyomed?  Yes 2  Mance 8  how Injury o  Cause(s) and N  wm, Stele)	ee continue on the continue of	Dise  Dise  Dise  Dise  Dise  Inbute to the savaite composite of decomposite of d	poroximate rerival Between neat and Death  ase  cause of death  duly 4 Unknown  autopsy findings bile prior to letion of causa ath?  es 2 No

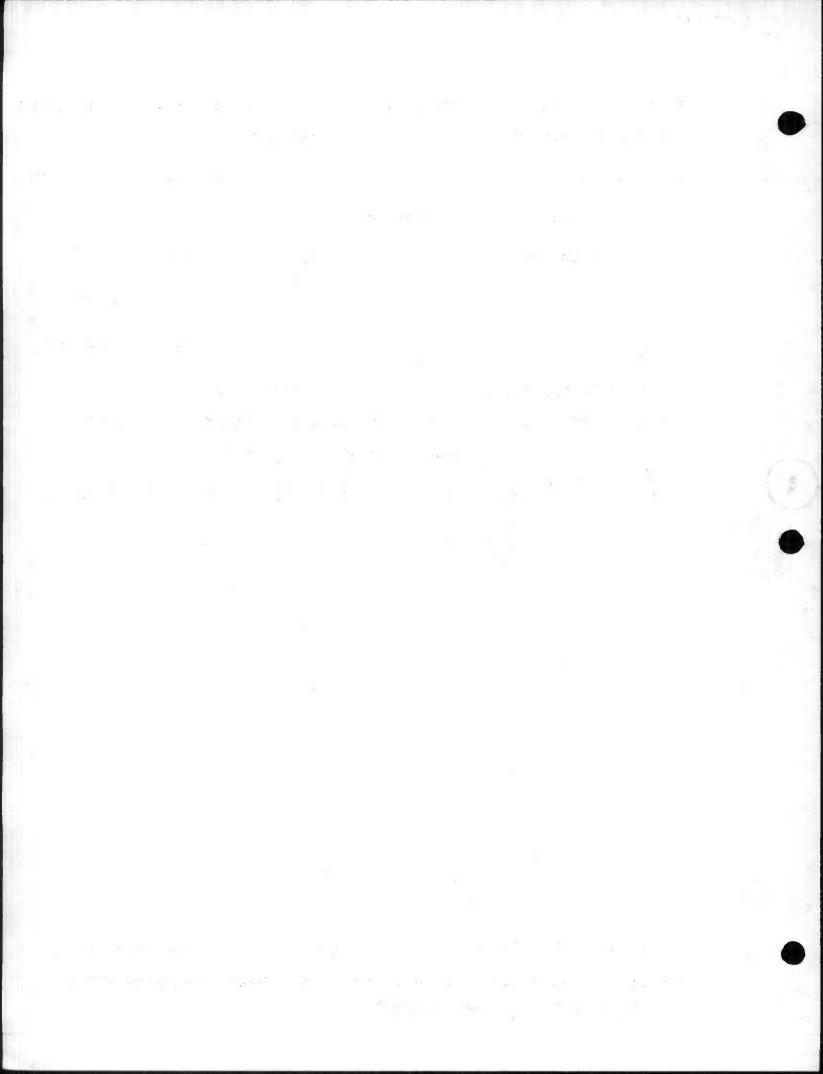
of person who completed cause of death (Item 23a) (Type, Print) Margarita Korell M.D. 111 Penn Street, Baltimore, Maryland 21201

State Registrar



O.C.M.E.

SEPTEMBER 09,1996

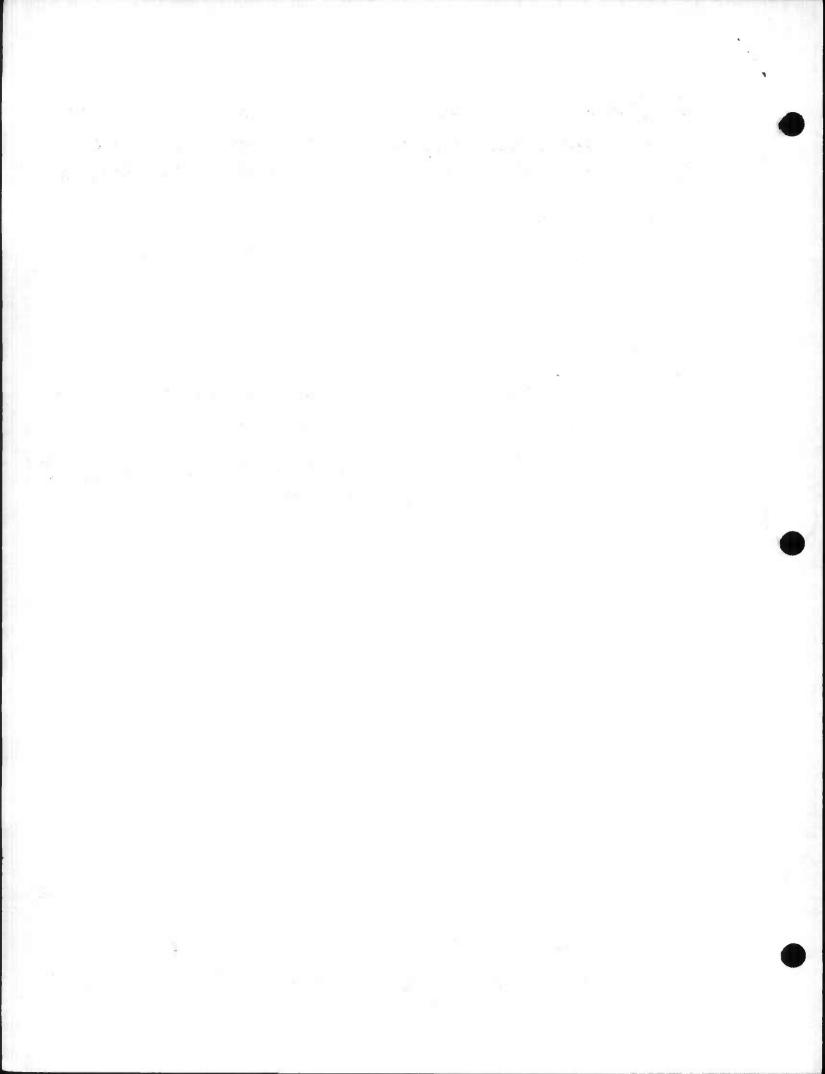


State of Maryland / Department of Health and Mental Hygiene

96 271

27285

	r				Certificate of Death		Reg. No.	
Г	Physic	ian	1. Decedent's Nama (First, Middla, Last)	Dalan		2. Data of D	eath Day	3. Tima of Death
	/Medi		Katherine L.	WECRISAL	NO	Jept	10 19	96 8:5014
	Exami	ner	4a. Facility Nama (If not institution, giva si	reet and number)	4b. City, To	own, or Location of Des	th 4c County	of Death
			10000 Juma	RITAN NO	ipital Isay	EIMORE	Dall	IMORE
	Funeral		5. Social Sacurity Number 6. Sax	M 20 F 7. Aga (In yrs. las	tibirthday) if Undar 1 Yaar if Undar Yrs. Months Days Hours	24 Hrs. 8. Data of B	irth year)	9. Birthplaca (Stata or Foreign
	Director		Usual Rasidance of Dacedant	79	118.	May.	23 1917	Maryland
	and **		10a. Stata 10b. County	10c. City,	Town or Location			10d. inside City Limits
	4 sh	ō	Maguland Balding	10 Ral	Limano			1 ☐ Yas 2 ☐ Ño
	the the	Director	10e. Street and Number	L Du	10f. Zlp Coda		10g. Citizan of W	hat Country?
	With With		301/2 Eleptiv	nd due	217111		118	1
	Jeath 22	Funeral	11. Maritai Status	2. Was Decedant Evar in U,S. Armed Forcas?	13. Was Decedant of Hispanic On	igin? (Specify Yas or N	0- 14. Race	- Amarican indian,
0	rite	F	1 ☐ Nevar Married 2 Married	Armed Forcas? 1 ☐ Yas 2 ☑ No If Yas, Give	13. Was Decedant of Hispanic Ori If Yas, specify Cuban, Maxical	n, Puarto Rican, atc.)	Black	k, White, atc.
050	ours efter death with the Marylan rel', or items 23a or 28s-f show Examiner must be noutled at	by	3 ☐ Widowed 4 ☐ Divorced	If Yas, Give Yaar or Datas:	1 Yas 2 No Specify:		Specify:	Conite
21215-0020	within 72 hours efter death with the Maryland ene. then "natural", or items 23s or 28s-f show its Modesi Exemine must be notified at	Completed	15. Decedant's Educe (Specify only highast grada	etion (stad)	18a. Decedent's Usual Occupation (Giva kind of work dona during mos	et of working	16b. Kind of But	sinass/Industry
21	d within 72 ha	nple	Elemantary/Secondary (0-12)	Collega (1-4or 5+)	lifa. DO NOT usa ratired)	St Or WORKING	1 1	
	THE REAL PROPERTY.	Co	ld yrs.		HOMOMORER		atn	ome
P P	d a b	Be	17. Fathar's Name (First, Middla, Last)	0/10000	18. Moth	er's Name (First, Midd	e, Maiden Sumame	1 1 1000
Z	2 should be and Mantai is marked o	2	ARMUR 6 NI	CKPRIGHT	AUG	justa (1	remker	) CUIVER
Maryland	2 2 2		19a. tnformant's Name/Ralationship (Typ	e, Print)	19b. Mailing Address (Street and Numb	er or Rural Route Num	ber, City or Town, 3	State, Zip Code)
	other tr		20a. Method of Disposition	1/ daughter	2004 GIENOGIE AV	e. Balymon	l Md.	d1154
10	8 5 5		1 ☐ Buriai 2 ☑ Cramation 3 ☐ Ra	0.000	atary, crematory or other place)	Sept.	O II	City or Town, Stata
altimore,			4 Donation 5 Other (Specify)	1 ORE	en Mount Cemete	RY 13, 1996	Dartimu	sel Maryland
Ba	Departr Departr Importu any inju		21. Signature of Funarai Sarvice Licenset	' / 1	22. Nama and Addrass of Facili		8000	MURHORA Rd.
$^{\sim}$			Jols Vis	M	Evans Chapel o	+ Memorie		DRI MY 21234
			23a. Part1. Enter the disease, or complic shock, or heart failure. List only one	ations that cabsed tha daath. causa on aach lina.	Do not entar tha moda of dying, such as	cardiac or raspiratory	arrest,	Approximata Intarvsl Between Onset and Death
	Physician /Medical		tmmediata Causa (Final	. / .				Oliset slid Death
	Examiner		disaasa or condition resulting in death)	Metastatic	Cancer			
		ē		Dua to (or s	s a consequence of):			
	certificate be executed iding physician and use as the buriel-transit	Examiner	Samuestially list and disinger	Due to for e	s a consequance of):			
ć	exec th an riel-tr	Еха	Sequantially list conditions, if any, leading to immediate cause. Entar Undarlying Cause (Disease or Injury that initiated avants	Dua to (of a	s a consequence on.			
68760	certificate be executed ding physician and ise as the buriel-transit	Ca	Causa (Diseasa or Injury that initiated avants	Dua to (or a	s a consequence of):			
	ng ph as th	/Medical	rasulting in death) Last		,			
SOX	~ ~ ~		d.					1
.0	iras that the death signed by the atter d be datached for	Physicia	Part il. Other significant conditions contr	ibuting to death but not rasulti	ng in the underlying ceusa givan in Part	1. 23b. Dt	tobacco use con	tribute to the cause of death?
P.0		Phy				10	Yes 2⊠ No	3 □ Probably 4 □ Unknown
	requires that been signed b should be dete	þ						
oro	v require been si should	te d				24a. Wa	s an autopsy formed?	24b. Wara autopsy findings available prior to
ec	× 2 5 ×	ag l						complation of causa of death?
E =	F ag	Completed				10	Yas 2 No	1 Yas 2 No
/ita	delan: The	Be	25. Was casa rafarred to medical examinar?			e of Death (Check only	ona)	
of Vital Records,	his his	မ	1 193 230 140			ursing Homa 5 Ra		
n o	Afing Ph. After thi funeral	lon	27. Mannar of Death 1 Matural 5 □ Panding	28a. Data of Injury (Month, Day Year)	3b. Time of injury st Work?	100000000000000000000000000000000000000	how injury occurre	ed .
isic	the the	cat	2 ☐ Accident invastigation 3 ☐ Suicida 6 ☐ Could not be	One Discontinue Ashan	M 1 Yas 2		/Chant and him he	and Bural Bauta Mumban
Division	i or Attending P aftar deeth. I Director: After t d in by the funer	Certification:	4 ☐ Homicide datarmined	28a. Place of Injury - At home building, atc. (Specify)	a, tarm, straat, tactory, office	City or T	(Street and Numbe own, Stata)	er or Rural Routa Number,
_	Hospital 24 hours : Funeral staly filled		29a, Certifiar K Certifying Physic	tan: To the best of my knowle	day death occurred at the time, data an	nd place, and due to th	a cause/s) and mar	oner ee stated
	To the Hospital or Att within 24 hours after of To the Funeral Direct completely filled in by	edical	(Check only one)	r: On the basis of axamination and mannar stated.	dga, daath occurred at tha tima, data an and/or invastigation, in my opinion, daa	ath occurred at the time	, data and place, a	nd dua to the cause(s)
	within 2 To the	Me	29b. Signatura and titla of certifiar	- 1 .	29c. Licensa number			(Month, Day, Year)
	- > - 9		Solar Var	ral, M.I	D 1.7	8/3	Sept 131	96
	6		30. Nama and addrass of person who com	plated causa of death (item 2)	3a) (Type, Print)	1 0	Terror	. /
	)		WR KARAKESI	1 M.D.	3007 E. NOR41	KERN PKI	vy Bai	41 more, Md.
	Sta	ite	31. Date filed (Month, Day, Year)	332 Retristent al Company	lla .		1.0-0	
	Registr		SEP 1 3 1996					



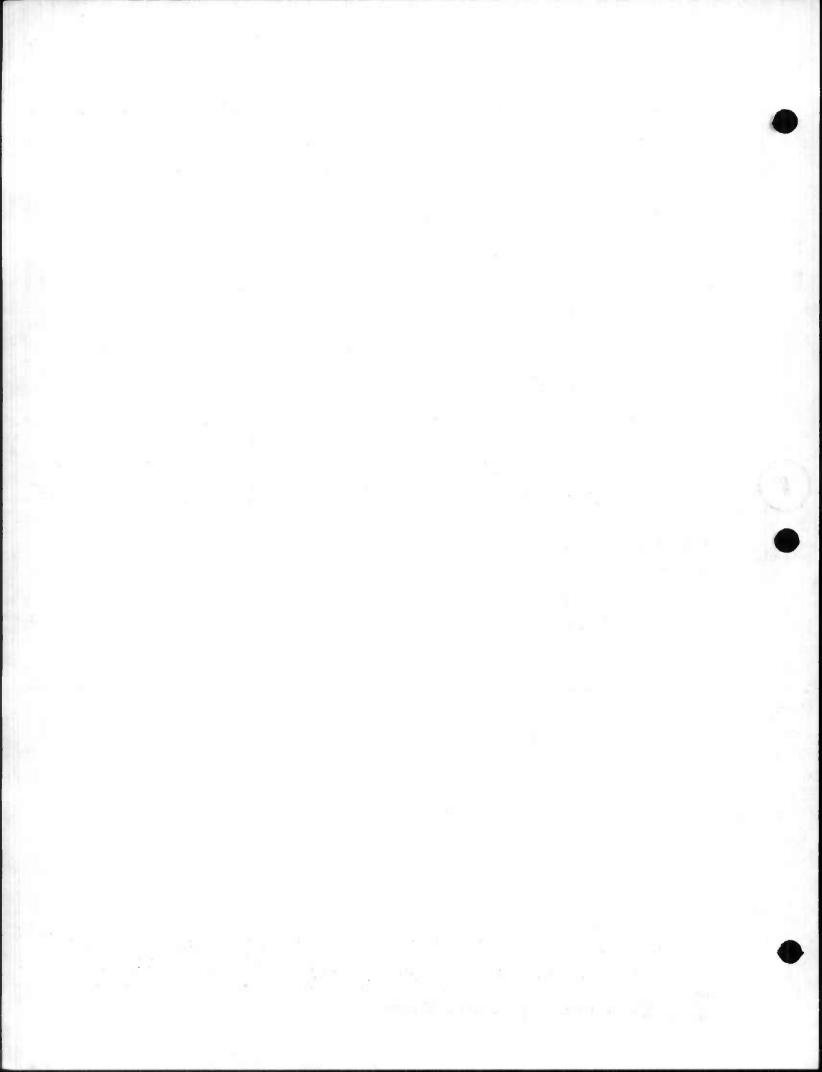
Doesdoor's Name (First, Modes, Lary   Doesdoor's Name (First, Modes, Lary   Doesdoor's Name (First, Modes, Lary   Doesdoor's Name (First, Modes, Lary   Doesdoor's Name (First, Modes, Lary   Doesdoor's Name (First, Modes, Lary   Doesdoor's Name (First, Modes, Lary   Doesdoor's Name (First, Modes, Lary   Doesdoor's Name (First, Modes, Lary   Doesdoor's Name (First, Modes, Lary   Doesdoor's Name (First, Modes, Lary   Doesdoor's Name (First, Modes, Lary   Doesdoor's Name (First, Modes, Lary   Doesdoor's Name (First, Modes, Lary   Doesdoor's Name (First, Modes, Lary   Doesdoor's Name (First, Modes, Lary   Doesdoor's Name (First, Modes, Modes)   Doesdoor's Name (First, Modes, Modes							Cert	ificate of	Death			Reg. No.		
The Control of Section of Management of Section of Sect		Dhysia	ian							2			Veer	3. Time of Death
The Familian of Familian and Familian (Familian Action) of the Service Action (Co. Town of the Co. Town of Tax and Co. Town of				KENNETH A. D	AKICH					S				9 Am
Social Security Number   Social Security Num									4b. City, To	wn, or Loca	tion of Death	4c. County	of Death	
Social Security Number   Social Security Num				CHURCH. HOSPITA	IL 100 NOR	TH BRO	ADI	NAY			MD	BALT	NOR	£
The state of the		Funeral		5. Social Sacurity Number 6. Se	7. Aga (	In yrs. last birt	hday)	If Under 1 Year		24 Hrs. 8.		h v. Year)	9. Birthp	placa (State or Foreign
10.5 Seat   10.5 Court   10.5		Director		20000000	6.5	5`	Yrs.		110010					
Elementary (Security)    Supply Services   Shipyard   Shipyard   Shipyard   Shipyard   Shipyard   Shipy		pur *			1	Oc City Town	orloce	itlon						Ind toolds Ob. I look
Elementary (Security)    Supply Services   Shipyard   Shipyard   Shipyard   Shipyard   Shipyard   Shipy		sho	5					tiloi i						
Elementary (Security)    Supply Services   Shipyard   Shipyard   Shipyard   Shipyard   Shipyard   Shipy		the N	ect ect		ore	Dunda	alk	104 71- 0-4-				10 011 11	***	
Elementary (Security)    Supply Services   Shipyard   Shipyard   Shipyard   Shipyard   Shipyard   Shipy		with with	ă		D			· ·						itry?
Elementary (Security)    Supply Services   Shipyard   Shipyard   Shipyard   Shipyard   Shipyard   Shipy		eath	era			ar in II C	12 W			ala? /Casaif	hr Vac or No			neo Indian
Elementary (Security)    Supply Services   Shipyard   Shipyard   Shipyard   Shipyard   Shipyard   Shipy		Her d	5		Armed Forces?	ai iii 0,3.	If Y	ras, specify Cub	an, Maxican	n, Puarto Rio	can, atc.)			
Elementary (Security)    Supply Services   Shipyard   Shipyard   Shipyard   Shipyard   Shipyard   Shipy	20	or, or			If Yaa, Giva		10	Yaa 2∭ No	Specify:			Specify	. Whi	te
Elementary (Security)    Supply Services   Shipyard   Shipyard   Shipyard   Shipyard   Shipyard   Shipy	ŏ	2 hou		15. Decedant's Edu		16a.	Deceda	nt'a Usual Occur	pation			16b. Kind of B	Jainass/In	dustry
18	215	n n n	ple	(Specify only highast grad	la complatad)		(Giva ki	nd of work dona	during most	t of working				,
21. Signatured Funeral Service Licensee  Physician Medical Examinor  Physician  Physician Medical Examinor  Physician Medical Examinor  Physician Medical Examinor  Physician Medical Examinor  Physician  Physician Medical Examinor  Physician  Physician Medical Examinor  Physician  Physician Medical Examinor  Physician  Physician  Physician Medical Examinor  Physician  Phys	217	d vit	E		College (1-40f 5+)	Sı	ipp1	Ly Serv	ices			Shipy	ard	
21. Signatured Funeral Service Licensee  Physician Medical Examinor  Physician  Physician Medical Examinor  Physician Medical Examinor  Physician Medical Examinor  Physician Medical Examinor  Physician  Physician Medical Examinor  Physician  Physician Medical Examinor  Physician  Physician Medical Examinor  Physician  Physician  Physician Medical Examinor  Physician  Phys	ק	other file	Se C	The state of the s					18. Motha	ar's Nama (F	First, Middle,	Maidan Surnan	na)	
21. Signatured Funeral Service Licensee  Physician Medical Examinor  Physician  Physician Medical Examinor  Physician Medical Examinor  Physician Medical Examinor  Physician Medical Examinor  Physician  Physician Medical Examinor  Physician  Physician Medical Examinor  Physician  Physician Medical Examinor  Physician  Physician  Physician Medical Examinor  Physician  Phys	/ai	0 5 0		Elmer M. Dietri	.ch				Eli	zabe	th R.	Krame	r	
21. Signatured Funeral Service Licensee  Physician Medical Examinor  Physician  Physician Medical Examinor  Physician Medical Examinor  Physician Medical Examinor  Physician Medical Examinor  Physician  Physician Medical Examinor  Physician  Physician Medical Examinor  Physician  Physician Medical Examinor  Physician  Physician  Physician Medical Examinor  Physician  Phys	an	sho ama		19a. Informant'a Name/Ralationship (T	/pe, Print)	19b.	Mailing	Addrass (Stree	and Numbe	er or Rural F	Routa Numbe	er, City or Town,	Stata, Zip	Code)
21. Signatured Funeral Service Licensee  Physician Medical Examinor  Physician  Physician Medical Examinor  Physician Medical Examinor  Physician Medical Examinor  Physician Medical Examinor  Physician  Physician Medical Examinor  Physician  Physician Medical Examinor  Physician  Physician Medical Examinor  Physician  Physician  Physician Medical Examinor  Physician  Phys	Σ	alth 27		Christine Moran	/ Daughte	er 35	522	Logany	/iew	Dr.,	Dund	alk, M	D. 2	21222
21. Signatured Funeral Service Licensee  Physician Medical Examinor  Physician  Physician Medical Examinor  Physician Medical Examinor  Physician Medical Examinor  Physician Medical Examinor  Physician  Physician Medical Examinor  Physician  Physician Medical Examinor  Physician  Physician Medical Examinor  Physician  Physician  Physician Medical Examinor  Physician  Phys	ore	of He				20b. Placa of cematar	Disposity, crama	tion (Nama of tory or other pla	ice)					
Physician Medical Examiner  23a. Part I. Shake the disflase, or complications that caused the death. Do not anlar the mode of dying, such as cardiac or respiratory arrest, inhanced between shock, or hear failura. Use only one cause on each line.  25a. Part I. Shake the disflase, or complications that caused the death. Do not anlar the mode of dying, such as cardiac or respiratory arrest, inhanced between the country of the death of the cause of the death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of death of death of the cause of death of		Peg nent int: h			Tarrioval Hori Stata					9,	/12/	Baltim	ore.	MD.
Physician Medical Examiner  23a. Part I. Shake the disflase, or complications that caused the death. Do not anlar the mode of dying, such as cardiac or respiratory arrest, inhanced between shock, or hear failura. Use only one cause on each line.  25a. Part I. Shake the disflase, or complications that caused the death. Do not anlar the mode of dying, such as cardiac or respiratory arrest, inhanced between the country of the death of the cause of the death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of death of death of the cause of death of	a	y injury		21. Signature of Funaral Sarvice Licens	00					× F111				
Physician Medical Examiner  Ph	P	90558		HARRY X	Youland	-	213	34 Will	low S	princ	a Rd.	Balt	0	MD. 212
Physician Modela Causa (Final dasas or condition rauling in death)    Part II Other significant conditions contributing to death but not rasulting in the underlying causa given in Part I.   Colonary Arter Disease of September 1   1988   198				23a. Part 1. Enter the disease, or comp	ications that caused the	a daath. Do n								Approximata
Securitary is condition   Securitary is conditions   Securitary is condit		Physician		Shook, of Haart landra. List only o	na causa on aach ima.									Onset and Death
Due to (or as a consequence of):    YPERCALCIMIA   Due to (or as a consequence of):	ji.			Immediata Causa (Final	METASTAT	ric N	ON-5	SMALL C	ELL	CAN	1080			
Sequentially list conditions as a consequence of):  Due to (or as a consequence of):  Description of the sequentially list conditions as a consequence of):  Due to (or as a con		Examiner		resulting In death)	B. Du	a to (or as a c	onseque	anca of):		9/1/	CCR		-	
Cause (Disease or Injury that Initiated awars)  Due to (or as a consequence of):  Due to (or as a consequenc	-	D #	ner					KORTAL T					1	
Cause (Disease or Injury that Initiated awars)  Due to (or as a consequence of):  Due to (or as a consequenc		and trans	Cam	Sequentially list conditions,	U			ance of):						
Described with the cause of death but not resulting in the underlying cause given in Part I.    COLONARY ARTERY DISEASE S/P CABCI.   1   Yes 2   No 3   Probably 4   Unknown of the cause of death but not resulting in the underlying cause given in Part I.   23b. Did tobecco use contribute to the cause of death of the death of the cause of death of the death of the cause of death of the cause of death of the death	Ö,	e exe	<u> </u>	causa. Entar Undariying	DEHXDRY	MOITE							İ	
Described with the cause of death but not resulting in the underlying cause given in Part I.    COLONARY ARTERY DISEASE S/P CABCI.   1   Yes 2   No 3   Probably 4   Unknown of the cause of death but not resulting in the underlying cause given in Part I.   23b. Did tobecco use contribute to the cause of death of the death of the cause of death of the death of the cause of death of the cause of death of the death	876	ate b hysic	lca	that initiated avants			onseque	nce of):						
Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.  COLONARY ARTERY DISEASE S/P CABCI.  1   Yes 2   No 3   Probably 4   Unknown of the cause of death of		entific ling p	Me	E d										
Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.  CO FONARY ARTERY DISEASE S/P CABO.    CO FONARY ARTERY DISEASE S/P CABO.   1   Yes 2   No 3   Probably 4   Unknown of death of the cause of deat	Bo	C 3	lan		J								1	
Second   S	o.	the characters and the	ysic	Part II. Other significant conditions co	ntributing to death but n	ot rasuiting in	tha und	arlying causa gi	van in Part I.		23b. Dld t	obacco use co	ntributs to	the causs of death
Section   Sect	٣.	d by	P.	CORONARY AR	TERY DISE	ASE	SI	CAB	Cr.		10	/88 2□ No	3 Pro	bably 4 Unknow
Section   Sect	S,	signe be o	by										I	
28. Place of Death (Check only one)  28. Place of Death (Check only one)  28. Place of Death (Check only one)  28. Place of Death (Check only one)  28. Place of Death (Check only one)  27. Manyer of Death 1	0	nee you	etec	MITRAL VALU	E REPF	FIR							av	allable prior to
28. Place of Death (Check only one)  28. Place of Death (Check only one)  28. Place of Death (Check only one)  28. Place of Death (Check only one)  28. Place of Death (Check only one)  28. Place of Death (Check only one)  28. Place of Death (Check only one)  27. Manper of Death (Death only one)  28. Deat of Injury at Work?  29. Deat of Injury at Work?  29. Deat	ec	lex bes b	npl									/	of	death?
29a. Cartiflar (Check only 2   Medical Examiner: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and mannar as stated.  29b. Signature and title of certiflar  29c. License number  29d. Data algned (Month, Day, Year)  30. Name and address of person who completed cause of death (Itam 23a) (Type, Print)  RIFFAT- MAHMUD CHURCH HOSPITAL 100 NoRTH BRE ADWAY BALTIMOLE MI	=	Page Page	ပို								1 🗆 Y	as 2 No	10	]Yas 2□ No
29a. Cartiflar (Check only 2   Medical Examiner: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and mannar as stated.  29b. Signature and title of certiflar  29c. License number  29d. Data algned (Month, Day, Year)  30. Name and address of person who completed cause of death (Itam 23a) (Type, Print)  RIFFAT- MAHMUD CHURCH HOSPITAL 100 NoRTH BRE ADWAY BALTIMOLE MI	ita I	clan: ertific ector,	Be	axaminar?						of Death (C	Check only o	na)		
29a. Cartiflar (Check only one)  29a. Cartiflar (Check only one)  29b. Signatura and titla of certiflar  29b. Signatura and datased of person who completed causa of death (Itam 23a) (Type, Print)  RIFFAT- MAHMUD CHURCH HOSPITAL 100 NoRTH BRE ADWAY BALTIMOLE MI	5	hysic his o		1 Yaa 2 No	1 Inpatient	2□ ER/Out	patient	3LI DOA	4 🗆 IAU					y)
29a. Cartiflar (Check only 2   Medical Examiner: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and mannar as stated.  29b. Signature and title of certiflar  29c. License number  29d. Data algned (Month, Day, Year)  30. Name and address of person who completed cause of death (Itam 23a) (Type, Print)  RIFFAT- MAHMUD CHURCH HOSPITAL 100 NoRTH BRE ADWAY BALTIMOLE MI	L C	ther the	on:		28a. Data of Injury (Month, Day Yo						d. Dascribe h	ow Injury occur	red	
29a. Cartiflar (Check only 2   Medical Examiner: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and mannar as stated.  29b. Signature and title of certiflar  29c. License number  29d. Data algned (Month, Day, Year)  30. Name and address of person who completed cause of death (Itam 23a) (Type, Print)  RIFFAT- MAHMUD CHURCH HOSPITAL 100 NoRTH BRE ADWAY BALTIMOLE MI	Sio	eath or: A	cati	2 ☐ Accidant Invastigation					Yas 2□I					
29a. Cartiflar (Check only 2   Medical Examiner: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and mannar as stated.  29b. Signature and title of certiflar  29c. License number  29d. Data algned (Month, Day, Year)  30. Name and address of person who completed cause of death (Itam 23a) (Type, Print)  RIFFAT- MAHMUD CHURCH HOSPITAL 100 NoRTH BRE ADWAY BALTIMOLE MI	$\leq$	frer d Mreci	E		28a. Placa of Injury building, atc. (S	- At homa, far S <i>pecify)</i>	m, straa	t, factory, office		28f			er or Rura	il Routa Number,
SEPT. 9 18. 1996.  30. Nama and addrass of person who complated causa of death (Itam 23a) (Type, Print)  RIFFAT- MAHMUD CHURCH HOSPITAL 100 NORTH BROADWAY BALTIMORE MIN  31. Data filed (Month Day Year)  32. Registrate Streeture		urs a lifed												
SEPT. 9 18. 1996.  30. Nama and addrass of person who complated causa of death (Itam 23a) (Type, Print)  RIFFAT- MAHMUD CHURCH HOSPITAL 100 NORTH BROADWAY BALTIMORE MIN  31. Data filed (Month Day Year)  32. Registrate Streeture		Hose Fund Fund Stely f	llca	(Check only 2)   Medical Exami	ner: On tha basis of ax	amination and	daath o Vor Invas	ccurred at tha ti stigation, in my o	ma, data and opinion, daat	d place, and th occurred	dua to tha d at tha tima, d	causa(s) and ma data and place,	nnar as s and dua to	tated. tha cause(s)
SEPT. 9 18. 1996.  30. Nama and addrass of person who complated causa of death (Itam 23a) (Type, Print)  RIFFAT- MAHMUD CHURCH HOSPITAL 100 NORTH BROADWAY BALTIMORE MIN  31. Data filed (Month Day Year)  32. Registrate Streeture		the the	N N		and mannar stated			29c Licens	se number			29d Data signs	d (Month	Day Year)
30. Name and address of person who completed cause of death (Itam 23a) (Type, Print)  RIFFAT- MAHMUD CHURCH HOSPITAL 100 NoRTH BROADWAY BALTIMOLE MIL  31. Data filed (Month Day Year)  32. Registrate Streeture		E 3 E 8			much M	D.								
RIFFAT- MAHMUD CHURCH HOSPITAL 100 NORTH BROADWAY BALTIMOLE MIL		20							103					-
31 Data filed (Month Day Year) 39 Peopletrate Signature		1)0							Inn	Non	TH 20	a Ania av	RA	ITIMORE HD
Registrar SEP 1 3 1996 July Davidson-Rondon		C .			30 Bonietrarie	Signature			100	14010	A DK	וח ייעח	Un	
			100	SEP 1 3 1996	Davi	Son-Par	de 20							

DHMH 16 Ray 6/95

# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96

27287

						Cei	rtificate	of Dea	th	Re	g. No.			
П	Division		Decedent's Name (First, Middle	, Last)						2. Date of Death	1		3. Time of Death	
ı	Physic /Medi		BERTHA L.	DIXON						Sept.	Day 10 19	Yeer 96	1:20 PM	
	Exami		4a. Facility Neme (If not institution	give street and number,	)			4b. City,	Town, or I	ocation of Deeth	4c. County		1.20 PM	
			North Arund	el Hospita	al			Gle	n Bu	rnie, Md	Anne	Aru	ndel Co.	
Г	Funerai		5. Social Security Number		ge (In yrs. last bir	thday)	If Under 1 Y	ear If Und	ler 24 Hrs.	8. Date of Birth (Month, Day,	Vearl	9. Birthp	elace (Stete or Foreign	
	Director		215-28-9501 Usual Residence of Decedent	1□M 2\F	80	Yrs.	INOTHIS DI	ays Hour	S IVIIII.	Aug. 31	1916	Mar	yland	
	show		10a. State 10b. County	a: I	10c. City, Tow							1	0d. Inside City Limits	
	Sel s	cto	Md.	City	Balt	ilmo	ore						1 Yes 2 No	
	death with the Maryland ms 23a or 28a-f show mast be notified at	al Director	10e. Street and Number 407 E. Cros	s Street			10f. Zip Cod	2123	0	10	g. Citizen of V	Vhat Coun	try?	
21215-0020	s 1 and 2 should be filed within 72 hours effer death with the Marylan of Health and Mental Hygiene. It has the marked other than "natural", or frame 23a or 23a-f show other traumatic event, the Medical Examiner must be notified as	by Funeral	11. Marital Stetus 1 □ Never Married 2 □ Merri 3 ☑ Widowed 4 □ Divorced	12. Was Decedent Armed Forces  at I Yes 29 If Yes, Give Year or Dates:	)		Ves Decedent f Yes, specify ( 1 ☐ Yes 🏻 🏖 💭			pecify Yes or No- o Rican, etc.)		a - America k, White, o		
5-0	72 ho	Completed	15. Decedent (Specify only highes	s Education	16a.	Deced	lent's Usual Oc	ccupation	ant of war	tina 1	6b. Kind of Bu	siness/Ind	lustry	
2	e. en r	nple	Elementery/Secondary (0-12)	College (1-4or	5+)	life. D	kind of work do OO NOT use re	atired)	OST OF WOR	King				
2	filed w Hygien off, Ihe	Con	6	0		ho	usewif	e /	dome	stic	Home o	owne	r	
pu	d oth	Be	17. Father's Name (First, Middle, L	•				18. Mc	ther's Nan	ne (First, Middle, M	aiden Sumam	e)		
yla	should be nd Mental marked o	2	Charles Sau	ers				R	ose	L. Hoff	nagel			
Maryland	2 sho		19a. informant's Name/Relationsh							ral Route Number,				
	of Health Item 27 other tr		Amelia C. Gr	iffiths/da	aughter	8.	36 Oak	Tra	il C	rownsvi	lle, 1	Md.	21032	
more,	00-2		20e. Method of Disposition  1 □ Buriel 2 □ Cremation  4 □ Donation 5 □ Other (Sp		cemeter	y, crem	sition (Neme on atory or other $ill C\epsilon$	plece)	rv	Sept	Oc. Location -			
Balti	Department Important: Important: I any injury of stice.		21. Signature of Funeral Service L	-6.6	1		. Name and Ad			3,1996	Baltı	nore	, Ma.	
	Physician /Medical Examiner	Į.	23a. Pert Lenter the disease, or a shock, or heart failure. List of limmediete Cause (Final disease or condition resulting in death)	complice one that cause only one cause of each li	d the death. Do r	not ente	130 E er the mode of	dying, such	rt A as cardiec	al Home ve. Bal or respiratory erres  VM V	timore	e , M	d. 21230 Approximate	
	ped lisit	F		<b>b</b> .					CD	Live	Υ.	1		
	icate be executed physician and s the burial-transit	Examiner	Sequentially list conditions, if any, leading to immediate		Due to (or as e o	onsequ	uence of):							
9	be e		Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events	c										
x 68760	eath certificate be executed attending physician and I for use as the burial-transit	/Medical	resulting in death) Last	d	Due to (or as a c	onsequ	uenca of):							
80	death se atter ad for u	Physician												
Ö	0 0 0	ıysı	Part II. Other significant condition	s contributing to death b	ut not resulting in	the un	derlying cause	given in Pe	rt I.	23b. Did tob	acco uss con	tributs to	the cause of death?	
J.	that ned b					_				1 5/100	2□ No	3 Prob	ebly 4 Unknown	
Records,	aw requi	Completed by								24a. Was an performe		ava con	re autopsy findings illable prior to ripletion of cause leath?	
	0 - 5	E								1 ☐ Yes	2 XNo	10	Yes 2□ No	
VItal	certificate	Bec	25. Was case referred to medical					26. Pie	ce of Deal	th (Check only one)			100 101	
		0	examiner? 1 ☐ Yes 2 No	Hospital: 1 ☐ Inpatie	nt 200 ER/Out	natient	3□ DOA	Other		ome 5 Residen		r (Specify	1	
on of	ling After fune	tion: T	27. Manner of Death  12 Natural 5 Pending 2 Accident investigs	28a. Date of inju (Month, Day	ry. 28b. T		28c. I	njury at Work?		28d. Describe how			,	
DIVISION	i or Attending efter death. Director: After d in by the fune	Certification:	3 Suicide 6 Could no determin	ot be	ury - At home, far c. (Specify)	m, stre				28f. Location (Stre City or Town,	et and Numbe State)	er or Aural	Route Number,	
_	To the Hospital or At within 24 hours efter of To the Funeral Direct completely filled in by	edical Ce	29a. Certifier Certifying (Check only Medical F	Physician: To the best of carniner: On the basis of	of my knowledge,	deeth	occurred at the	e time, date	and piaca,	and due to the cau	se(s) and mer	nner as sta	ated.	
	the the the l	Med	one,	and menner sta	ited.	****								
	5 TW C		29b. Signature and title of certifier	, M	~	L.	de 29c. Lic	ense numbe	04	Sec. ( )	Dete signed	Month. E	lith 96	
	0		30. Name and address of person w	ho completed cause of d	eeth (Item 23a)	Type, P	Print) 3	00,15	- 17	anon	x 5	vee	+	
	Star Registra		31. Date filed (Month, Dey, Year) SEP 13 1996	P. Registr	ar's Signature	4.00	150	Uto		one	m.	) 8	122	
	ricgisti		AC1 - A 1000	47	- taken an B. Coal	ART ARE	200							



Film G739 item 1 per PH 9-12-96 rja

27288

					0.6	rillical	e oi	Dealli		Reg. No.			
ian icai	1. Decedent's Ne	4 4	The C.		PECK	ER		Ab City Town	2. Date of Do	T 28,	Year 1996	3. Time of Death  11: 20 p in	
iner	St. Ag 5. Sociel Security 215-44-	nes Hos <sup>Number</sup> 1637	pital		s. lest birthday 1 Yrs.	/) If Under Months		Baltimor H Under 24 Hrs Hours Min.	e		9. Birthp	/A place (State or Foreign ntry) ryland	
	Usuel Residenca 10a. State	of Decedant 10b. County	,	10c. City, 7		ocation							
5	Md.		imore	100.							1	10d. Inside City Limits 1 ☐ Yes 2 ☐ No	
Director	10e. Street and N		TIIIOLE		Haleth	10f. Zip	Cada			10- 02:	40.40	Α	
5	4316 Le		enue			TOI. ZIP	212	27		10g. Citizen of	JSA	itry r	
/ Funeral	11. Marital Status	rried 2[X] Man	12. Was Deced Armed Ford	ces? 2 D <b>iv</b> No	U,S. 13	. Was Deced If Yes, spec	lent of H	dispanic Origin? (San, Mexican, Puerl	pecify Yes or Note Rican, etc.)	0- 14. Rad Ble	ca - Americ ck, White,	etc.	
d by	3 Widowed	4 Divorced	Year or Dat	as:		10163 2	X,40	оресну.		Specif	y: WI	hite	
Completed	(Spi		nt's Education est grade completed)		16a. Dec (Giv	edent's Usua e kind of wor	l Occup k done	eation duning most of word)	rking	16b. Kind of B	usiness/ind	dustry	
du	Elementary/Sec	condary (0-12)	College (1-4	4or 5+)				d)					
	17. Father's Name	(First Middle	(ast)		HC	omemak	er	18 Mother's Nar	Do /First Middle	Own Ho	111		
Be		Weaver	,					18. Mother's Name (First, Mabel Irer			10)		
2					405 14 3		10:						
	19a. Informant's I							(Street and Number or Rural Route Number, City or Town, State, Zip Code)  B Avenue, Baltimore, Md. 21227					
			husband	0.01							21227		
	20a. Mathod of Di		3 Removal from St	late	Plece of Disp cemetery, cre			ce)	8/oak	Date 20c. Location - City or Town, State			
	4 Donation								Maryland				
	4 Donation 5 Other (Specify) Meadowridge Memorial Pk. 731/96 Elkridge, Mar 21. Signeture of Funeral Servica Licensee Gary L. Kaufman Funeral Home of Elkridge, 5695 Main St., Elkridge, Md. 21227												
Physician/Medical Examiner	disease or condit resulting in death Sequentially list of any, leading to cause. Enter Unc Ceuse (Disease that initiated even resulting in death)	onditions, mmediate lerlying r Injury ts	a	Due to	(or as a conse	equence of):	131	CANO					
iysic	Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in								23b. Dld	tobacco use co		the cause of death?	
									10	Yes 2□ No	3 Prot	bably de Unknown	
Completed by							ı			an autopsy ormed?	COL	ere autopsy findings allable prior to mpletion of cause death?	
EO									10	Yes all No	10	Yes 2 No	
Be	25. Wes case refe	rred to medical						26. Plece of Dea					
2	examiner?	No	Hospitat:	patient 2	☐ ER/Outpatie	ent 3 DO	A Oth	or		denca 6 □Oth	er /Specify	v)	
	27. Menner of Dea		28e. Date of (Month,		28b. Time of Injury		Bc. Injun Work			how Injury occur		<u>,                                    </u>	
Certification:	3 Suicide 4 Homicide	6 Could r determ	ined   286. Placa of	Injury - At I	nome, farm, st	treet, factory,	office		28f. Location ( City or To	Street and Numb wn, State)	per or Rura	l Route Number,	
edicai (	29a. Certifier (Check only one)	Certifyin	g Physician: To the be Examiner: On the basis	is of examin	owledge, deat etlon and/or ir	th occurred a nvestigation,	t the tim	ne, date and piaca plnion, death occu	, and due to the rred at the time,	cause(s) and ma date and place,	nner as st end due to	eted. the cause(s)	
Me	29b. Signature end	title of certified	Λ.		L	29c.	License	e number		29d. Date signe	d (Month, I	Day, Year)	
		Y	DVANA	1114	- M.	D.	V	50655		AUGUET	28	1991	
	20 Name and 1	/	MUNIC	of death of		200	-	22.02.00.00.00.00				1110	
	REEL	SEN C.	D'SOUZA-K	AM AT	т 23a) (Тура Н, ЈЕ	PT. OF	ME	SIGNE,	ST. AG	NES H	DSPIT	AL.	
ate	31. Dete filed (Moi	nth, Day, Year)	32. Reg	Istrar's Sign	ature								
ate rar	REEL 31. Dete filed (Mon	DEN C. oth, Day, Year)	Mo completed cause of D SOUZ-A - K	of death (Ite MM AT Ilstrar's Sign Davidson	m 23a) (Type, H ) E nature	Print) PT. OF	-	22.02.00.00.00.00		AUGUST INES H		A	

DHMH 16 Rev 6/95

SEP 1 2 1996

State of Maryland / Department of Health and Mental Hygiene

2	7	2	R	Q
Line	f	<u>_</u>	U	1

Certificate of Death 1. Decedent's Nema (First, Middle, Last) 2. Data of Deeth 3. Time of Death Month SEPT.09,1996 **Physician** ART HUR E. ELLIS 15:02 P /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Daath **Examiner** LAUREL REGINAL ER PRINCE GEORGES Laure1 5. Sociel Security Number 7. Age (In vrs. lest birthday) If Undar 24 Hrs. **Funeral** 8. Dete of Birth (Month, Dey, Year) Birthplece (State or Foreign Country) 150 M 2□ F Months Deys Hours 219 92 9014 Director 22 Dec. 31, 1973 Maryland Usuel Residence of Decedent 10b. County 10c, City, Town or Location 28a-f show 10d. Inside City Limits the Medical Examiner naust be notified at Director Maryland N/A 1 Yes 2 □ No Baltimore 10e. Street end Number 10f. Zlp Code 10g. Citizen of What Country? 23a or 2 4916 Pennington Avenue 21226 deeth U.S. Hems 12. Was Decedent Evar In U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Maxican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. permit. Pages 1 and 2 should be filed within 72 hours after Depertment of Hasith and Mental Hygiona. Important: If item 27 is marked other than "naturely, or item any injury or other treumatic event, me Madical Ferrance. 1 Never Marriad 2 ☐ Married Yes 2 No Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specity: þ Specify 3 Widowed 4 Divorced Yaar or Detas: White Be Completed 16a. Decedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Landscaping Prestige Landscaping l year 17. Fether's Nema (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumema) Ronald Jackson Ellis Carolyn Sheridan 2 19e. informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Itourie Schmidt / Grandmother 4916 Pennington Avenue Baltimore, Maryland 21226 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20a. Method of Disposition 20c. Location - City or Town, State 1 X Burial 2 ☐ Cramation 3 ☐ Removei from State 9/13/96 Baltimore, Maryland 4 ☐ Donetion 5 ☐ Other (Specify) Cedar Hill Cemetery 21. Signature of Funerei Service Licensee 22. Neme and Address of Facility Gonce Funeral Home P.A. 4001 Ritchie Highway Baltimore, Md. 21225 ramicedu lications thet caused the daath. Do not entar tha mode of dying, such as cardiac or raspiretory arrest, one cause on each lina. Approximeta Intervel Between Onset end Death **Physician** /Medical Immediate Cause (Final disaese or condition resulting in deeth) **Examiner** Examiner The law requires that the death certificate be executed buriel-transit Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in death) Last Due to (or es e consequence of): P.O. Box 68760, Physician/Medical the Due to (or as a consequence of): as use Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? page 2 should be detact 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Records, þ Completed 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Wes an autopsy certificata 2□No Yes 2□ No Division of Vital Attending Physician: director, 25. Was case referred to medical Be 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To XXYes 2 No 1 ☐ Inpatient ②☐ER/Outpatient 3 ☐ DOA this funeral 27. Mennar of Deeth 28a. Deta of Injury (Month, Day Year) 28b. Tima of Injury 28d. Describe how injury occurred 28c. Injury et Work? After 5 Pending 1 Naturel 9-9-96 1 Yes 2 10 No 2 Accident investigetion subject shall 1427 or Attendation of Director: in by the 3 ☐ Suicide 6 Could not be determined 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Straet and Number or Rural Route Number, City or Town, State) 402 Homicide Burtonsville Shopping Cento, Laurel MD 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner as steted.

\*\*Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred et the time, dete end plece, end due to the cause(s) end menner steted. Medical 29a. Certifier the state 29b. Signature and title of certifier 29c. License number 29d. Dete signed (Month, Day, Year)

State Registrar

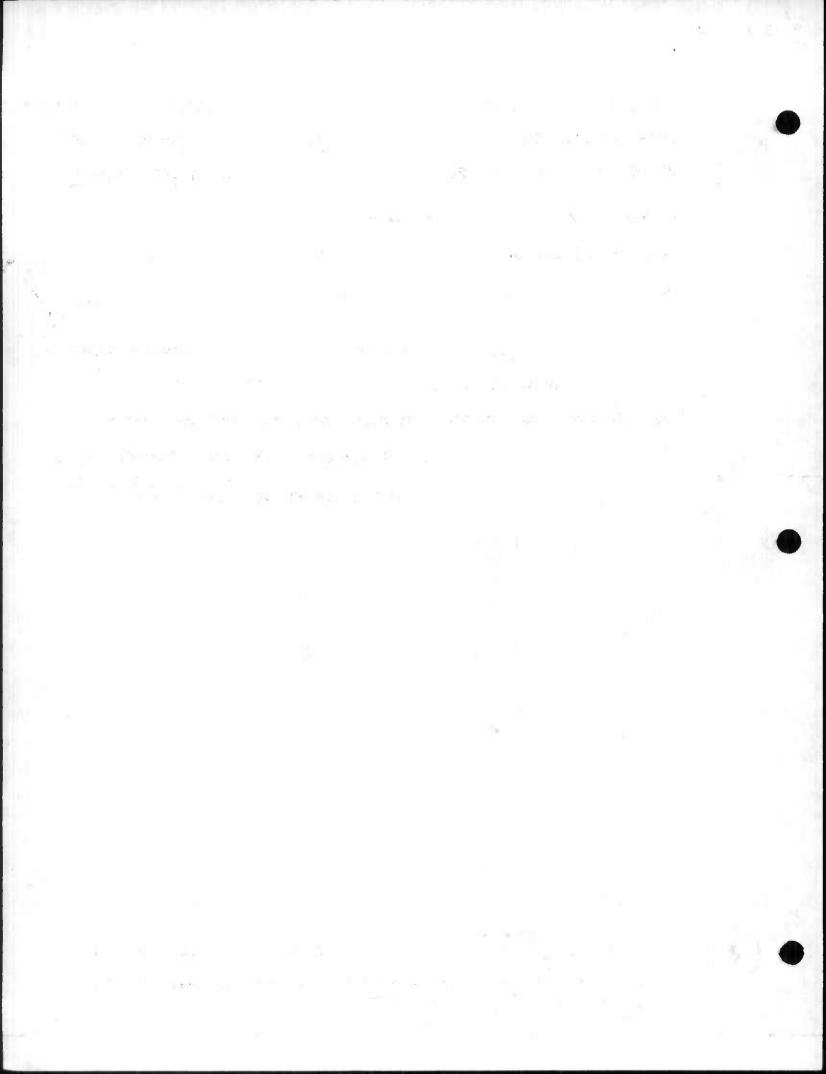
31. Dete filed (Month

hutem 111 Penn Street, Baltimore, Maryland 21201

ampleted cause of deeth (Item 23e) (Type, Print)

OCME

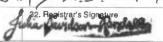
SEPT.10,1996

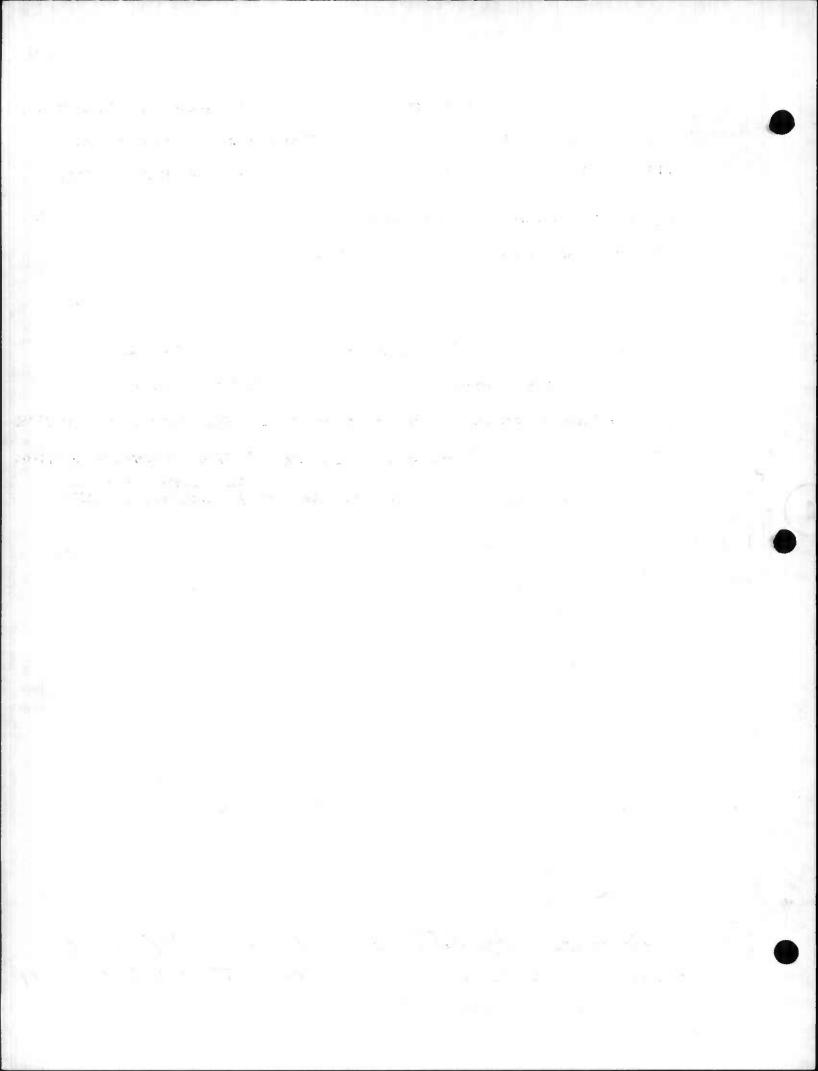


State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middla, Last) 2. Data of Daath 3. Time of Death **Physician** Alice V. Erhardt September 11, 1996 5:00 A.M. /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** 6465 Bricktown Circle Glen Burnie Anne Arundel 5. Social Security Number If Undar 1 Yaar | If Undar 24 Hrs. 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) **Funeral** Days 1 ☐ M 2 🗙 F Months Hours 219 16 2730 71 Director Feb. 14, 1925 Maryland Usual Rasidence of Decadent 10b. County 10c. City. Town or Location or 28a-f show 10d. Inside City Limits Medical Examiner must be notified at Director 1 ☐ Yes 2 ☑ No Maryland Anne Arundel Glen Burnie 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 234 6465 Bricktown Circle 21061 U.S. Funeral Hems 12. Was Decedent Ever in U,S. Armed Forcas? Was Dacedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puarto Rican, atc.) 11. Marital Status 14. Race - Amaricen Indian, Biack, Whita, atc. permit. Pages 1 and 2 should be filed within 72 hours after Department of Health and Mental Hygiona. Important: If Item 27 Is marked other than "natural; or ite any Injury or other traumatic event, IIIs Medical Entities 1 ☐ Never Married 2 ☑ Married 1 ☐ Yes 2 ☑ No If Yes, Give Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: b 3 ☐ Widowed 4 ☐ Divorced White Year or Dates: Be Completed 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) Home Maker 9th Own Home 17. Fathar's Name (First, Middle, Last) 18. Mother's Neme (First, Middla, Malden Surname) Elbert Ruark Bernadette Ralev P 19a. Informant's Name/Reletionship (Type, Print) 19b. Malling Address (Street and Number or Rural Routa Number, City or Town, State, Zip Code) Arthur Erhardt / 6465 Bricktown Circle Glen Burnie, Maryland 21061 20b. Place of Disposition (Name of cametery, crematory or other placa) 20a. Method of Disposition 20c. Location - City or Town, Stata 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Ramoval from State 9/13/96 4 ☐ Donation 5 ☐ Other (Specify) Md. State Veteran Cem. Crownsville, Maryland 21. Signature of Funeral Service Licenses 22. Name and Address of Facility Gonce Funeral Home P.A. 4001 Ritchie Highway Baltimore, Md. 21225 rancisouski 23a. Part1. Enter the disease, or or shock, or heart feilure. List or ations that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate tnterval Between Onsat and Death Physician Immediate Ceuse (Finel disease or condition resulting in deeth) /Medical · eads Examiner astatic Physician/Medicai Examin burial-tran Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or Injury Box 68760. Attending Physician: The law requires that the death certificete be that initiated events resulting in death) Last The state Due to (or as a consequence of) Records, P.O. detached Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco usa contribute to the cause of death? 3 Probably 4 Unknown þ 2 24b. Were eutopsy findings availabla prior to completion of ceuse of death? 24e. Wes an eutopsy page 2 1 Yes 1 Yes 2 No Vital 25. Was cesa referred to medical axaminer? Be 28. Place of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Hasidance 6 Other (Specify) 28 No 10 1 Yes Division of 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28c. injury at Work? After Certification: 28b. Time of 28d. Dascribe how Injury occurred Naturei 5 Pending investigation death. 1 TYes 2 No 2 Accident s after death 6 Could not be determined 28f. Location (Street and Number or Rural Routa Number, City or Town, State) 3 Suicide 28e. Piace of Injury - At homa, farm, street, factory, office building, etc. (Specify) filled in by 4 Homicide Hospital Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete and place, and due to the causa(s) and manner as steted.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and menner stated. 29a. Cartifier Medical (Check only one) 29b. Signature end title of certifier 29c. License number 29d. Data signed (Month, Day, Year) 027938 30. Neme and address of person who completed cause of death (Item 23e) (Type, Print) Aquahart Rd. G.B. AD 21061 795 G-00601

State Registrar 31. Dete filed (Month, Day, Year)





State of Maryland / Department of Health and Mental Hygiene 96

					$C\epsilon$	ertificat	e of	Death			Reg. No.	20	41691
Physician	_	edent's Neme (First, Midd	le, Last)							2. Dete of De Month		Yeer	3. Time of Deeth
/Medical	CE	CORGE	El	ERMAN						SEPTEME	BER 9	1996	2:00 am
Examiner	de Per	ellity Neme (If not Institution	n, <i>give street</i> end r	num <i>ber)</i>				4b. City, To	own, or L	ocation of Deet	4c. Cour	nty of Deeth	
		EATER BALTI		CAL CEN!	TER			TOWSO			BAL	TIMOR	E
Funeral Director	217-	al Security Number -07-3053	6. Sex 1 ☑ M 2 □ F	7. Age ( <i>fn yrs</i> .	lest birthday Yrs.	Months	Deys		Min.	8. Dete of Bir (Month, De Aug. 3, 1	v. Year)	9. Birthr Cour Mary	
natural, or items 23a or 28a4 show of all Examiner must be notified at sted by Funeral Director	10a. St	Residence of Decedent ate 10b. County	!	10c. Cit	y, Town or L	ocation						1	Od. Inside City Limits
f sho	Mary	yland Balt	imore		imoni								1 ☐ Yes 2 ☑ No
or 28a-f s be notified Director	10e. St	reet end Number				10f. Zip	Code				10g. Citizen o	f What Cour	ntry?
23a or	31	7 Ivy Church	Road					2109	3			S.A.	,
important: it rem 27 is merked other than "natural, or items 25s or 28s-f show many highly or other traumetic event, the Medical Examiner must be notified at once.  To Be Completed by Funeral Director	3 □	rital Stetus Never Merried 2 ☑ Mar Widowed 4 ☐ Divorced	Armed 1 Types If Yes, 0	ecedent Ever in U Forces? s 2 No Give Detes: 1942		Was Deced If Yes, spec 1 ☐ Yes				ecify Yes or No Rican, etc.)	Spec	ece - Americ leck, White lify:	can Indian, etc. hite ale
nt, the Medical of the Medical Completed		15. Deceder (Specify only highe	it's Education	d)	16e. Dece	edent's Usue	el Occu	petion	at of work	rina	16b. Kind of	Business/In	dustry
Na dar	Elem	entery/Secondary (0-12)	College	(1-4or 5+)				during mos		an ig			
F O	17.500		5+		Att	orney	an	d CPA					ccounting
Be ed	5	her'e Neme (First, Middle,								e (First, Middle,		eme)	
To		hn George Ei			T					th Pear			
trant	19e. In	forment's Neme/Reletions	ship (Type, Print)		19b. Mail	ing Address	(Stree	t end Numb	er or Rui	el Route Numb	er, City or Tow	n, State, Zip	Code)
ry or other	20a. Me	e Eierman/Wi ethod of Disposition ] Burial 2 □ Cremation ∰Donetion 5 □ Other (S	3 □Removal from		317 Plece of Disp semetery, cre	osition (Nen	ne of		d-Ti	monium, Dete	Maryla 20c. Location		21093 own, Stete
any Inju	21. Sig	neture of Funeral Service Joseph F	Licensee Van San	y f				ess of Fecili tomy		d-655 W	. Balti 1-1559	imore	Street
incland dical miner Examiner	Immedi disease resultin	nock, or heart failure. List iate Cause (Final e or condition g in death)	. (	ender Dup 10 (0	Cene	quence of):	Can	des j	eni	She	0		Intervel Between Onset end Deeth
Medical	Cause (Disease or Injury that intilated events resulting in death) Last  Due to (or as a consequence of):							o sileions					
etached for ur Physician	Part II. C	Other significant condition	one contributing to	death but not res	ulting in the s	inderlying c	ause qi	van in Part I		23b. Did 1	tobacco use c	ontribute to	the cause of death?
		0	dicate	2	hok					23b. Did tobacco use contribute to the cause of deal 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Union			
s been sign 2 should be pleted by										24a, Was perio	an autopsy med?	avi	ere autopsy findings allable prior to impletion of cause death?
page poor										101	es 24/10	18	Yes 2 No
nector, pay	25. Was	s case referred to medical						26. Place	of Deat	h (Check only o	ne)		
99 6	10	Yes 2□•No	Hospital: 1@	Inpatient 2	ER/Outpatie	nt 3[] 00	A Of	her: 4 Nu	irsing Ha	me 5 Resid	fence 6 □0	ther (Specif)	0
Attent fund tion		ngserDeath Natural 5 ☐ Pendin Accident investi	g (Mo pation -	e of Injury onth, Day Year)	28b. Time o Injury	6 A	Bc. Inju Wo	ryat rk? ]Yes 2 []		28d. Describe f	now injury occu	arred	
od in by the Certifica	40	Suicide 6 ☐ Could : determ	inust 20e Plat	e of Injury - At ho ding, etc. (Specify	me, farm, st	reet, factory	, office			28f. Location (S City or Tox	Street end Num yn, Stete)	ber or Rura	il Route Number,
Funar etaly fill dical								d plece, th occurr	end due to the red et the time,	ceuse(s) end n date end plece	nanner as st o, end due to	eted. the cause(s)	
To the	Charles of the same of	grature and title of certifie	1 1	1		29c	. Licen:	se number			29d. Date sjón	ed (Month,	Dey, Year)
		1	TVIX	D		7	111	8791	2		ak,	161	
	30 Nom	ne end eddress of person	who completed and	sea of death the	22a\ /T	Drint\	- 10	110	-		1/7/	76	
107	Do	TI MACIA DINA	1. 1.51	EN	The A P	100 0	1-	# 615		Balto	MIA	nin	nd.
0.1	31 Date	filed (Month, Dey, Year)		Registrer's Signe	MILL	س عرب	1	4/3		ullo	114.	did	74
State Registrar	SEP	1 3 1996	Julia De	Moon-Rand	4.00								

SEP 1 3 1996

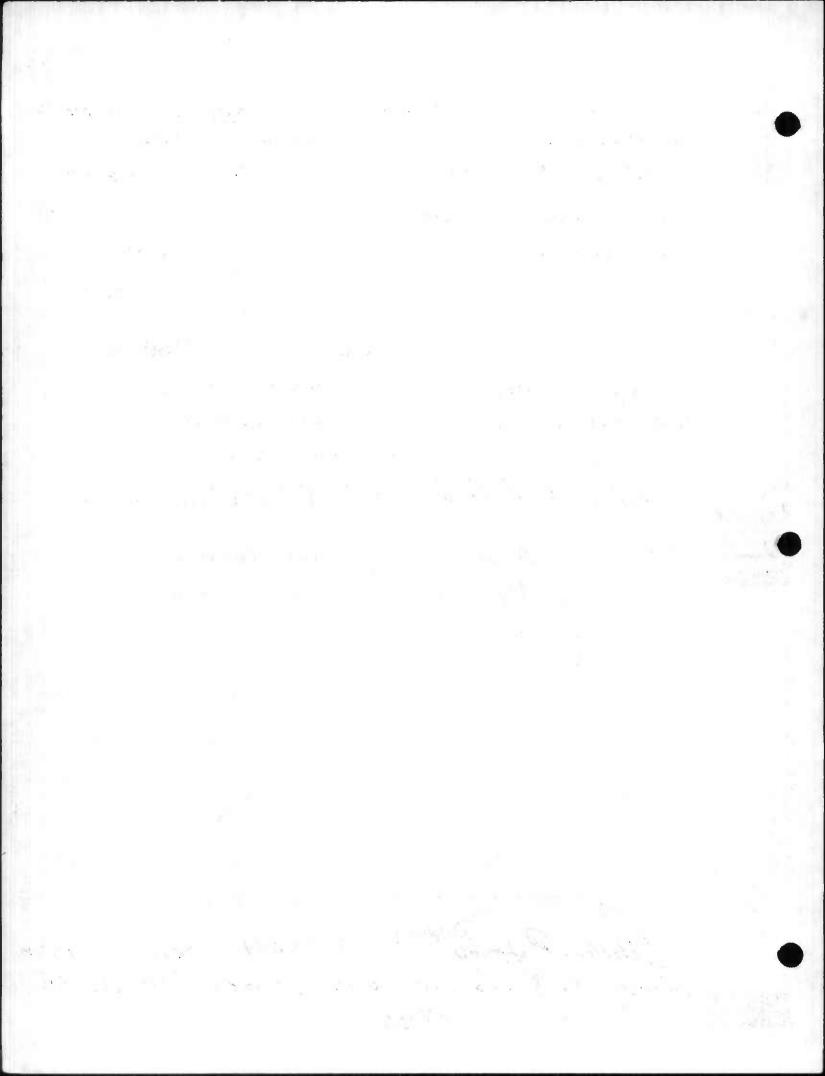
191

2 11 2 2 2 2 2 2

State of Maryland / Department of Health and Mental Hygiene 96

27292

											Reg. No.			
Physici	ian	Decedent's Neme (First, Middle,	Last)						1	2. Dete of De Month	eeth Dey	Yeer	3. Time of Dea	
/Medic		JOHN			ESTE	RL			A.P.	Sep	11	90	140	
Examir	ner	4e. Fecility Neme (If not Institution, g		m <i>ber)</i>				GLEN	BUI		Α.	A . CO .	h	
Funeral Director		5. Sociel Security Number  181-30-1040  Usuel Residence of Decedent	Sex 1MM 2□F	7. Age (In	yrs. lest birthday	Months	Deys	If Under Hours	24 Hrs. Min.	8. Dete of Bi (Month, D dec	rth Year) 9	37 GE	nplace (State or Fountry) RMANY	
Mo w		10e. Stete 10b. County		100	c. City, Town or I	ocation						1	10d. Inside City Li	
28a-f sh offfied	Director	MD. A.A. C	co.	(	ODENTO					T T			1 □ Yes 💥	
23a or	ral Dir	513 RITA DRI	IVE			10t. Zij	2 1 1	13				MANY	het Country? JY	
natural', or items 23a or 28a-f show dical Examinet must be notified at	by Funeral	11. Meritel Status  1 □ Never Married 2 □ Married  3 □ Widowed 4 ሺ Divorced	12. Wes Dece Armed Fo 1 Tyes . If Yes, Giv Yeer or De	orces? 2⊠ No	in U,S. 13	. Wes Dece If Yes, spe 1 \(\sum \) Yes		dispenic Ori an, Mexicer Specify:		ecify Yes or N Rican, etc.)		Bleck, White Brecity: WH		
iene.	Completed	15. Decedent's (Specify only highest of Elementery/Secondery (0-12) 1 2	Education grede completed) College (1	1-4or 5+)	(Giv life.	edent's Usu e kind of wo DO NOT u	ork done ise retire	petion duning mos d)	t of works	ing	HEA	of Business/I		
d other event, 1	BeC	17. Fether's Neme (First, Middle, La	st)					18. Mothe	r's Name	First, Middle	a, Meiden S	u <i>m</i> eme)		
e 6 a	ToB	JOHANN	ESTE	RL				ANNA	К.	MOSEF	KEO	UGH		
7 is m traum		19a. Informent's Name/Refetionship RENATE BLOOD								e/Route Numb		Town, Stete, Z	(ip Code)	
7.2		20e. Method of Disposition  1  Burial 2  Cremetion 3  4  Donetion 5  Other (Special Control of Cont		State	Db. Plece of Disposametery, crit		other ple		9.	Dete -12	1000	ation - City or T		
Department Important: If any injury or once.		21. Signature of Funeral Service Lic	1 am	Sl	la	HARDI	ESTY	FUN	ERA		E P.A		21054	
SEES ysician Medicai kaminer	36	23a. Pert1. Enter the disease of co shock, or heart failure. List on Immediate Ceuse (Finel disease or condition resulting in deeth)			death. Do not ea	nter the mod	de of dyla		cerdiac o	or respiretory e			Approximate Intervel Between Onset end Deeti	
ysician Medicai caminer	dical Examiner	Immediate Cause (Final disease or condition		Due per	death. Do not ea	quence of):	de of dyli	ng, such es	cerdiac o	or respiretory e	errest,		Approximate Intervel Between	
ysician Medicai caminer		Immediate Ceuse (Finel disease or condition resulting in deeth)  Sequentially list conditions, if any, leeding to Immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events		Due per	to (or es e conse	quence of):	de of dyli	ng, such es	cerdiac o	or respiretory e	errest,		Approximate Intervel Between Onset end Deeti	
Medical mud physician and medical many see as the bruel-transit many many many many many many many many	n/Medical	Immediate Ceuse (Finel disease or condition resulting In deeth)  Sequentially list conditions, if any, leeding to Immediate cause. Enter Underlying Ceuse (Disease or Injury that Initiated events resulting In deeth) Lest	e. Ac o	Due to	to (or es e conse	requence of):	de of dyli	ing, such es	cerdiac	D/3	SSICI SEAS	epcy.e	Approximate Intervel Between Onset end Deett	
by the attending physician and Medical for use as the bunal-transit	Physician/Medical	Immediate Ceuse (Finel disease or condition resulting in deeth)  Sequentially list conditions, if any, leeding to Immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events	e. Ac o	Due to	to (or es e conse	requence of):	de of dyli	ing, such es	cerdiac	D/3	SSICI SEAS	e contributa	Approximate Intervel Between Onset and Deeth	
s been signed by the attending physician and should be datached for use as the bunal-fransit	by Physician/Medical	Immediate Ceuse (Finel disease or condition resulting In deeth)  Sequentially list conditions, if any, leeding to Immediate cause. Enter Underlying Ceuse (Disease or Injury that Initiated events resulting In deeth) Lest	e. Ac o	Due to	to (or es e conse	requence of):	de of dyli	ing, such es	cerdiac	23b. Did	SSICION CONTRACTOR CON	e contributa No 3 Pro	Approximate Intervel Between Onset and Deeth	
ata has been signed by the attending physician and paga 2 should be datached for use as tha burial-transit	Physician/Medical	Immediate Ceuse (Finel disease or condition resulting In deeth)  Sequentially list conditions, if any, leeding to Immediate cause. Enter Underlying Ceuse (Disease or Injury that Initiated events resulting In deeth) Lest	e. Ac o	Due to	to (or es e conse	requence of):	de of dyli	ing, such es	cerdiac	23b. Did	tobacco use yee 2 do somed?	e contributa No 3 pro	Approximate Intervel Between Onset end Deett  to the cause of de obably 4 Unkn  Vere autopsy findin velieble prior to completton of cause	
erificate has been signed by the attending physician and majoric page 2 should be datached for use as the bunk-transit	Be Completed by Physician/Medical	Immediate Ceuse (Finel disease or condition resulting In deeth)  Sequentially list conditions, if any, leeding to Immediate cause. Enter Underlying Ceuse (Disease or Injury that Initiated events resulting In deeth) Lest	e. Ac de b. Hy	Due to	to (or es e conse	requence of):	de of dyli	Yen in Pert I	cerdiac	23b. Did	tobacco ue Yee 2 T	e contributa No 3 pro	Approximate Intervel Between Onset end Deeth Conset end Deeth Conset end Deeth Conset end Deeth Conset end Deeth Conset end Deeth Conset end Deeth Conset end Deeth Conset end Deeth Conset end Deeth Conset end Deeth Conset	
After this certificate has been signed by the attending physician and map of the property funeral director, page 2 should be deteched for use as the burial-transit are in a line of the contraction.	To Be Completed by Physician/Medical	Immediete Ceuse (Finel disease or condition resulting in deeth)  Sequentially list conditions, if any, leeding to Immediete cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest  Pert II. Other eignificant conditione  25. Wes cese referred to medical exeminer?  Yes 2 No  27. Menner of Death	e. Ac a b. Hy  c  d  Contributing to de	Due to bath but not	to (or es e consecto (or es e	requence of):  quence of):  quence of):  quence of):  quence of):	de of dylude of	ren in Pert I	of Deeth	23b. Did 10 24e. Wes perfe	tobacco ue yee 2 v	e contributa  No 3 Pro  24b, V a c c o No 1	Approximate Intervel Between Onset end Deeth Land Deeth Land Land Land Land Land Land Land Land	
If the death.  Since don't sher this certificate has been signed by the attending physician and more properties in by the funaral director, page 2 should be deteched for use as the bunial-transit are in the funaral director.	To Be Completed by Physician/Medical	Immediate Ceuse (Finel disease or condition resulting in deeth)  Sequentially list conditions, if any, leeding to Immediate cause. Enter Underlying Ceuse (Disease or Injury that Initiated events resulting in deeth) Lest  Pert II. Other eignificant conditione  25. Wes case referred to medical exeminer?  27. Wes not conditioned to medical exeminer?	e. Acc	Due to Du	to (or es e consecto (or es e	ent 3 Do	DA Oth	yen in Pert I	of Deeth	23b. Did 1 24e. Wesperforme 5 Resilvation (Check only)	tobacco use Yee 2 tobacco use on eutops; ormed?  Yes 2 tobacco use on eutops; ormed?	Percy 24b. V 24b. V 2 C C C C C C C C C C C C C C C C C C	Approximate Intervel Between Onset end Deeth Land Deeth Land Land Land Land Land Land Land Land	
If the death.  Since don't sher this certificate has been signed by the attending physician and more properties in by the funaral director, page 2 should be deteched for use as the bunial-transit are in the funaral director.	Be Completed by Physician/Medical	Immediate Ceuse (Finel disease or condition resulting in deeth)  Sequentially list conditions, if any, leeding to Immediate cause. Enter Underlying Cause (Disease or Injury that Intitleted events resulting in deeth) Lest  Pert II. Other eignificant conditione  25. Wes case referred to medical exeminer?  Yes 2 No  27. Menner of Death 1 Neturel   5 Pending investigati 3 Suicide   6 Could not determine	e. Acc	Due to Du	to (or es e consecto (or es e	equence of):  quence of):  quence of):  quence of):  quence of):  quence of):  quence of):  quence of):  quence of):  quence of):	DA Othorse Should be seen to be s	yen in Pert I.  26. Plece er: 4 \( \) Nu yet Yes 2 \( \)	of Deeth	23b. Did 1 24e. Wes performent of Check only on Check only on the Check only on the Check only on the Check only on the Check only on the Check only on the Check only on the Check only on the Check only on the Check only on the Check only on the Check only on the Check only on the Check only on the Check only on the Check only on the Check only on the Check only on the Check on t	tobacco use Yee 2 cone) idence 6 [how injury of win, State) cause(s) are	Percy  ee contributa  No 3 Pro  24b. V  c  c  no  No  1	Approximate Intervel Between Onset end Deett Onset end Deett Conset end Deett Conset end Deett Conset end Deett Conset end Deett Conset end Con	
in 24 hours after death.  The form of the continue of the cont	Certification: To Be Completed by Physician/Medical	Immediete Ceuse (Finel disease or condition resulting in deeth)  Sequentially list conditions, if any, leeding to Immediete cause. Enter Underlying Ceuse (Disease or Injury that Initiated events resulting in deeth) Lest  Pert II. Other eignificant conditions  25. Wes case referred to medical exeminer?  Yes 2 No  27. Menner of Death 1 Neturel 5 Pending investigating Suicide 4 Homloide  29e. Certifier (Check only 2 Medical Exeminer)	e. Acc	Due to Du	to (or es e consecto (or es e	equence of):  quen	DA Other Wor 10 y, office at the tir, In my o	26. Plece er: 4 Nu Yes 2 Inpinion, deet enumber	of Deeth rsing Hor	23b. Did 1 24e. Was perfection of Check only 1 Check only 28f. Location (City or To	tobacco ue Yee 2 Gen eutops; ormed? Yes 2 Gen eutops; ormed? Yes 2 Gen eutops; ormed?  Yes 2 Gen eutops; ormed?  Yes 2 Gen eutops; ormed?  Yes 2 Gen eutops; ormed?  Yes 2 Gen eutops; ormed?  Yes 2 Gen eutops; ormed?  Yes 2 Gen eutops; ormed?  Yes 2 Gen eutops; ormed?  Yes 2 Gen eutops; ormed?	No 3 Province of P	Approximate Intervel Between Onset end Deett Onset end Deett Land Deett Land Deett Land Deett Land Deett Land Deett Land Deett Land Land Land Land Land Land Land Land	
If the death.  Since don't sher this certificate has been signed by the attending physician and more properties in by the funaral director, page 2 should be deteched for use as the bunial-transit are in the funaral director.	edical Certification: To Be Completed by Physician/Medical	Immediete Ceuse (Finel disease or condition resulting in deeth)  Sequentially list conditions, if any, leeding to immediete cause. Enter Underlying Ceuse (Disease or Injury that Initiated events resulting in deeth) Lest  Pert II. Other eignificant conditions  25. Wes case referred to medical exeminer?  Yes 2 No  27. Menner of Death 12 Neturel 5 Pending investigating Suicide 6 Could not determine Check only one)	e. Accident of the best of the	Due to Du	to (or es e consecto (or es e	ent 3 Do  of 2  M  treet, fector,  westigetion  296	DA Other Wor 10 y, office at the tir, In my o	26. Plece er: 4 Nu Yes 2 Inpinion, deet enumber	of Deeth rsing Hor	23b. Did 1 24e. Was perfection of Check only 1 Check only 28f. Location (City or To	tobacco ue Yee 2 Gen eutops; ormed? Yes 2 Gen eutops; ormed? Yes 2 Gen eutops; ormed?  Yes 2 Gen eutops; ormed?  Yes 2 Gen eutops; ormed?  Yes 2 Gen eutops; ormed?  Yes 2 Gen eutops; ormed?  Yes 2 Gen eutops; ormed?  Yes 2 Gen eutops; ormed?  Yes 2 Gen eutops; ormed?  Yes 2 Gen eutops; ormed?	No 3 Province of P	Approximate Intervel Between Onset end Deett Onset end Deett Land	



0	. 3
S	ž
9	
9	. 5
S	2
	- 4
METIMORE, MARYLAND 21215-00	nenital or attanding
8	-
0	-
	9
Z	2
<	2
	-
>	E
	3
P	100
>	- 2
BACTIMORE, MAR	3
Ш	3
0	E
0	40
¥	9
=	ž
E	LL.
1	€
4	-
d	10
	4
	15
	Ğ
	-
7	79
0	Will
260	d with
8760	uted with
68760	cecuted with
X 68760	executed with
OX 68760	be executed with
30X 68760	te be executed with
BOX 68760	icate be executed with
). BOX 68760	dificate be executed within 24 hours after death. Page 6 may be retained by the ho
.O. BOX 68760	certificate be executed with
P.O. BOX 68760	th certificate be executed with
, P.O. BOX 68760	eath certificate be executed with
S, P.O. BOX 68760	e death certificate be executed with
DS, P.O. BOX 68760	the death certificate be executed with
RDS, P.O. BOX 68760	hat the death certificate be executed with
ORDS, P.O. BOX 68760	that the death certificate be executed with
CORDS, P.O. BOX 68760	res that the death certificate be executed with
ECORDS, P.O. BOX 68760	nuires that the death certificate be executed with
RECORDS, P.O. BOX 68760	requires that the death certificate be executed with
- RECORDS, P.O. BOX 68760	aw requires that the death certificate be executed with
AL RECORDS, P.O. BOX 68760	a law requires that the death certificate be executed with
TAL RECORDS, P.O. BOX 68760	The law requires that the death certificate be executed with
ITAL RECORDS, P.O. BOX 68760	N: The law requires that the death certificate be executed with
VITAL RECORDS, P.O. BOX 68760	JAN: The law requires that the death certificate be executed with
F VITAL RECORDS, P.O. BOX 68760	SICIAN: The law requires that the death certificate be executed with
OF VITAL RECORDS, P.O. BOX 68760	SICIAN: The law requires that the death cer
I OF VITAL RECORDS, P.O. BOX 68760	SICIAN: The law requires that the death cer
IN OF VITAL RECORDS, P.O. BOX 68760	SICIAN: The law requires that the death cer
ON OF VITAL RECORDS, P.O. BOX 68760	SICIAN: The law requires that the death cer
SION OF VITAL RECORDS, P.O. BOX 68760	SICIAN: The law requires that the death cer
ISION OF VITAL RECORDS, P.O. BOX 68760	SICIAN: The law requires that the death cer
VISION OF VITAL RECORDS, P.O. BOX 68760	SICIAN: The law requires that the death cer
DIVISION OF VITAL RECORDS, P.O. BOX 68760	IL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

												96	27293
	1 - STATE REGISTRAR	STATE OF I	MARYLAND	/ DEPAR	RTMEN	T OF H	HEALTH	AND I	MENTAL HY		E		
	1. DECEDENT'S NAME (First, Middle, Last)				ICAI		DEA	-	2. DATE OF DE	G. NO.		1	TIME OF DEATH
	ROSE ERMER								Septe:	D.4	er 1	MEAD	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le	ast birthday)		R 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIR	TH		8. BIRTHPL	ACE (State or Foreign
	212-01-8558	1 M 2 X F	95	YRS.	MONTHS	DAYS	HOURS	MIN.	December		1900	Maryla	and
	9a. FACILITY NAME (If not institution, give a	treet and number)			9b. CIT	Y, TOWN	OR LOCATION	ON OF DE		,	_	NTY OF DEAT	
10 H	Keswick Hame				Balt	timore	e , Ci	tv			N	N/A	
DIRECTOR	10a. STATE 10b. COUNTY			10c CIT		OR LOCA				10d. INSIDE CITY			
뜽	Marvland N	I/A								LIMITS?			
<u></u>	10e. STREET AND NUMBER	/A		Baltimore City							10a CITI	IZEN OF WHA	YES 2 NO
FUNERAL	5213 Fugene Ave.			21206								S.A.	COUNTRY
5	11. MARITAL STATUS	T EVER IN U.S. A		13.	WAS DEC	ENDENT O	F HISPAN	IIC ORIGIN? (Spec			American Indian, hita, atc.		
8Y F	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, OIVE W		ES 2 NO If yes, specify Cuban, Maxican						etc.)		Specify:	hita, atc.
													hite
IE	16. DECEDENT'S EDUC (Specify only highest grade	completed)	5	ECEDENT'S Give kind of a b. Do NOT us	work done	during mo	ON ist of workin	g	16b, KIND	OF BUS	INESS/IND	DUSTRY	
PLE	Elementary/Secondary (0-12)	College (1-4 or 5	-)	yroll (					Dol+	imov		·	
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)		Pa	ALOTT (	CIERK	· · · · ·	10 MOTE	ED'C NA	ME (First, Middle, I		e,C	ity	
	Gustav Tribull								t Ditmay		sumame)		
) BE	19a. INFORMANT'S NAME (Type/Print)		-11	9b. MAILING	ADDRES	\$ (Street a			C DI UIIQY		. State. Zio	Code)	
2	Mrs. D. Vivian Moore	/ Neice			as 1							,	
	20a. METHOD OF DISPOSITION 1		20b. PLACE	206. PLACE AND DATE OF DISPOSITION (Name of corresponding premisery, premisery or other place), Hill top Service Corporation 9/13/96						DATE 20c. LOCATION — City or Town, State			Stata
	4 Donation 5 Other (Specify)	1	Hillt	op Ser	vice Vice	Corpo	ration	1 9	/13/96 Towson, Maryland				nd
	21. SIGNATURE OF FUNERAL SERVICE LIG	phones /			22.	NAME AN	ADDRES	DI ICL	Funoval 1	Цото	Hame, Inc.		
	Monald C So	leter 14	k.								nore Maryland 21214		
	23. PART I. Enter the diseases, or c ehock, or heart failure. I	omplications tha	coused the d	eath. Do r	not enter	r the mo	de of dyi	ng, such	n as cardiac or	reapli	ratory arr	rest,	Approximata
	the term of the state of the st												Interval Between Onset and Death
	disease or condition resulting in death)	uanan	uel des	newf	100-	prob	echly	Mi	red an	me	41-14	faret	6 months
		DUE TO	(OR AS A CONSE	OUENCE O	P): 04	nd	ass	ein	er's di	10	N 40		Onset and Death
ERTIFICATION	Sequentially list conditions,		OR AS A CONSE				0				use_		
AT	If any, leading to immediate cause. Enter UNDERLYING				,								
E	CAUSE (Disease or injury that initiated events	DUE TO	OR AS A CONSE	OUENCE OF	ŋ:								
EBI	resulting in death) LAST	1											
O	PART II. Other aignificent conditions	contributing to	death but not	requiting i	in the u	nderiving		dues is i	Dart L Dec 19				
PHYSICIAN: MEDICAL				- Counting		iconym	, cause g	14011 111 1		ERFOR	MED?	AWA	RE AUTOPSY FINDINGS IILABLE PRIOR TO MPLETION OF CAUSE
8									—   'º'	YES 2	No	OF	DEATH?
≥	DID TOBACCO USE CONTR	PIBLITE TO CA	USE OF DEA	ATH YE	s $\square$	NO F	LINC	ERTAIN	181			1 [	YES 2 NO
NA I	25. WAS CASE REFERRED TO MEDICAL	IDOIL TO CA		CE OF DEAT			0140	LKIAII					
SIC	EXAMINER?	HOSPITAL; 1 ☐ Inpetient 2 ☐	ER/Outpatient :	3 DOA	OTHE		e 5 🗆 Re	sidence (1	6 Cher (Specif	fv)			
E	27. MANNER OF BEATH	25a. DATE OF (Month, De		28b. TIM	/	28c. INJ			28d. DESCRIBE	-	JURY OCC	CURED	
BY	1 Natural 5 Pending 2 Accident Investigation		М		ES 2 [	ND							
	3 Suicide 8 Could not be	FINJURY — At he atc. (Specify)	ome, farm, s	street, tac	tory, affici			281. LOCATION (	Street a:	nd Number	or Rurel Route	Number,	
Homicide determined													
COMPLET	(Check only one)												
00	2/ MEDICAL EXAMINES	R: On the besis of a	amination and/or	Investigatio	n, in my o	opinion, d	eath occur	ed at the t	time, dete and pla	oca, and	due to the	a cause(a) and	d manner as stated,
ш	296. SIGNATURE AND TITLE OF CERTIFIER	1	4					NSE NUM			29d. DATE	E SIGNED (Mo	nth, Day, Year)
M   VIII   D = P = P = P = V = V = V = V = V = V = V									12,1996				

M. ISMELLE

31. DATE SEP 1 3 1996

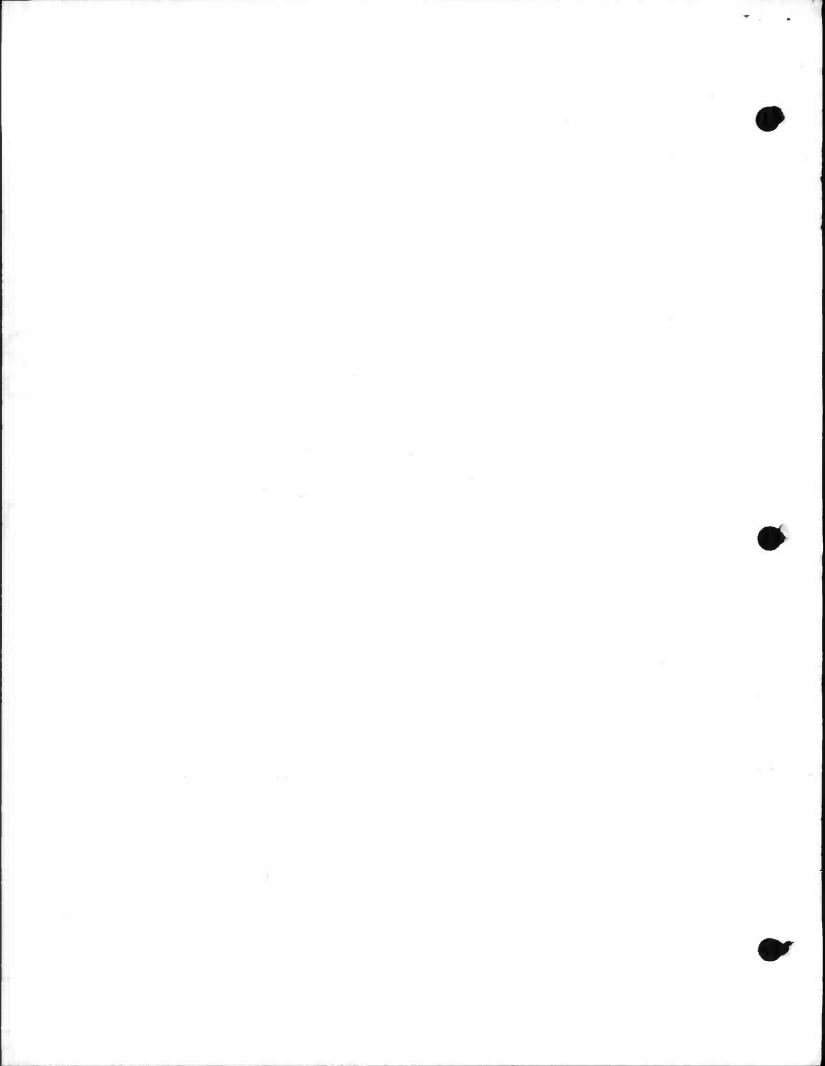
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MACGREGOR,

KESWKK,

32: REGISTANA'S SIGNATURALES

700 W. 40th STREET,

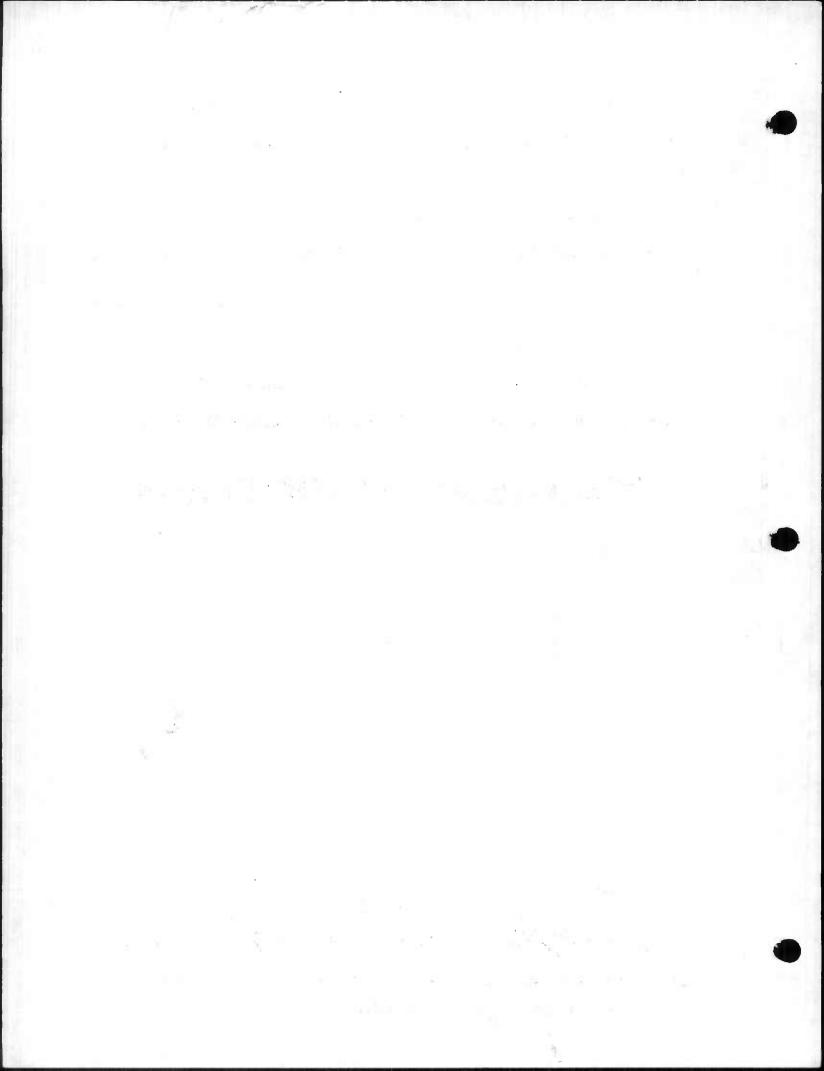
BALTIMORE, mg 2121



State of Maryland / Department of Health and Mental Hygiene

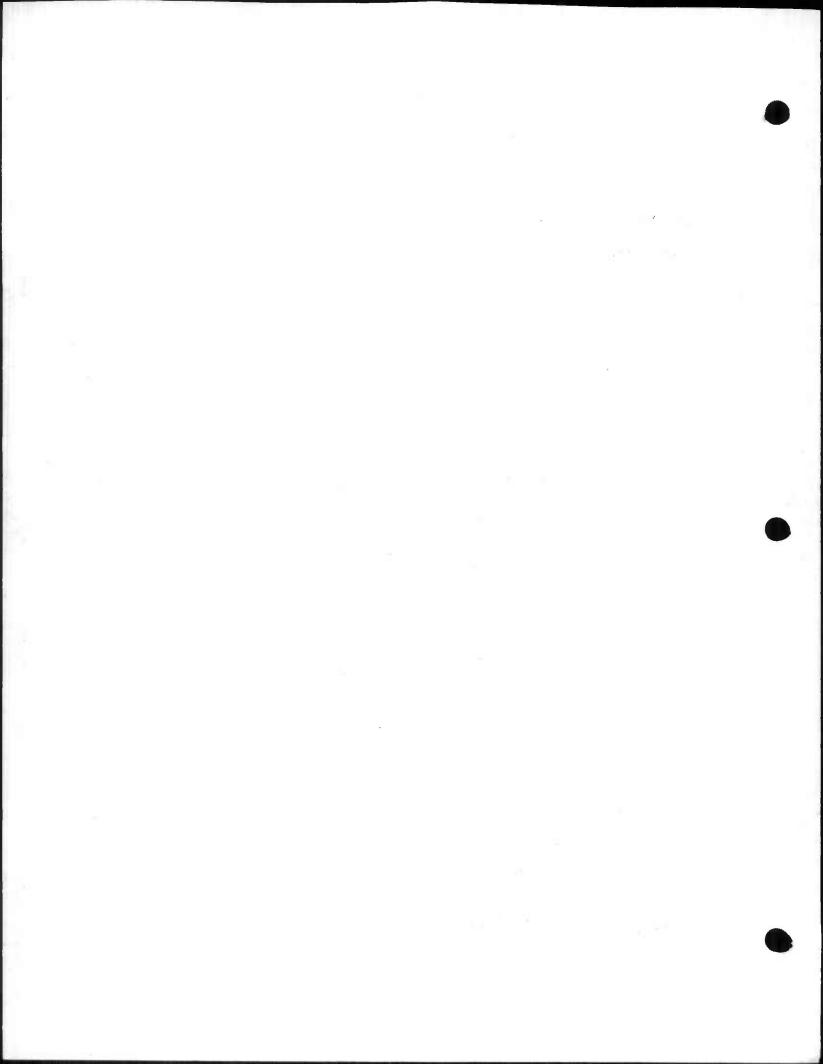
Leg	dig	le.	2	7	2	Q	lı	
9	1	U		-	(-00	1	-1	

ician			Ce	rtificate o	of Death		Reg. No.		
ician	1. Decedent's Name (First, Middla, I	Last)				2. Date of De	eth		3. Time of Deeth
dical	JAMES	EXUM				9/8/	96	Yeer	7:00 AM
niner	4e. Fecility Nama (if not institution, g	give street end number)			4b. City, Town, o	or Location of Deeth		of Deeth	7.300.711
	(HOME) 9985 GU				Jessi	ıpqı	HOW	ARD	
	0.1	Sex 7. Aga (In	yrs, last birthdey,	Months De	ear If Undar 24 H eys Hours M		h y. Year)	9. Birthplac	ce (Stete or Forei
	Usuel Residence of Decedent		QX 113.	- 20		1/2	11914	N.C	
	10a. Stete 10b. County	100	. City, Town or L	ocation				10d	I. Inside City Limit
to	MD. HOWARI	D	JESS	SUP					1∰Yes 2□N
Director	10e. Street end Number			10f. Zip Coo	de		10g. Citizen of V	What Country	17
a D	9985 GUILFOR	D ROAD		2	20794		USA		
Funeral	11. Maritel Status	12. Wes Decedent Evar Armed Forces?	in U,S. 13.	Was Dacedent	of Hispanic Origin? Cuban, Mexican, Pu	(Specify Yes or No-	14. Rac	e - Amarican	
	1 Never Married 2 Married			1 ☐ Yes 2 Å		ano micen, etc.)		ck, White, etc	
d by	3 Widowed 4 Divorced	Yaar or Detes:		10 103 20	THO Specify.		Specin	BLACK	
ete	15. Decedent's (Specify only highest g	Educetion irede completed)	(Give	dent's Usuel Oc	one during most of w	vorking	16b. Kind of Bu	usiness/Indus	stry
Be Completed	Elamantary/Secondary (0-12)	College (1-4or 5+)	life.	DO NOT use re	0				
ပိ	17. Fether's Neme (First, Middle, Las	0		UNKNOW		neno (Finat Middle)		NKNOWN	
	GRANT	EXUM			ESTI-	eme (First, Middla,		7a)	
2	19e. Informent's Name/Reletionship		10h Maili	ing Address /Ct	reet and Number or		XUM	State Tin C	a da 1
	BERNICE EXUM	SISTER				ESSUP MD.		Stete, ZIP C	ode)
	20e. Method of Disposition		b. Plece of Dispo		f	Date	20794 20c. Location -	City or Town	n. State
	XXBurlet 2 ☐ Cremetion 3 4 ☐ Donetion 5 ☐ Other (Spec			metory or other					
	21. Signeture of Funaçal Service Lice		MARYLANI	NATION Name and Ac	VAL 9/12/9 ddrass of Facility	36	LAUREL,	MARYLA	ND
	1 / 1/1	of det	0	ESTEP E	BROTHERS I				
	23a Part Landisease or co	molications that caused the	Path Do not on	1300 F	UTAW PL.	BALTO. M	D. 212		
	23a. Pert1. diseese, or co- shock, or heert feilura. List onl	y ona cause on each lina.	DO HOLEH	ter tha moda or	dying, such as card	ac or respiretory ar	rest,	th	pproximata itervet Between inset end Deeth
	Immediete Ceuse (Final	20						1	riset end Deeth
	disaese or condition resulting in deeth)				dispa	R			1000
-			to (or as e consec			1		1	
Examiner	Sequentially list acaditions	b. Due	1.62 V	1466-	lar a	CCIGENI		×	YPOUL
	Sequentially list conditions, if any, leeding to Immediate ceuse. Enter Underlying Ceuse (Disease or Injury	0	C A	1	rain s	· · · · · · · · · · · · · · · · · · ·	ve	1	1010
edicai	Ceuse (Diseese or Injury thet initieted avents resulting in deeth) Lest	c. Due 1	o (ouas e consec	uence of):	1417	Maile		- 7	11-41-3
Med	resulting in deeth) Lest			, , , , , , , , , , , , , , , , , , , ,					
an/M		d							
sici	Pert II. Other algnificant conditions	contributing to death but not	rasulting in the u	Inderlying cause	given In Pert I.	23b. Did t	obacco use cor	ntribute to th	ne cause of deat
							a	3 Probab	oly A Onkno
Phy						1 1	98 2 NO		
by Phy						- 101	98 2 NO		
b						24a. Wes	an eutopsy	aveila	autopsy findings
by						24a. Wes	an eutopsy	aveila	autopsy findings
by						24a. Wes	an eutopsy med?	aveila comp of dea	autopsy findings
Completed by	25. Wes cese referred to medical examinar?				26. Plece of D	24a. Wes a	an eutopsy med?	aveila comp of dea	autopsy findings ible prior to letion of cause ath?
To Be Completed by	exeminer? 1 Yes 2 No		2 □ ER/Outpetier	nt 3□ DOA	Other	24a. Wes a performance of the pe	an eutopsy med?	aveita comp of dea	autopsy findings ible prior to letion of cause ath?
To Be Completed by	exeminer? 1 Yes 25 No 27. Menner of Death	Hospital: 1 ☐ inpatient  28a. Dete of Injury (Month, Dey Yea		IL SEL DOA	Other	24a. Wes a performance of the pe	ea 267No	aveila comp of dea 1  Y	autopsy findings ible prior to letion of cause ath?
To Be Completed by	exeminer?  1  Yes 2 No  27. Menner of Death  1 Naturel 5 Pending 2 Accident investigation	28a. Dete of Injury (Month, Dey Yea	28b. Time of Injury	f 28c. I	Other:  4 Nursing njury et Work? I Yes 2 No	24s. Wes a performance of the pe	ea 2 No	aveile comp of des 1 7 Y	autopsy findings ible prior to letion of cause ath?
To Be Completed by	exeminer? 1 Yes 25 No  27. Menner of Death 1 Naturel 5 Pending	28a. Dete of Injury (Month, Dey Yea	28b. Time of Injury	f 28c. I	Other:  4 Nursing njury et Work? I Yes 2 No	24s. Wes a performance of the control of the contro	en eutopsy med?  ea 20 No  ence 6 Other  ow Injury occurr	aveile comp of des 1 7 Y	autopsy findings ible prior to letion of cause ath?
Certification: To Be Completed by	exeminer?  1 Yes 2 No  27. Menner of Death 1 Naturel 5 Pending investigation 3 Sulcide 6 Could not 1 determined	28a. Dete of Injury (Month, Dey Yea be d 28e. Plece of Injury - building, etc. (Sp	28b. Time of Injury  At home, farm, strecify)	f 28c. I	Other: 4 Nursing njury et Work? I Yes 2 No	24a. Wes a performance of the pe	ea 201No  ea 201No  ence 6 Other  ow Injury occurr  treet end Numb  n, Stete)	aveila comp of dea of d	autopsy findings ible prior to lietion of cause ath?  'es 2 No
Certification: To Be Completed by	exeminer?  1 Yes 2 No  27. Menner of Death  1 Naturel 2 Accident 3 Sulcide 4 Homicide  29a. Certifiar (Check only) 2 Medical Exa	28a. Dete of Injury (Month, Dey Yea  28a. Plece of Injury building, etc. (Sp  hysictan: To the best of my minar: On the basis of exam	28b. Time of Injury  At home, farm, strecify)	f 28c. I	Other: 4 Nursing	24s. Wes a performance of the pe	ea 201No  ea 201No  ea 6 Oth ow Injury occurr  treet end Numb n, Stefe)	aveila comp of det 1  Y	autopsy findings able prior to lettion of cause ath?  Yes 2 No
fedical Certification: To Be Completed by	exeminer?  1 Yes 2 No  27. Menner of Death 1 Naturel 5 Pending investigation investigation of the control of th	28a. Dete of Injury (Month, Dey Yea be d 28e. Plece of Injury - building, etc. (Sp	28b. Time of Injury  At home, farm, strecify)	f 28c. I M 28c. I m eet, fectory, offi	Other: 4 Nursing njury et Work? Very 2 No ce	24s. Wes a performance of the time, control of time, control	ea 200 No  ea 200 No  ea 6 Oth ow Injury occurr  treet end Numb n, Stete)  euse(s) end me late end plece, s	aveila comp of det 1  Y	autopsy findings able prior to lettion of cause ath?  Yes 2 No
tedical Certification: To Be Completed by	exeminer?  1 Yes 2 No  27. Menner of Death  1 Naturel 2 Accident 3 Sulcide 4 Homicide  29a. Certifiar (Check only) 2 Medical Exa	28a. Dete of Injury (Month, Dey Yea  28a. Plece of Injury building, etc. (Sp  hysictan: To the best of my minar: On the basis of exam	28b. Time of Injury  At home, farm, strecify)	f 28c. I M 28c. I M reet, fectory, offi n occurred et the vestigetion, in m	Other: 4 Nursing njury et Work? Very 2 No ce  e time, dete end pled by opinion, deeth occurrence number	24s. Wes a performance of the time, control of time, control	ea 201No  ea 201No  ea 6 Oth ow Injury occurr  treet end Numb n, Stefe)	aveila comp of det 1  Y	autopsy findings able prior to lettion of cause ath?  Yes 2 No
Medical Certification: To Be Completed by	exeminer?  1 Yes 2 No  27. Menner of Death  1 Naturel 2 Accident 3 Sulcide 4 Homicide  29a. Certifiar (Check only one)  29b. Signeture end titte of certifier	28a. Dete of Injury (Month, Dey Yea  28a. Plece of Injury building, etc. (Sp  hysictan: To the best of my minar: On the basis of exan end manner steted.	28b. Time or Injury  At home, farm, strecify)  knowledge, deeth injection end/or Interpretation	f 28c. I. M 28c.	Other: 4 Nursing njury et Work? I Yes 2 No ce et time, dete end plet by opinion, deeth occurrence ense number	24a. Wes a performance, and due to the courred et the time, of	en eutopsy med?  ea 2010  enca 6 0the ow Injury occurr  treet end Numb n, Stete)  euse(s) end me late end plece, s	aveila comp of det 1  Y	autopsy findings able prior to lettion of cause ath?  Yes 2 No
Medical Certification: To Be Completed by	exeminer?  1 Yes 2 No  27. Menner of Death 1 Naturel 5 Pending investigation investigation of the control of th	28a. Dete of Injury (Month, Dey Yea) 28a. Plece of Injury building, etc. (Sp) hysictan: To the best of my minar: On the basis of examend manner steted.	28b. Time or Injury  At home, farm, strecify)  knowledge, deeth injection end/or Interpretation	description of the vestigetion, in many states of the vestigetion, in many states of the vestigetion, in many states of the vestigetion, in many states of the vestigetion, in many states of the vestigetion, in many states of the vestigetion, in many states of the vestigetion of the vestigeties of the vestigetion of the vestigetion of the vestigetion of	Other: 4 Nursing njury et Work? I Yes 2 No ce et time, dete end plet by opinion, deeth occurrence ense number	24s. Wes a performance of the time, control of time, control	en eutopsy med?  ea 2010  enca 6 0the ow Injury occurr  treet end Numb n, Stete)  euse(s) end me late end plece, s	er (Specify) ed er or Rurel R	autopsy findings able prior to lettion of cause ath?  Yes 2 No



|--|

	1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGI				
	1. DECEDENT'S NAME (First, Middle, Las	9()			-2.	2. DATE OF DEATH		YEAR 3	. TIME OF DEATN	
	ALMA MARTE ER	TCSON				77.71			6.25 DM M	
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Yea	,	8. BIRTHPL	ACE (State or Foreign	
	219-18-8190	1 D M 2 D F 86	YRS.			(Month, Day, Yea 12-2-09		Ohio		
oc	9a. FACILITY NAME (If not institution, give Laurelwood Center		Jorgono		OR LOCATION OF DI	EATH		NTY OF DEA	TH	
5	RESIDENCE OF DECEDENT	L/ Genesis Eld	ercare	Elkton			Ce	cil		
5	10a. STATE 10b. COU	NTY	10c. CITY	, TOWN OR LOCA	TION			1	0d. INSIDE CITY LIMITS?	
ā	Maryland Ce	cil		E1kt	on			1	YES 2 NO	
FUNERAL DIRECTOR	10e. STREET AND NUMBER			10	. ZIP CODE		t0g. CITI	ZEN OF WN	AT COUNTRY?	
	100 Laurel Drive									
F	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	If yea, sp	ecify Cuban, Maxica	NIC ORIGIN? (Specify in, Puerto Ricen, etc.		14. RACE - Black, 1	- American Indian, Whita, atc.	
BY	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	1 TYES	2 NO Specif	y:		Specify:	White	
E	15. DECEDENT'S E (Specify only highest gri		16a. DECEDENT'S	USUAL OCCUPATION done during me	ON	16b. KIND OF	BUSINESS/IND	USTRY		
	Elementary/Secondary (0-12)	College (1-4 or 5 +)	Customer	e retired.)	-	Medi	na1			
COMPLETED	12	0	Odbeomer	DCIVIC						
8	17. FATNER'S NAME (First, Middle, Last)					ME (First, Middle, Me				
BE	Reinhold Pearso	n	Lancas			a Holmst				
2	19a. INFORMANT'S NAME (Type/Print)  Dennis Ericson/S	an a				Route Number, City or rdeen, Ma			1001	
	20a, METHOD OF DISPOSITION		.PLACE AND DATE O				LOCATION —	_		
	1 Buriel 2 Cremation 3 Red & Donation 5 Other (Specify)		netery, crematory or of		ime or	DATE	LOCATION —	City or low	i, Statu	
	21. SIGNATURE OF FUNERAL SERVICE				ND ADDRESS OF FA					
	Joseph Joseph	B. Vapsant					55 W. Baltimore Street 21201–1559			
	23. PART I. Entar the diseasea, o	or complications that cause	d the death. Do n	Balt1	more, Ma	ryland .	ZIZUI-I	1009	Approximata	
	shock, or heart failur	re. List only one cause on e	ech line.				,	Interval Between Onset and Death		
	IMMEDIATE CAUSE (Finel disease or condition	acru	relmin	na Se	10515	•		Onset and Saath		
	resulting in death)	DUE TO (OR AS	CONSEQUENCE OF	الم	1 - /					
Z	Sequentially list conditions,	- a mer	mon	9						
E	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS /	CONSEQUENCE OF	):						
5	CAUSE (Disease or injury	c DUE TO (OR AS	A CONSEQUENCE OF	٦٠					-	
CERTIFICATION	that initieted eventa resulting in deeth) LAST	d.		,						
8										
¥.	PART ii. Other algnificant condit	lons contributing to deeth to	out not resulting i	n the underlyin	g ceuse given in		AN AUTOPSY	A	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO	
MEDICAL	0/00/000	10/20/6/	out OV	101000	1012012	1 D YE	S 2 NO	0	OMPLETION OF CAUSE OF DEATH?	
M	DID TOPACCO USE CON	11/18/15/10	0/ //	ENITICE TO SE	111102	N. (Ma)		1	YES 2 NO	
AN	DID TOBACCO USE CON 25. WAS CASE REFERRED TO MEDICAL		28. PLACE OF DEAT		UNCERTAI	N AQ				
PHYSICIAN:	EXAMINER?	HOSPITAL:		QTHER:		* [] Oh (O) #4				
H X	27. MANNER OF DEATH	26a. DATE OF INJURY	26b. TIM	E OF 28c, IN.	URY AT	6 Other (Specify) 28d. DESCRIBE NO	OW INJURY OC	CURED		
ВУ Р	1 Natural 5 Pending	(Month, Day, Year)	INJ		YES 2 NO	-1,-14,1				
	2 Accident Investigation 3 Suicide 6 Could not	28a, PLACE OF INJURY	f — At home, ferm, a	treet, factory, offic	*	281. LOCATION (St. City or Town, S		or Rural Ro	ute Number,	
	4 Homicide datermined					Only or nown, o	tale)			
COMPLETED	29a. CERTIFIER (Check only	YSICIAN: To the best of my know	rledge, death occurre	d at the time, date	and place, and due	to the cause(s) and	manner as stat	led.		
OM	one) 2 MEDICAL EXAM	NNER: On the basis of examination	n and/or investigatio	n, in my opinion,	leath occured at the	time, data and place	a, and due to th	ne cause(a) (	and menner as stated.	
BE C	296. SIGNATURE AND TITLE OF CERTIF	TER I MAN			29c. LICENSE NU	MBER	29d, DAT	E SIGNED (	Month, gay, Yyar)	
TO B		vellive			145/	53	10	19/0	4/96	
F	30 NAME AND ADDRESS OF MERSON	WHO COMPLETED CAUSE OF DE	ATN (ITEM 27) (Type,	Print)	201	-Suik	71 0	Tur	10	
	JUNN N	Mulvay	118	100 KT	N ST.	-Julk	XH - ZI	1 Kton	MD ·	
	SFP 1 3 1996	Sur Devidon	Pandall							



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Death **Physician** Month Yaar Iton 20 SeptemBer 8 11:40 PM 96 /Medical 4s. Fscility Name (If not institution, giva street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Cikn 7. Age (In yrs. last birthday) Arunde North rundel BUTTLE Anne If Under 1 Yeer if Under 24 Hrs. 9. Birthplace (State or Foreign Country) 8. Data of Birth (Month, Day, ) Oct. 17, 5. Social Security Number 6. Sex **Funeral** Months Days Hours 1**⊠**M 2□ F 215 07 1405 Yrs 76 Director Mary land Usual Rasidance of Decedant permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: if item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Medical Expenses 200. 10a. Stata 10b. County 10c. City, Town or Location 10d. insida City Limits 1 ☐ Yas 2 No Director Maryland Anne Arundel Pasadena 10e. Street end Number 10f. Zip Coda 10g. Citizan of What Country? 210 Crest Circle 21122 U.S. Funeral 12. Wes Decedant Evar in U,S Armed Forcas? Was Decedant of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, atc. 11. Maritel Stetus 1 X Yes 2 No If Yas, Giva Yeer or Detas: W.W. II 1 ☐ Nevar Married 2 ☐ Married 1 ☐ Yas 2 XNo Specify: ρ Specify: White 38 Widowed 4 □ Divorced Completed Decedent's Usuel Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Educetion (Specify only highest grade complated) 16b. Kind of Business/Industry Elamentary/Secondary (0-12) Collega (1-4or 5+) Security Guard Procter & Gamble 8th 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Malden Sumeme) Julia Blivem Myers P Joseph Ford 19a. Informent's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Charles Ford 413 Holy Cross Road son Baltimore, Maryland 21225 20a. Method of Disposition 20b. Piace of Disposition (Nama of cematary, crematory or other piece) 20c. Location - City or Town, Steta 1 Burial 2 Cramation 3 Ramovat from State Glen Haven Memorial Park 9/12/96 Glen Burnie, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funerel Service Licenses 22. Neme end Addrass of Facility Gonce Funeral Home P.A. 4001 Ritchie Highway Baltimore, Md. ranusbusku 23a. Part 1. Entar the diseasa, or explications that ceused the daeth. Do not entar the mode of dying, such as cerdlec or respiratory arrast, shock, or haert failure. List only one cause on each line. Approximsta Interval Betw Onset and Death **Physician** /Medical Immediata Causa (Final anes diseasa or condition rasulting in deeth) Examiner Due to (or es a consequança of) Examiner spirator Luna The law requires that the death certificate be executed the burial-transit Sequentielly list conditions, if any, laading to immadiata ceuse. Enter Underlying Ceuse (Disaase or injury that initiated evants rasulting in deeth) Last and Dua to (or as a consequence of): P.O. Box 68760. physician Physician/Medical Due to (or as a consequence of): USB as been signed by the should be detached Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 20 No 3 Probably 4 Unknown Division of Vital Records, P Completed 24b. Were eutopsy findings svaliabla prior to 24a. Was an autopsy performed? completion of causa of death? certificate has 1 Yas 2 No 1 ☐ Yas 2 ☐ No 25. Was casa rafarred to medical axaminer? Be 26. Place of Death (Check only one) Other: 4 Nursing Homa 5 Residence 8 Other (Specify) 1 Yas 2 No 0 1 ☐Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this the funeral 28a. Deta of Injury (Month, Day Year) 27. Mannes of Deetl 28b. Tima of 28c. injury at Work? 28d. Describe how injury occurred Certification: After 1 Netural 5 Panding invastigation death. 1 Yes 2 No aftal death 2 Accident 3 Sulcide 6 Could not be detarmined 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata) in by Plece of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred at tha tima, data and place, and dua to the causa(s) and mannar as stated.
2 Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, dete and place, and dua to the causa(s) and mannar stated. 29e. Cartiflar edical (Check only 29b. Signatura and titla of certifier 29c. Licensa number 29d. Dete signed (Month, Dey, Year) 54504 30. Nama and address of person who completed causa of death (Item 23e) (Type, Print) ARUNDAL Hospital Hospital DRive FlemBurnie. 21061 NonTh 301 31. Data filad (Month, Day, Year)

State Registrar

SEP 1 3 1996

82 Registrar's Signatury and ass

	1. Decedant's Nama (First, Middla, Le	st)					7	eg. No.	T	Time of Date				
an	1. Decedant a Nama (First, Micola, La	Donald	Forre	est.			2. Data of Deel	Day	Year	Tima of Deat				
al	4a. Facility Nama (If not institution, give		10110			4b. City, Town, or I	September	er 8 1		30 P.N				
er	Meridian Nursin		Herit	age		Dunda1k			imore					
	Sociei Security Number     6. S	Sax 7. Age	(In yrs. last i	birthday) if	Undar 1 Yes	ar If Undar 24 Hrs.	8. Data of Birth		9. Birtholace	(State or For				
9	217 24 3703	1 <b>⊠</b> M 2□ F	67	Yrs.	Jillis Dey	's Hours Mill,	April 2	2,1929	Maryla	ind				
	Usual Rasidance of Dacedant  10a. State 10b. County		10c. City. To	own or Locatio	on				10d In	sida City Lin				
0	Maryland N/A			timore					⊠Yas 2□					
Directo	10a. Street and Number				Of. Zip Code		1	0g. Citizen of	What Country?					
	1721 Gwynns Fal:	ls Parkway			212	217		5.						
Funeral	11. Maritai Status	12. Wes Decedant Ev Armed Forcas?	er in U,S.	13. Was	Decedent o	f Hispanic Origin? (Suban, Mexican, Puart	pecify Yes or No-	ce - Amarican in	dian,					
	1 Never Merried 2 Married	1 ☐ Yes 2X No if Yas, Giva			ras 2 N		o riioari, aro.,	Specifi						
d by	3 ☐ Widowed 4 ☐ Divorced	Yaar or Datas:	1						WIIIC					
Completed	15. Decedent's E (Specify only highast gr	ducation ada completed)	16	Sa. Decedant's (Giva kind lifa DO N		na during most of wor	king	16b. Kind of B	usinass/Industry					
шо	Elementery/Secondary (0-12) 10th	Collaga (1-4or 5+	)	Assem				Biscui	t Compa	nv				
Be C	17. Fathar's Nama (First, Middla, Last	)					ne (First, Middle, M							
ToB	J	ohn Forre	est			Re	ose	m)						
	19a. Informant's Name/Reletionship (	Type, Print)	15	9b. Mailing Ad	ddrass (Stre	et and Number or Ru	ral Route Number	, City or Town,	Stata, Zip Code	9)				
	Norma Brinsfield		1	119 – 8	3th Av	renue	Baltimo	re, Mar	ryland 2	1225				
	20a. Mathod of Disposition 1X Buriai 2 ☐ Crametion 3 ☐	Ramovai from State	20b. Pieca cema	of Disposition tary, cremator	n (Nama of ny or other p	olace)	Data	20c. Location -	- City or Town, S	itete				
	4 ☐ Donetion 5 ☐ Othar (Special		Glen	Haven	Memor	ial Park	9/12/96	Glen Bu	rnie, M	arylan				
	21. Signatura Funarai Sarvice Licer	nsee		22. Nar	ma and Add	frass of Facility	Gonce Fu	neral	Home P.	Α.				
	4001 Ritchie Highway Baltimore, Md. 21225  23a. Part. Enter the disease, or constitutions that caused the death. Do not anter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one couse on each line.  Approximate interval Between													
	23a. Part 1. Enter the disease, or corp. Itions that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only gon ceuse on each line.													
	Immediata Causa (Final	M1-	3						Ons	at and Death				
	disaasa or condition resulting in daath)	e. MyeTC	Lodysplastic Syndrome							year				
je.				a consequand										
Examiner	Sequentially list conditions			STRUCT: a consequanc		ılmonary D	isease		- 5	years				
	Sequentially list conditions, if eny, laading to immadiata cause. Entar Underlying Causa (Diseese or injury													
lical	that initiated evants rasulting in death) Last	C. Di	ua to (or as	e consequanc	a of):									
Medi	L	d												
lan		0							1					
Physician/M	Pert ii. Other significant conditions of	ontributing to death but	not rasulting	In the underly	ying causa	givan in Part I.	23b. Dtd to	bacco use co	ntribute to the	cause of dea				
							1 <del>2</del> Y	90 2□ No	3 Probably	4 🗌 Unkn				
pd by							24e. Wes a	n autopsy	24b. Wara au					
lete							perform	ned?	evallable complat of death	oprior to ion of causa				
Completed							1 □ Ye	s 2 No	1 ☐ Yas					
0	25. Was casa rafarred to medical					26 Place of Des	th (Check only on		1 1 1 4 3	20140				
OB	axaminer? 1 ☐ Yes 2 ☐ No	Hospital: 1 ☐ inpatient	2□ ER/0	Outpatient 3	DOA C	Other:	ome 5□ Reside		ar (Specify)					
Ë	27. Mannar of Deeth	28a. Data of injury (Month, Day)	28b	. Tima of injury	28c. in		28d. Dascribe ho							
cation	1 Naturai 5 Panding 2 Accidant invastigation	1		N		☐ Yes 2 ☐ No								
£	3 ☐ Suicide 6 ☐ Could not b 4 ☐ Homlcida datarmined	28a. Piace of tnjun building, atc.	/ - At homa, (Specify)	farm, streat, f	actory, offic	8	28f. Location (St City or Town	reat and Numb	ber or Rural Rou	ta Number,				
Cert														
edical	(Uneck only 21   Medical Exam	ystcian: To the best of a ninar: On the bests of a	xamination a	ga, daath occu and/or invastig	urrad at tha gation, in my	tima, data and place opinion, daeth occu	, and dua to tha ca rred at tha tima, da	usa(s) and ma ata and piece,	annar as stated.	ausa(s)				
Med	one) 29b. Signaturation of title of certifier	end mannar stata	id.			nse number								
e5	1 1 1 0 1 7 1	WAR (Atte	ndina	Physic		D14160	2	09/09/	d (Month, Day, 1	· oar)				
-	DAMAN A				/	- 1 2 100		~~/ UJ/						
	30. Nama and addrass of person who	J. W.S												

Harjit Singh, M.D.

31. Data filed (Month, Day, Year)

SEP 13 1996

Hospital or Attending Physician: The law requires that the death certificate be executed Division of Vital Records, P.O. Box 68760,

permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland

ditimore, Maryland 21215-0020

The state of the s and the second of the second o 

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death SEPTEMBER, 10,1996 21:00 hrs PATRICIA ANNE FROST 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death FORREST HAVEN NURSING Home Catonsville Baltimore Co 5. Social Security Number 7. Aga (In yrs. last birthday)
Yrs. If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 9. Birthplaca (Stata or Foraign Country) 1□M 20 F 34 3389 Usual Rasidance of Decedant 10a Stata 10b. County 10c. City. Town or Location 10d. Inside City Limits Battimone 1 Yas 2 □ No 10e. Street and Number 10f. Zlp Coda 10g, Citizen of What Country? 306 5. Pulaski 5+ 21223 USA 12. Was Decedant Evar In U.S. Armed Forcas? 13. Was Decedant of Hispanic Origin? (Specify Yas or No-It Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - American Indian, Black, White, atc. 1 Yas 2 No If Yas, Give Yaar or Datas: 1 Nevar Married 2 Married 1 ☐ Yas 2 ☐ No Specify: 3 ☑ Widowed 4 ☐ Divorced Specify: WHITE 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working iifa. DO NOT usa retired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) Collaga (1-4or 5+) Own home Homempker 10 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Malden Sumama) HENRY J. Catherine M. Sloan 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) 19a. fnformant's Name/Ralationship (Type, Print) 46 Winters Ln. Cotonsville MD 21228 PAUGHTER Teresa Beyer 20b. Place of Disposition (Nama of cematary, crematory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata Burial 2 Cramation 3 Ramoval from Stata FROST CEMETERY 9.14.9 BARREN Springs 4 ☐ Donation 5 ☐ Other (Specify) 22. Nama and Address of Facility
Raymond C. Fink Funces I Home 21. Signature of Fuheral Service Licenses 23a. Part 1. Entar tha disaase, or somplications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory arrast, shock, or haart failura. List only one cause on each line. 21061 Approximate Interval Between Onsat and Death Immediata Cause (Final diseasa or condition rasulting in daath) MYOCARDIAL INFARCTION . ACUTE ONE HOUR Sequantially list conditions, if any, laading to immadiata causa. Enter Undarlying Cause (Disease or Injury that initiated evants rasulting in death) Last Dua to (or as a consequance ot): Dua to (or as a consequance ot): Part fl. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 1 Unknown MELLITUS, RECURPENT PNEUMONIA, HYPERTENSION, 24b. Wara autopsy tindings available prior to completion of cause of death? 24a. Was an autopsy performed? PAST STROKES. 25. Was casa rafarred to medical examiner?
1 ☐ Yas 2 ☑ No 26. Place of Death (Check only one) Hospital: 1 | Inpatiant 2 | ER/Outpatient 3 | DOA

Physician /Medical Examiner physician and the burial-tran

**Physician** 

/Medical

Examiner

MD

Director

Funeral

þ

**Funeral** 

**Director** 

7 is marked other than "natural", or items 23a or 28a-f shov traumatic event, the Medical Examinar must be notified at

Pages 1 and 2 should be filed within 72 hours after death with to and city and Mental Hygiene.
Int If them 27 is marked other than "natural", or items 23a or 2

Ballimore, Maryland 21215-0020

the Maryland

Physician/Medical þ

Hospital

Division of Vital Records, P.O. Box 68760,

State Registrar

31. Data tiled (Month, Day, Year)

29b. Signatura and titla of certifiar

27. Manner of Death

1 Natural

2 Accidant 3 Sulcida

4 Homicida

29a. Certiflar

PANG, MD 3455

5 Pending invastigation

6 Could not be datamined

amal

32. Registrar's Signatura In Davidson

WILKENS

28b. Tima of

28a. Place of Injury - At homa, farm, street, factory, office building, atc. (Specify)

Other: 45 Nursing Homa 5 Rasidance 6 Other (Specify)

28c. Injury at Work? 28d. Dascribe how Injury occurred

1 ☐ Yes 2 ☐ No

28f. Location (Streat and Number or Rural Routa Number, City or Town, Stata)

1 👺 Certifying Physician: To tha best of my knowledga, daath occurred at tha tima, data and place, and dua to tha cause(s) and mannar as stated. 2 Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated.

> 29c. Licansa number D18362

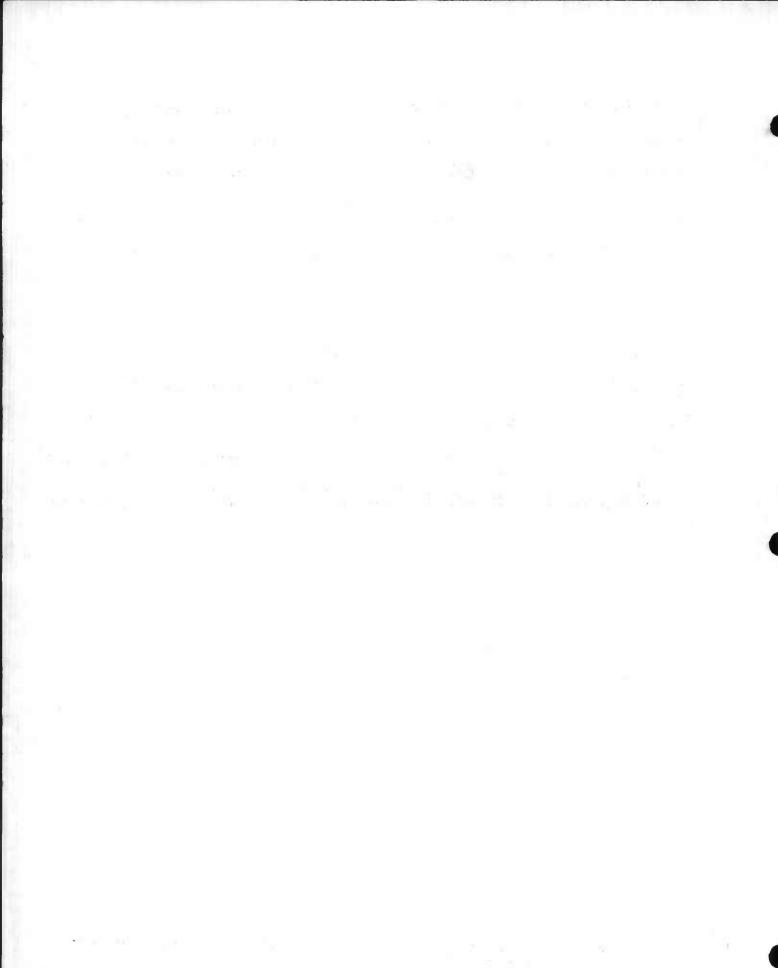
29d. Data signed (Month, Day, Year) SEPT. 11, 1996.

Baltimore MD

30. Nama and addrass of parson who completed causa of death (Itam 23a) (Type, Print)

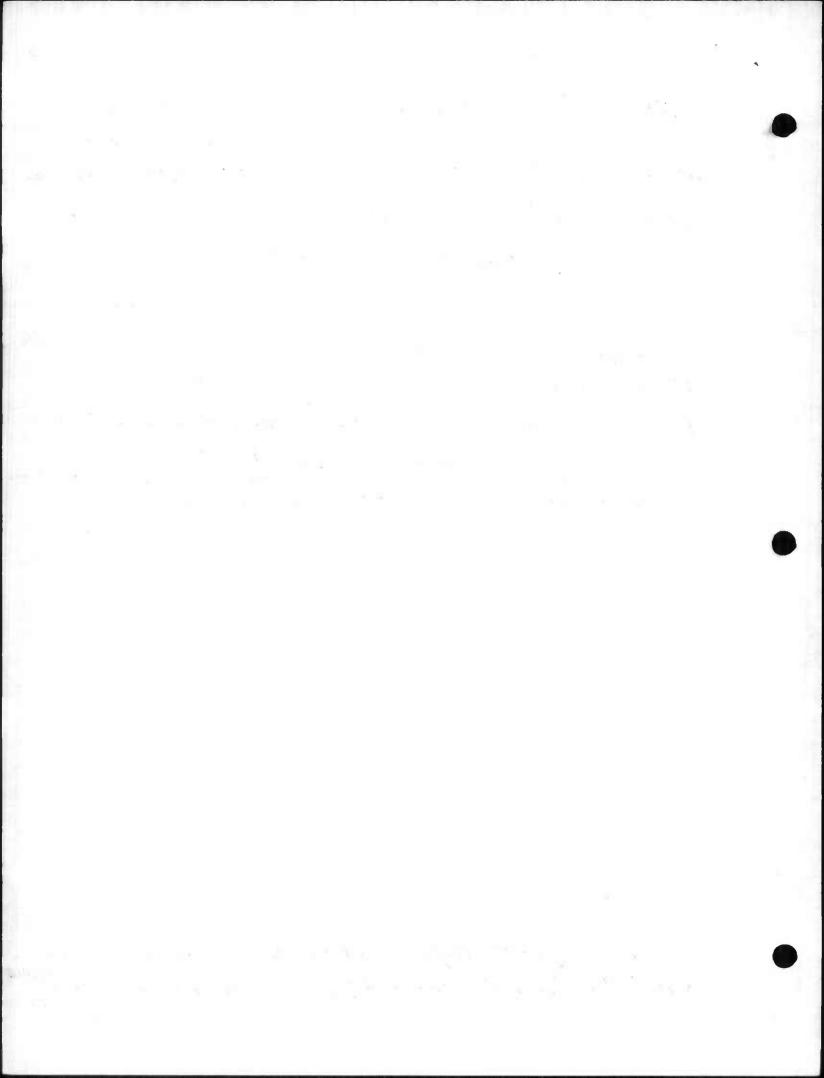
26a. Data of Injury (Month, Day Year)

**DHMH 16 Rev 6/95** 



27299

•			,	Certifica	te of		violitai 11y	Reg. No.		Las I has 5				
Physicia	ın	1. Decedent's Name (First, Middle, Last	BERT FU	1/88			2. Date of De Month		Year GQ (-	3. Time of Death				
/Medic Examine	_	4a. Facility Name (If not Institution, give	street and number)	6.		4b. City, Town, or L	ocation of Death	4c. Obunty	of Death	A				
Funeral Director	d	5. Social Security Number  246-05-687/  15  Usual Residence of Decedant	/ /		ar 1 Year Days	If Under 24 Hrs. Hours Min.	8. Data of Birn	h Y. Year) 26, 1913	9. Birthp Coun	lace (State or Foreign				
Maryland -f show		10a. State 10b. County	10c. Cit	y, Town or Location	NAK	E E			11	0d. Insida City Limits				
with the 3e or 28e	ā	10e. Street and Number	L Due v		ip Code	12/7		10g. Citizen of V	What Coun	try?				
a 0 =	by Funeral	11. Maritai Status  1 Never Married 2 Married  3 Vidowed 4 Divorced	12. Was Decedant Ever in U Armed Forces? 1 ☐ Yas 2 ☑ No if Yes, Give Year or Dates:	If Yas, sp	ecify Cub	Ilspanic Origin? (Span, Mexican, Puerto	pecify Yas or No Rican, etc.)	14. Rac Blac Specify	e - Amaricock, White, o					
filed within 72 hours Hygiene. ther then "natural", ent, the Mexical Exa	Completed	15. Decedent's Edu (Specify only highest grade Eiementery/Secondary (0-12)	cation e co <i>mplated)</i> College (1-4or 5+)	16e. Decedant's Us (Give kind of w life. DO NOT	ork dona use retire	durina most of work	king	16b. Kind of Bi	usinass/inc	dustry RISINESSEA				
be fill d oth	To Be C	17. Fathar's Name (First, Middle, Last)	R			18. Mothar'a Nam	E 71	665						
1 and 2 sho Health and em 27 is m ther traum	1	The Informent's Name/Relationship (Ty  UH) FAYNE 5/5  20a. Mathod of Disposition	TER - IN-/AW	19b. Mailing Address 15/0 //	KOS	HER SHO	Est Ba	Huch	E, Ma	121217				
Pages nent of ant: If It ury or o		1 ☐ Burial 2 ☐ Cremation 3 ☐ R 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Users	emovel from State	emetery, cramatory or	other pla	JATICI	7-12-46	Arsu	1705	nd				
Departic Departic Importa any inji		Balth Note Many land 2015  Sa. Part. Enter the glasses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest.  Approximate												
Physician /Medical Examiner			Metastatio		Ca		or respiratory at	1001,		interval Between Onset end Death				
siclan and burlal-transit	Examiner	Sequantially list conditions, if eny, leeding to immediate cause. Entar Underlying	Due to (a	r es a consequenca of	):									
ng phy as the	8	Cause (Disease or Injury that initiated events resulting in deeth) Last		r as a consequence of	:									
the de	Physic	Part II. Other significant conditions con	tributing to death but not rasi	uiting in the underlying	cause giv	en in Pert I.	23b. Did tobacco use contribu			the cause of death?				
6 6 6	Completed by						24a. Was perfo	an autopsy med?	ava	ere sutopsy findings silable prior to mpletion of cause death?				
centificate he rector, page		25. Was case referred to medical				Of Place of Deal	101		10	Yes 2/ No				
5 00	lo Be	axaminer?	ospital: 1   Inpatient 2	ER/Outpatient 3 C	OA Oth	er: 4 Nursing Ho	ome 5 Reald		ar (Specify	()				
Attending Physic death.  actor: After this by the funeral d		27. Manner of Death  1 Retural 5 Pending investigation  2 Accident investigation	28a. Dete of Injury (Month, Day Year)	28b. Time of Injury M	28c. Injur Wor 1 🗆		28d. Dascribe h	ow Injury occur	red					
To the How within 24 h To the Fur completely	(Check only one)  2   Madical Examiner: On the basis of axamination and/or investigation, in my opinion, daeth occurred at the time, date and place, and dua to the end manner stated.									the cause(s)				
N N N		29b. Signature and titla of certifiar	Phy					Septem L						
State	1	Name end address of person who co	mpleted causa of death (lifern  ham - M. S. Us  22, Registrar's Signa	23a) (Type, Print)	Mary	and Med.	Syskm.	2256	reev	BAETHE 21201				



9/24/96 t.t

ITEMS: 23 PART I, PER DR. FILM 6-740 10/18/96 t.t

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

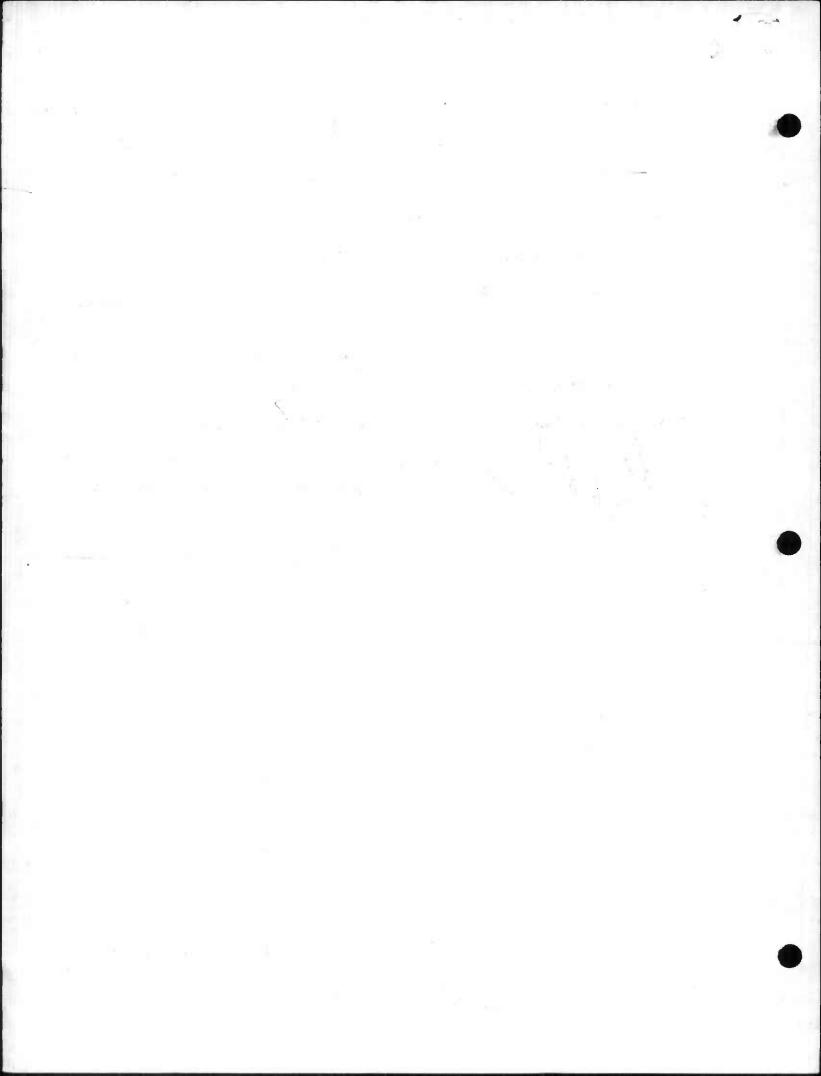
State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

27300

г	Dhoote	·	1. Decedent's Nam	e (First, Middle, La						2. Date of Month		Voer	3. Time of Death
	Physic /Medi		MAR-	LAN	IRENE	FC	ORD			SEPTER	1BER //	1996	0/45 air
	Exami				e street end number)	_				wn, or Location of De		y of Death	
				HOSPIT/	IL CEY	MER				-TIMORE		N/A	1000
	Funeral Director		5. Sociel Security 138 219 <del>- 13</del>	9870 6. S	6ex 7. Ag ☐ M 2 💢 F	e (In yrs. last i 55	birthdey)	If Under 1 \	Year If Under Deys Hours	Min. 8. Date of (Month,	Birth Dey, Year) 1941	Cour	place (Stete or Foreig http:) Land
			Usuei Residence o	Decedent						92	, 1011	TIGE Y	zario
	unylar show		10a. State	10b. County	. =	10c. City, To						1	10d. fnside City Limits
	Se-f	Director	Md.	N,	A	Balt	timore	9					1 V Yes 2 □ No
	Vith th		10e. Street and Nu					10f. Zip Co			10g. Citizen of		itry?
	# 23	era era		lashingtor		Create II C	40.14		21230			SA Amada	and the state of
0	s 1 and 2 should be filed within 72 hours after death with the Maryland I Heelth and Mental Hygiene. Item 27 is marked other than "natural", or fiems 23s or 28e-f show other traumatic event, the Medical Examiner must be notified at	Funeral	11. Meritel Stetus 1 ☐ Never Marr	ried 2 Merried	12. Wes Decedent Armed Forces? 1 ☐ Yes 2 💢					gin? (Specify Yes or n, Puerto Rican, etc.)	No- 14. Ha	ce - Americ eck, White,	
Maryland 21215-0020	al', o	by	3 ☐ Widowed	/ \	if Yes, Give Yeer or Detes:		10	□Yes 2Ū	(No Specify:		Speci	fy: W	hite
S S	should be filed within 72 hours nd Mental Hygiene. marked other than "natural", matic event, the Medicsl Exa	Completed	(Spe	15. Decedent's Ed	ducation de completed)	16	Sa. Decede	nt's Usual C	occupation done during mos	t of working	16b. Kind of E	Business/In	dustry
2	nen.	Jd m	Elementary/Seco		College (1-4or	5+)	life. DO	NOT use i	retired)			300	
2	Hygie Hygie Ather th	8	17 Fether's Name	(First, Middle, Last,	4		EX	ecuti	/e Secre	tary er's Name <i>(First, Mid</i>			Commerce
an	ould be f Mental I arked of atic eve	Be C		orge Sto						elva Toms	uie, meiden sume	ille)	
Ž	should nd Men marke imatic	2		ame/Rejetionship (		11	9b. Mailing	Addrass /S		er or Rural Route Nu	mber. City or Town	Stete. Zir.	Code)
Ž	and 2 selth a n 27 la			rd - hust			_			vd., Balt			
e,	other tr		20e. Method of his		ASS - TINS - TOTAL			tion (Name tory or othe		Dete	20c. Location		
altimore,	Page net: M int: M			5 Other (Specific	Removal from State			Cemet		9/16/96	Hagers	town,	Maryland
- a	permit. Pages 1 and peptition of Heelt important: If item 2 any injury or other gate.		21. Signature of	ineral Service Light	1000		22. 1	Name and A	Address of Facilit	ly		- 7.1	-
B	28 5 5 8		1 / W	1/1/						Funeral Elkridge,			Inc.
		-	23a. Panil. Entar t shock, or has	ha diseasi or com art fellure. List only	olimbions that caused one cause on each li	tha death. D	o not enter	the mode o	dying, such as	cardiac or respirator	y arrest,		Approximate Interval Between
>	Physician			U							u=b-107105b	TO 144	Onset and Death
	/Medical Examiner		tmmediate Cause disease or condition resulting In deeth)		. PSEUI	KYMOC	AMO	Pe	ERITO	NEAWITH	METASTASES	TO LUI	IGS 11
		<u></u>	Todaking in dooring			Due to (or as	a consequi	enca of):					U
	uted	Examiner			b. ————	Due to fee ee		, , , , , ,				- 1	
o,	exec in an												
9/	ysicle	cal	Cause (Disease or that initiated events	Injurý s	C	Due to (or as				-			
99	ng ph ng ph	Med	resulting In death) Last										
Box 68760,	eth certificate be executed strending physician and for use as the buriel-transit	cian/Medical			d			-					
	the e	Physic	Part ff. Other signif	ficant conditions of	ontributing to death b	ut not resulting	in the und	erlying caus	se given In Part I	. 23b. C	fd tobacco use c	ontribute to	o the cause of death
0.	The law requires that the de ate hes been signed by the opage 2 should be detached									1	☐ Yes 2☐ No	3 Pro	bably 4 Unknow
Vital Records,	uires Id be	d by								248. W	es an autopsy	24b. W	ere autopsy findings
Ö	y red beer shou	ete									erformed?	av co	rallable prior to empletion of cause death?
He	The law ate hes page 2	Completed									ZYes 2□No		Tyes 201 No
ē	iclan: The certificate rector, pay	Be C	25. Was case refer	red to medical					26 Place	of Death (Check on	<u> </u>		3 169 ZQ1110
>	ysician: is certifica director,	ToB	examinar? 1 ☐ Yes 202	No	Hospitai:	ent 2 ER/	Outpatient	3□ DOA	Other	ursing Home 5 🗆 R		her (Specil	(v)
0	ter th		27. Manner of Deat		28e. Dete of Inju (Month, De		. Time of Injury	28c.	fnjury at Work?		be how injury occu		
0	endin eeth. or: Aff	atic	2 Accidant	5 Pending Investigation	1	,	Прогу	М	1 ☐ Yes 2 ☐	No			
Division of	r Att	Certification:	3 Suicide 6 Could not be determined 28e. Piece of Injury - At home, farm, street, factory, offica building, etc. (Specify)							28f. Locatio City or	n <i>(Street and N</i> um Town, State)	ber or Rura	al Route Number,
2	urs all		00 0 17	Ma =:									
	To the Hospital or Attanding Physician: within 24 hours after deeth. To the Funeral Director: After this certifical completely filled in by the funeral director,	edicai	29e. Certifier (Check only one)	11∠ Certifying Ph 2☐ Medical Exam	ysicfan: To the best of niner: On the basis of and manner sta	examination a	ge, death o and/or inva	ccurred at t stigation, in	na tima, data an my opinion, dea	d place, and dua to t th occurred at the tin	ha causa(s) and n ne, date and placa	anner as s , and due to	tated. o the cause(s)
	o the	Me	29b. Signature and	title of certifiar	with manner str	and the		29c. L	icense number		29d. Date sign	ed (Month,	Dey, Year)
	- 5 - 0		· w	en.n	chun	M.D	,	As	244161	4/12	08/11	181	/
	K		30. Name and addrass of person who completed cause of death (Itam 23a) (Type, Print)								MD		
	( )		Men-m	in Chud	a a		Q Ce		3001.	S. Hanny	en St.	Balt.	more 2122

State Registrar 31. Date filed (Month, Dey, Year) SEP 13 1996

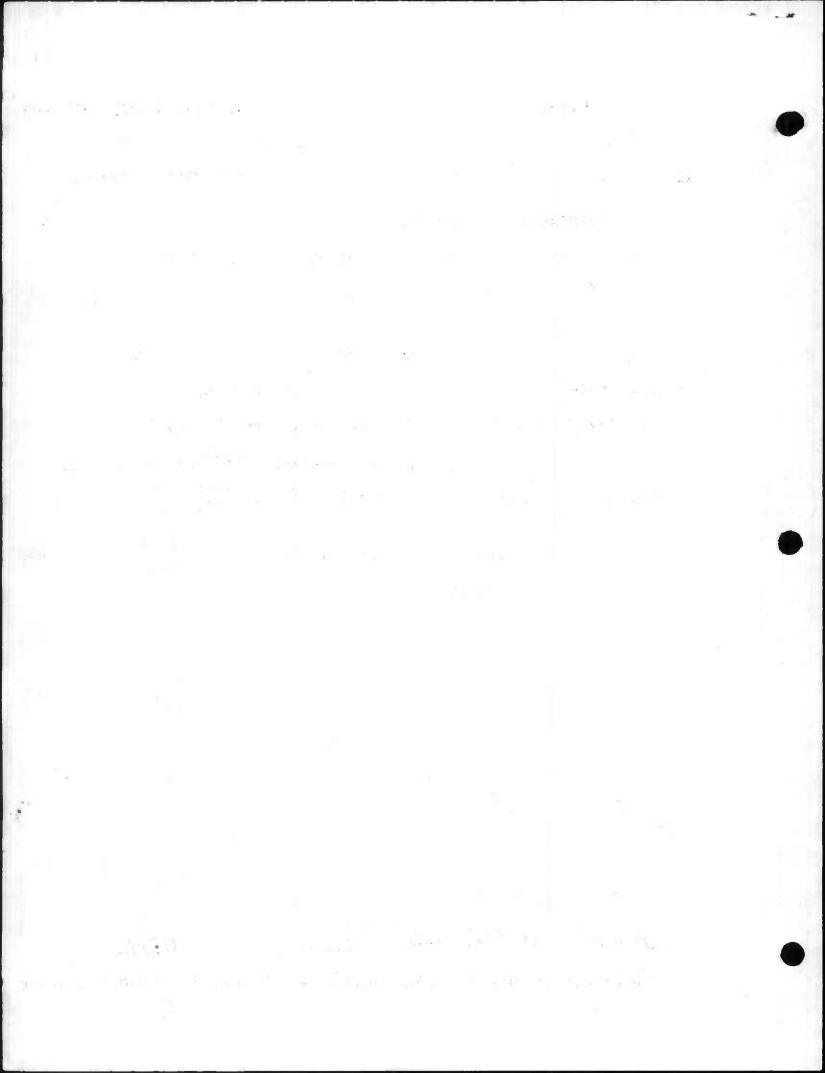


State of Maryland / Department of Health and Mental Hygiene 96

96 2730

	4			Cert	ificate	OT	Death		F	leg. No.			
	Decedent's Name (First, Middle, Last)						1	1	2. Dete of Dee	th		3. Time of Deeth	
lclan dical									Septem	ber 9	1996	2:05pm	
oicai iner	4	nd number)				-	4b. City, Tov		ation of Deeth	7	unty of Death		
	Johns Horkins Bayvich	Medical (	ente				a alt	mor	P.	+	NT /7		
al	5. Social Security Number Sex	7. Age (In yr			If Under 1		If Under 2		8. Dete of Birth (Month, Dey	1	N/A	place (State or Foreign	
ar .	214-34-4860	XF 7.5	,	Yrs.	Months I	Deys	Hours					plece (Stete or Foreign htry)	
	Usuel Residence of Decadent	13					1		07/05/	1921	Ge	rmany	
	10a. Stete 10b. County	10c. 0	City, Town	or Loca	ation						1	Od. Inside City Limits	
ţ	MD. Baltimore	Dı	ında	1 k							Page 1	1 ☐ Yes 2 ☐ No	
Director	10e. Street end Number		21100	-11	10f. Zip Ci	ode				On Citizen	of Whet Cour		
					2	7.0	22			Germ		,	
Funeral	11. Menitei Stetus 12. Wes	s Decedent Ever in	LLS	13 Ws		12		nin2 /Snec	ih Vac or No-		Race - Americ	on Indian	
15	1 Never Merried 2 Married 1	ed Forces?	0,01	<ol> <li>Was Decedent of Hispenic Origin? (Specify Yes of If Yes, specify Cuben, Mexican, Puerto Rican, etc.</li> </ol>					lican, etc.)		Bieck, White,		
þ		Yes 27 No es, Give 1 er or Detes:		10	Yes 2	] No	Specify:			Spe	ecity: W	hite	
8	15. Decedent's Education	. 01 00000.	160	Deceder	nt's Usuei (	Occur	etion			16h Kind a	of Business/Inc	du ata .	
Completed	(Specify only highest grade complete		- 100.	(Give kil	nd of work	done i	during most	of workin	9	TOD. KING C	n business/ini	dustry	
Ĕ	Elementery/Secondery (0-12) Coll	College (1-4or 5+)  Homemak								Oran	Home		
						18 Mother	Nother's Neme (First, Middle, Melden Sum			Home			
Be													
To									Hoffman				
	19e. Informent's Neme/Reletionship (Type, Prin	t)							Rural Route Number, City or Town, Stete, Zip Code)				
	Wilbur Fike / Husb		22	6 0	akwo	od	Rd.	Dun	dalk,				
	20e. Method of Disposition 1 ☐ Buriel 2 ☐ \$\forall \text{remetion} 3 ☐ Removel		cemeter)	v, creme	tion (Neme tory or other	of er pled	ca)				on - City or To	wn, Stete	
	4 □ Donetion 5 □ Other (Specify)		1002	nea	ka C	roi	mator	9	$/13/_{\rm E}^{96}$	101+0	willo	MD	
	21. Signature of Funerei Service Licansee		tead	22.1	Vame end /	Addre	ss of Fecility	<u> </u>		ETTS	VIIIE	, FIL.	
	Della Vis	. /		Br	adle	y-	Ashto	on F	uneral	Hom	e, In	c.	
	23e. Pert1. Enter the dis and, or complications shock, or heart failure. List only one ceuse	that caused the dea	ath Don	21	34 W	il.	low S	pri	ng Rd.	Bal	to.,	MD. 2122	
	shock, or heart failure. List only one ceuse	on each line.	aur. Dorr	Ot OHIO	tile mode c	or cryin	ig, 3001 63 t	Dai Giec Oi	respiretory en	est,		Intervel Between Onset end Deeth	
	Immediate Cause (Final				1	١.					ŀ		
	disease or condition resulting in deeth)	Anoxi	Ce	UC.	epha	110	patr	14				5 weeks	
70			(or es e c										
Examiner	b	Aspi	rat	100									
Xar	Sequentially list conditions,	Due to	(or es e c	onseque	ence of):								
VMedical	thet initiated events resulting in deeth) Lest	Due to (or es e consequence of):											
Me													
an	<b>-</b> 0.												
Sic	Pert II. Other significant conditione contributing	to death but not re	suiting in	the unde	erlying caus	se giv	en in Pert I.		23b. Dld to	bacco use	contributa to	the cause of death	
Physician									1 Yes 2 No 3 Probably 4 Unknown				
by													
									24a. Wes e	n autopsy		ere eutopsy findings	
Set									perform	ned?	COI	eileble prior to repletion of cause death?	
Completed										_		/	
	of Wo								1 Ye	s 2 N	0 1L	Yes 21 No	
Be	25. Wes case referred to medical examiner?					Oth	or:		(Check only on	-			
2 2	10 165 212 140		ER/Out		3□ DOA		4 LI NUR		e 5 Reside			()	
6	27. Menger of Deeth 1 ☑Neturel 5 ☐ Pending 28e. Dete of Injury (Month, Dey Year) 28b. Time of Injury Work?								28d. Describe how injury occurred				
cat	2 Accident investigation 3 Suicide 6 Could not be		M 1 Yes 2 No										
27. Menper of Deeth 1  Neturel 5  Pending investigation 3  Suicide 4 Homicide									It. Location (St City or Town	cation (Street and Number or Rural Route Number, y or Town, State)			
100													
	29e. Certifier  (Check only one)  29e. Certifying Physician: T  (Check only one)	o the best of my kn	owledge,	deeth od	ccurred et t	he tim	ne, dete end	plece, en	d due to the ca	ause(s) and	menner as st	ated.	
		menner steted.	otrori oria	101 111103	ingonori, iii	my of	pilitori, doau	100001160	ot the time, o	ate end piec	ze, and due to	the ceuse(s)	
edical	erid												
	29b. Signeture end title of certifier	01:	. ^ -				e number		2	9d. Dete sig	ned (Month, I	Day, Year)	
edical	erid	-ariiv	MI				e number		2	9d. Dete sig	7/96	Day, Year)	

Registrar

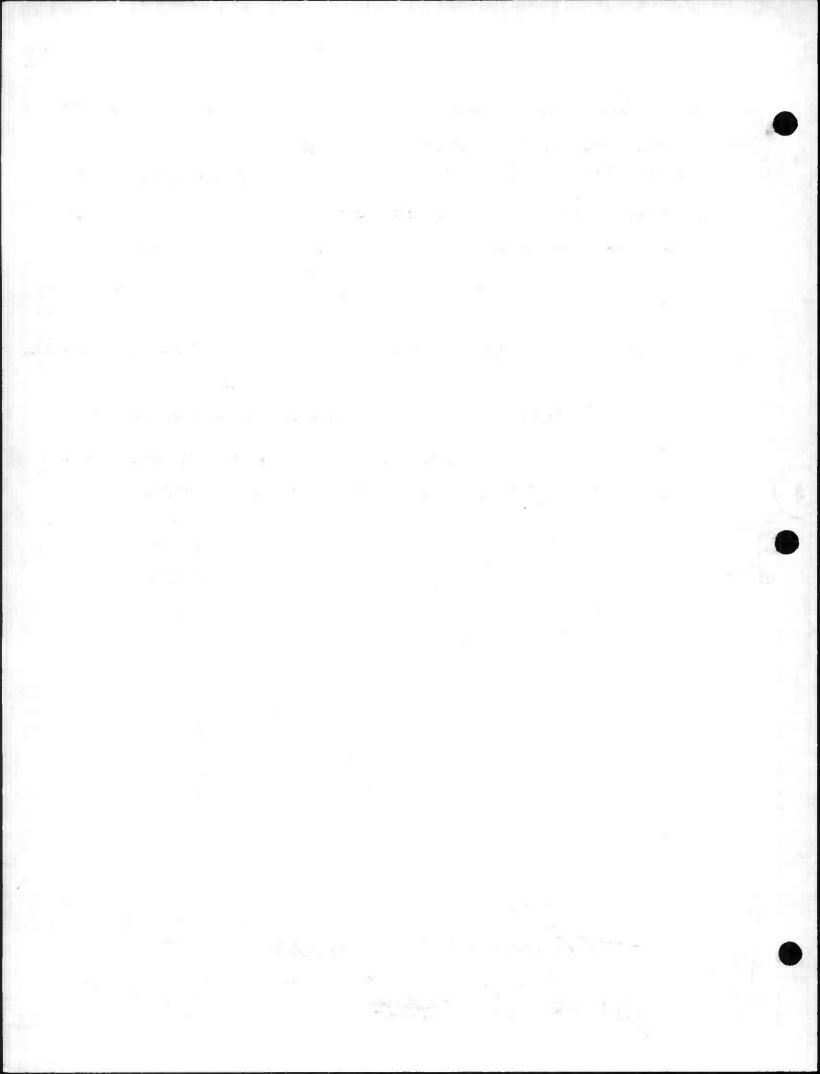


State of Maryland / Department of Health and Mental Hygiene 27302 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** Month Dey Year Mary September 1996 /Medicai 6 4e. Fecility Neme (If not institution, give street end number 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** Johns Hopkins Bayview Medical Center
5. Social Security Number 6. Sex 7. Age (In yrs. lest birthdev) If Under 1 Year I Under 24 Hrs. 7. Age (In yrs. lest birthdey) Birthplece (State or Foreign Country) **Funeral** 1□M 200 F Months Deys Hours Director 213-01-0150 95 Yrs Nov. 13, 1900 Maryland Usuel Residence of Decedent with the Marylend 10a Stete 10b. County 10c. City, Town or Location 28a-f show 10d. Inside City Limits the Medical Examiner must be notified at Maryland N/A Baltimore City 1 Yes 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? ò 21239 1112 East Belvedere Avenue U.S.A. 238 Funeral death items : 12. Wes Decedent Ever in U,S. Armed Forces 1 ☐ Yes 2 ☑ No If Yes, Give Year or Detes: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Race - American Indien, Black, White, etc. filed within 72 hours after 1 Never Married 2 Married 21215-0020 9 1□Yes 21 No White Completed by 3 Widowed 4 □ Divorced "natural', 15. Decedent'e Education (Specify only highest grede completed) 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed within 7. Department of Haalth and Mental Hyglane. Important: if item 27 is marked other than "na any injury or other treumatic event, the Media once. Elementery/Secondary (0-12) College (1-4or 5+) N/A Bookeeper Crown, Cork & Seal Inc. timore, Maryland 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be unkown Unkown 19e. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zlp Code) 1925 North Avenue, Pasadena, Maryland 21122 Mrs. Betty Sappington 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition Dete 20c. Location - City or Town, Stete 1 Buriel 2 Cremetion 3 Removel from Stete 9-10-96 4 ☐ Donetion 5 ☐ Other (Specify) Loudon Park Cemetery Baltimore, Maryland 21. Signature of Fugeral Service Licens 22. Name end Address of Fecility McCully Funeral Home of Pasadena 3204 Mountain Road, Pasadena, Md 21122 23e Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart feilure. List only one cause on each line. Approximete Intervel Between Onset end Deeth **Physician** /Medical Immediete Ceuse (Finel disease or condition resulting In deeth) **Examiner** Due to (or es e consequence of) Examine The law requires that the death certificete be executed Sequentielly llst conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): Division of Vital Records, P.O. Box 68760, attending physician **Physician/Medicai** the Due to (or as e consequence of): Pert il. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributs to the cause of death? à 1 Ves 2 No 3 Probably 4 Unknown ð 24b. Were autopsy findings eveileble prior to completion of cause of death? Completed 24e. Wes en eutopsy performed? cartificata has 1 🗆 Yes 1 Yes 25 10 or Attending Physician: Be 25. Wes cese referred to medicei exeminer? 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No To repatient 2 ER/Outpetient 3 DOA this 27. Menner of Deeth 1 In Naturel 28e. Dete of Injury (Month, Dey Year) Certification: 28b. Time of 28c. Injury et Work? Aftar t 28d. Describe how injury occurred 5 Pending Investigation s efter deeth.
I Director: A
od in by the fu deeth. 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicide 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide within 24 hours a To the Funeral C completely filled Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end plece, end due to the cause(s) and menner es stated.

2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred et the time, date end plece, end due to the cause(s) end menner stated. Medicai (Check only one) \$ 29b. Signeture and title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) Solden M.D. 30. Name end eddress of person who completed cause of deeth (Item 23a) (Type, Print) Baldunza Eastern Avenue. Baltimore, maryland 4940 lodd 31. Date filed (Month, Day, Year) SEP 13 199 State

DHMH 16 Rev 6/95

Registrar



State of Maryland / Department of Health and Mental Hygiene Certificate of Death ident's Neme (First, Middle, Last) 2. Dete of Deeth 3 Time of Death September Physician ecina 1:40 P.M E. /Medical 4b. City, Town, or Location of Deeth . Facility Neme (If not Institution, give street end number) 4c. County of Death Examiner GLEN BURNIE 301 Aospital DRIVE North Heundel Hospilal If Under 1 Yeer | If Under 24 Hrs. 8. Deta of Birth | Moure | Min. | (Month, Dey, Year) 5. Social Security Number 6. Sex 7. Age (In yrs. lest birthdey) 9. Birthplece (State or Foreign Country) **Funeral** 1 M 2 F 220-56-7543 Months 88 Yrs. Director Usuel Residence of Decedent the Menyland 10e State 10b County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "naturel", or items 23a or 28a-f shov traumatic event, the Modical Examinar must be notified at 1□ Yes 2 No Director A BURNIE (FLEN 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 706 HAMLEN USA 21061 Funeral 12. Wes Decedent Ever in U,S.
Armed Forces?
1 ☐ Yes 2 ☐ No
If Yes, Give
Yeer or Detes: 14. Race - American Indien, Bleck, White, etc. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Maritel Status 72 hours after 1 ☐ Never Married 2 ☐ Merried 1□ Yes > No Baltimore, Maryland 21215-0020 Specify: þ Specify: WHITE 3 Widowed 4 □ Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life, DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry filed within Elementery/Secondary (0-12) Hygiene. College (1-4or 5+) HOMEMAKER OWN Home 10 17. Fether's Neme (First, Middle, Last) permit. Pages 1 and 2 should be file Department of Health end Mental Hy Important: If item 27 is marked other any injury or other traumatic event 18. Mother's Neme (First, Middle, Meiden Sumame) BESSIE DENNIS VRDY DITT 19e. Informant's Neme/Reletionship (Type, Print) 19b. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) GLEN BURNIE, MD 21061 RECINA GREEN DAUCHTER 706 HAMLEN RD. 20b. Plece of Disposition (Name of cametery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 Burlel 2 Cremetion 3 Remove from Stete GLEN HAVEN 9-10-96 GLEN BURNIE MD 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Fundral Service Licental 22. Name and Address of Facility FUNERAL HOME FINK RAYMOND plications that caused the death Do not enter the mode of dying, such as cardiac or respiretory arrest,

Approximate

Approximate Approximete Interval Between Onset and Deeth **Physician** /Medical Immediate Cause (Fine) FAILURE disease or condition resulting in deeth) **Examiner** The lew requires that the death certificate be executed attending physician and for use es the burial-transit Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in death) Last Due to (or es e consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or es e consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? # signed by i 1 ☐ Yss 2 ☐ No 3 ☐ Probably 4 ☑ Unknown þ 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Was en eutopsy performed? peen page 2 : certificate 1 Yes 2 NO No 1 Yes 2 No or Attending Physician: Be 25. Wes case referred to medical 28. Place of Deeth (Check only one) 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 9 1 Inpatient 2 ER/Outpatient 3 DOA After this 28e. Dete of Injury (Month, Dey Year) 27. Menger of Deeth 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred Certification: 5 Pending investigation Neturel 1 ☐ Yes 2 ☐ No 2 Accident Director: in 24 hou. the Funeral Dire. 6 Could not be determined 3 Suicide 28e. Pleca of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide Hospital 29e. Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, and due to the ceuse(s) end menner as stated. edical To the Hosp within 24 ho To the Fune completely fi (Check only one) 2 Medical Examinar: On the bests of examinetion end/or investigation, in my opinion, deeth occurred at the time, dete end piece, and due to the cause(s) end menner steted. 29b. Signeture end title of cartifier 29c. License number 29d. Dete signed (Month, Dey, Year) MD

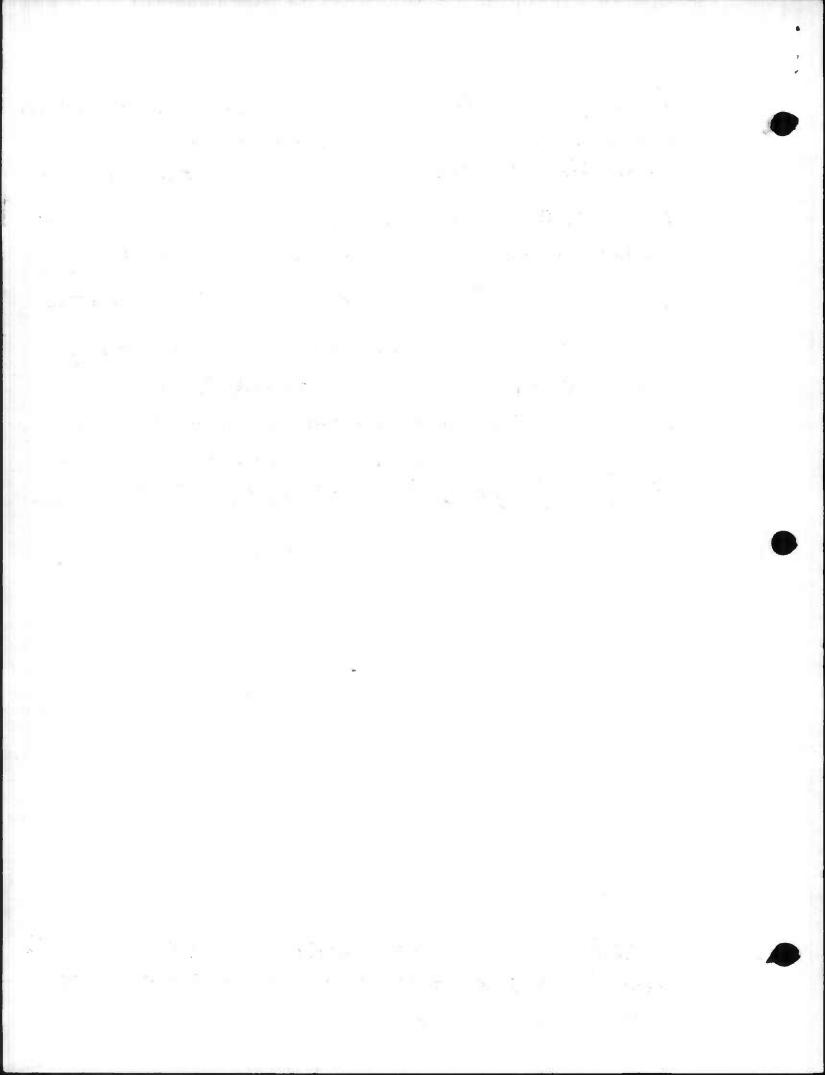
State Registrar

ONETHOT. 301 HOSPITAL 31. Dete lied (Month, Dey, Year) SEP 13 1996 32. Registrar's Signeture

30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print)

La Salidson-Randell

GLEN BULNIE



State of Maryland / Department of Health and Mental Hygiene

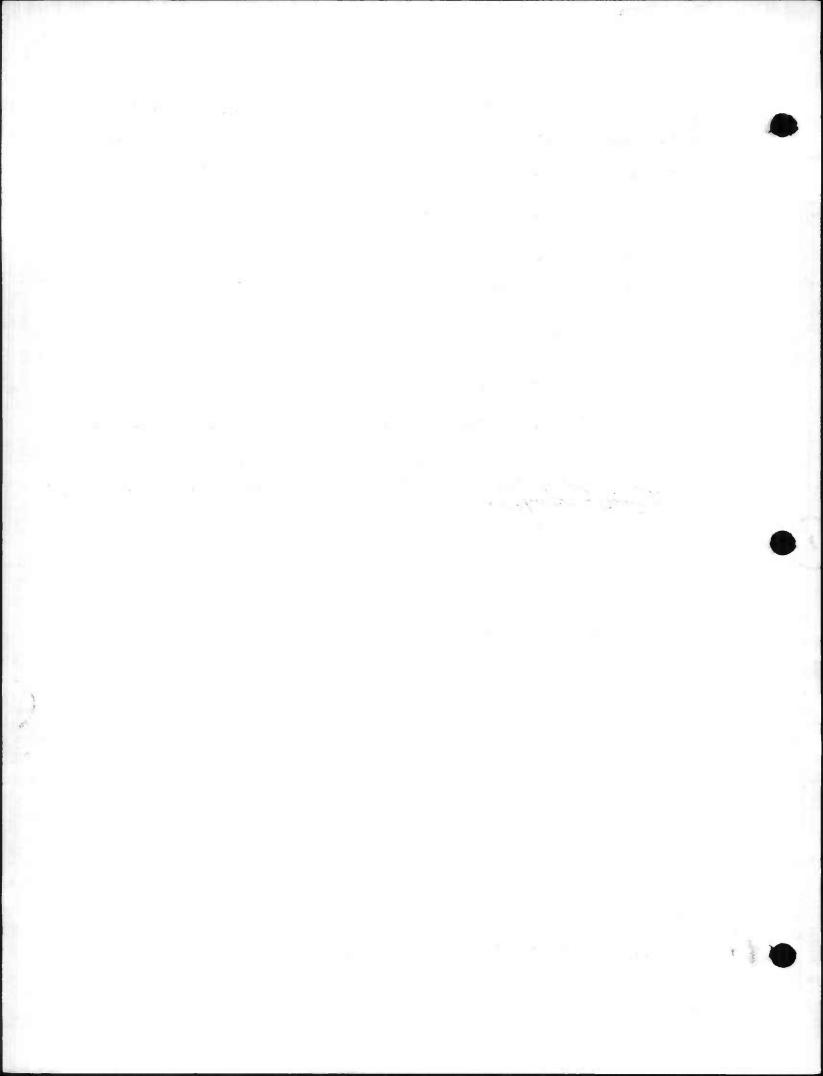
Certificate of Death 1. Decedent's Nema (First, Middla, Last) 2. Dete of Death 3. Tima of Deeth **Physician** Month Year GEORGE 11,1996 BENJAMIN **GWYNN** SEPT. 10:15 PM /Medical 4e. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 5034 FORGE ROAD PERRY HALL BALTIMORE | If Under 1 Year | If Under 24 Hrs. | 8. Dete of Birth | 9. Birthplace (State or DEC. 16, 1910 | MARYLAND 5. Social Security Number 7. Age (In yrs. last birthday) 9. Birthpiace (State or Foreign **Funeral** 1**∑**M 2□ F 079 03 9724 85 Yrs. Director Usual Residenca of Decedent death with the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits item 27 is marked other than "natural", or items 23a or 28a-f show other traumstic event, the Medical Examinor mast be natified at MD. BALTIMORE 1 Yas 2 No Director PERRY HALL 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 5034 FORGE ROAD 21128 U.S OF Α. Funeral 12. Was Decedent Evar in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yas, Give Yeer or Detas: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuben, Mexican, Puerto Rican, atc.) 14. Race - American Indian, Bleck, Whita, atc. permit. Pages 1 and 2 should be filed within 72 hours after Department of Health and Mental Hygiene. Important: If fem 27 is marked other than "natural; or ite any injury or other traumatic event, the Marical Examine. 1 ☐ Never Merried 2 ☐ Married Baltimore, Maryland 21215-0020 1 Yas 2 No Specify: BLACK ģ 3Ã Widowed 4 □ Divorced 16a. Decedant's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) MINISTRY CLERGY 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Malden Sumama) MOSES LEWIS GWYNN, SR. HARRIET LOUISA NELSON GWYNN 19a. Informent's Neme/Reletionship (Type, Print) DAUGHTER 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) MRS. CARLOTTA M. JACKSON 5034 FORGE ROAD PERRY HALL, MD. 21128 20a. Method of Disposition
1 ☐ Burial 2 ☐ Cremetion 3 ☐ Ramoval from Stete 20b. Piece of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, Stata PARKWOOD CEMETERY 9/16/96 4 ☐ Donetion 5 ☐ Othar (Specify) BALTIMORE, MARYLAND GWYNN Name and Addrass of Fecliity Funerei Service Licensee LEWIS T. LEWIS T. GWYNN FUNERAL HOME 21215 Part : Inter the disease, or complications thet caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only our cause on each line. Approximata Interval Betw **Physician** /Medical Immediete Cause (Finel disaese or condition resulting in deeth) Bronchoa/veoler carcinome Examiner Sequentially list conditions, if any, leeding to immediate cause. Enter Undarlying Cause (Disease or injury that initieted events resulting in death) Last pue Due to (or es e consequence of): physician a the burial Box 68760, Physician/Medical Due to (or as e consequence of): attending Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by 1 1 be detact 1 Yee 2 No 3 Probably 4 Unknown ğ Completed 24a. Wes an autopsy performed? 24b. Wera autopsy findings available prior to completion of cause of death? 1 ☐ Yes 1 ☐ Yes 2 ☐ No 8 25. Was case referred to medical exeminer? 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA ž 27. Menner of Death 28a. Dete of Injury (Month, Day Year) 28d. Describe how injury occurred 28b. Time of Certification: 28c. Injury et Work? Ather 1 Meturai 5 Pending 1 Yes 2 No Investigetion 2 Accident 3 Sulcide 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Plece of Injury - At home, farm, streat, factory, office building, atc. (Specify) 4 Homicide Hospital of 24 hours at Funeral D 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete and plece, end due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred et the time, dete and place, and dua to the cause(s) and menner stated. Medical 29e. Certifier the Ho Tin 241 the Fut 29b. Signature end title of certifiar 29c. Licensa number 29d. Date signed (Month, Day, Year)

State Registrar 31. Date filed (Month, Day, Year) SEP 13

HARFORD



30. Nema and address of person who completed cause of deeth (Item 23e) (Type, Print)



State	of	Maryland /	Department of Health and Mental I	
			Certificate of Death	

Physici /Medic Examir

**Funeral** Director

permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: if item 27 is marked other than "natural", or items 23s or 28s-f show any injury or other traumstic event, the Madical Exercises insist be notified as once.

Baltimore, Maryland 21215-0020

Physician /Medical **Examiner** 

To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours effer death.

To the Funeral Director: After this certificate has been signed by the ettending physician and completely filled in by the funeral director, page 2 should be detached for use as the burial-transit Division of Vital Records, P.O. Box 68760,

	1. Decedent's Name	e (First, Middle, L	ast)					2. Date of I			3. Time of Death	
an .	Elizab	eth A	NN Gla	22				Month	Day	Year	6 P	
ai er			ve street and number)	133			4b. City, Town,	or Location of De	ath 4c. County	9.6 of Death		
CI	Chesar	eake H	ealthCare	<b>.</b>			7	1.3				
	5. Social Security N				ast birthday)	if Under 1 Year	Arno if Under 24 F				ndel	
	195-10-01		1 M 2 X F	_	Yrs.	Months Days	Hours N	tin. (Month,	Day, Year)	Cou	place (State or Foreign ntry) YLAND	
	Usual Residence of			7				AUG	,1919	PIAK	ILAND	
	10a. State	10b. County		10c. City	, Town or Loc	ation					10d. Inside City Limits	
0	MD	PAS	ADENA						1 ☐ Yes 2 ☐ No			
ect	10e. Street and Nur	nher				10f. Zip Code			10= Citizen of	Affron Cour	-1-0	
ត់	649 227TH					2112	1.0	10g. Citizen of What Country?				
Funeral Director		ISIKEEI										
nu	11. Marital Status		12. Was Decedent in Armed Forces?			as Decedent of I Yes, specify Cub	Hispanic Origin? an, Mexican, Pu		e - Ameri ck, White,	can indian, etc.		
by F		ed 2 Married	1 ☐ Yes 2 ☑ 1 If Yes, Give	ю	1	1 ☐ Yes 2 ☑ No Specify: Specify: WHITE						
q p	3 🖾 Widowed		Year or Dates:			•				AA 1	HILL	
Completed	15. Decedant's Education 16a. Decedent's Usual Occupation (Specify only highest grade completed) 16b. Kind of Busine (Give kind of work done during most of working										dustry	
Jun	Elementary/Seco		Collage (1-4or 5	+)		O NOT use retire	,					
S	12TH GR	-			H	OMEMAKER			HOMEM		G	
Be	17. Fathar's Name (		t)						fle, Maiden Suman	10)		
2	HIRAM AIR	REY					ELIZ	ABETH MC	NAGHAN			
•	19a. Informant's Na								nber, City or Town,	State, Zip	Code)	
	TRACEY HO	OLLEY (GI	RANDAUGHTER	()	649 2	27TH STE	REET-PAD	ADENA, M	1D. 211	22		
	20a. Method of Disp					ition (Name of atory or other pla	(ce)	Date	20c. Location	City or To	own, State	
		☐ Cremation 3 ( 5 ☐ Other (Speci	Removal from State			Park Cen	,	9/13/96	Baltim	ore,	Md	
	21. Signature of Fu				22	Name and Addre	ess of Facility			_		
	w	1	010					OME, INC	3 •			
_	17%	Meaf	Colama	N					MORE, MD	21:	229	
	23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  Approximate Interval Between											
		.1.	0.	-		1.	1 7	2 . 0		i	Onset and Death	
	Immediata Cause (Final disease or condition resulting in death)  Longerture Heart Failure  Coronery Attery Directe  Directed										/ week	
	resulting In death)		0	Due to (or	as a consequ	ience of):					1 Week	
nei			Corones	4 /	Stery	Dun	eare		2 Tears			
am	Sequentially list cor	nditions.			as a consequ			-				
EX	if any, leading to im ceuse. Enter Under Cause (Disaase or	mediate										
cai	that initiated evants		C	Due to (or	as a consequ	ence of):				-		
g	resulting In death) L	ast		,		,						
an/Medicai Examiner			d									
	Part II Other signifi	cent conditions	contributing to death bu	it not recu	iting in the un	dodulna couca ai	van in Part I	• 23h Di	d tobacco use co	ntilbute t	o the cause of death?	
Be Completed by Physic	00.	•	1 4-						_/		bably 4 Unknown	
y P	Caron	re c	Who c	we	, pe	eano	The True	read	Yes 2 No	3   110	Dably 4 Onknown	
D D							0	24a. W	as an autopsy	24b. W	ere autopsy findings	
ete									rlormed?	av	vailable prior to	
ldu										of	death?	
Ö								10	Yes 2 No	1 [	☐ Yes 2☐ No	
Be	25. Was cese referr	ed to medical					26. Place of I	Death (Check onl	y one)			
ပ	1 ☐ Yes 2 ☐	No	Hospitai: 1 ☐ Inpatie	nt 2 🗆 i	R/Outpatient	3□ DOA Of	her: 4 Nursin	g Home 5 □ Re	sidence 8 DOth	er (Speci	fy)	
	27. Manner of Death		28a. Date of Injur (Month, Day	y Vearl	28b. Time of Injury	28c. inju Wo	ry at	28d. Describ	e how injury occur	red		
atio	1 Natural 2 Accidant	5 Pending invastigation		1001/	injury		Yes 2 □ No					
									Streat and Number or Rural Route Number,			
ert	4 🗆 Hornicide		building, ato	. (Specify	)			City or I	own, Stata)			
aic	29a. Certifier	Pa. Certifier 1 Certifying Physician: To tha best of my knowledga, daath occurred at the time, date and place, and dua to the causa(s) and manner as stated.										
9	(Check only one)	2 ☐ Medicat Exa	miner: On the basis of and mannar sta	examinati	on and/or inve	estigation, In my	opinion, daath o	ccurred at the time	e, date and place,	and due t	o tha cause(s)	
Me	29b. Signature and	title of certifier				29c. Licens	se number		29d. Date signe	d (Month.	Day, Year)	
30. Name and address of person who completed ceusa of daath (Itam 23a) (Type, Print) D21684  30. V. CYRIAC. M.D 1600 CRAIN AWY \$ 106, GLENBURN												
	y	1	- / /	my.	G/	4	VXID	07	/	-	10	
	30. Name and addre	ess of person who	completed ceusa of da	aath (Itam	23a) (Type, P	rint) 40 Y	# 10E	GLEN	BURNIA	. 1	7631011.	
							1	J,		, ,	DX COO!	
e	31. Date filed (Monta		32. Registra	r's Signat	_Aande	2_						
ar l	CED	1 3 1996	5 to 200	MARRIA	-Northead							

State Registrar

5

PEF

TTEME. 22 DART T	igase Type of Fillit III black indelible lifk.	Assure All Copies Are Legiple.	27201
TIEMS: 23 PART 1,	27, 28a-State of Maryland / Department of Ho	ealth and Mental Hygiene	2130
C MEO FILM G-/39 9/19	Certificate of L	Death Bea No.	

**Physician** /Medical Examiner

Funeral Director

þ

Completed

Be

0

CHARLOTTE GEISLER MAE

SEPT.

2. Date of Death Month

CITY

3. Time of Death 1135 AM

4a. Facility Neme (If not Institution, give street and number) 919 HERNDON COURT

1. Decedent's Nama (First, Middle, Last)

4b. City, Town, or Location of Deeth

1996 4c. County of Death

**Funeral** Director

5. Social Security Number 216-76-7355

1 ☐ M 2 🖫 F

7. Age (In yrs. last birthday) 26 Months Yrs.

BALTIMORE If Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Month, Day, Year)

Oct 3, 1969

 Birthplace (State or Foreign Country) Mary 1 and

Usual Residence of Deceden

10a. Stata 10b. County Maryland

10c. City, Town or Location N/A Baltimore

(Brooklyn)

10d. Inalde City Limits 1 Nes 2 No

10e. Street and Number

919 Herndon Court

10f. Zip Code 21225 10g. Citizen of What Country? USA

N/A

11. Marital Status

1 Never Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorcad

12. Was Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 ☒ No If Yas, Give Year or Dates

13. Was Decedent of Hispanic Origin? (Specify Yes or No If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 ☐ Yes 2 ☒ No Specify:

14. Race - American Indian, Black, White, etc. White Specify:

15. Decedent's Education (Spacify only highest grade completed)

College (1-4or 5+)

Kevin E.

16a. Decedant's Usual Occupation (Give kind of work done during most of working lifa. DO NOT use retired) Photography Dept.

16b. Kind of Business/Industry

Elementary/Secondary (0-12)

Geisler,

19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code)

237 E. Patapsco Ave., Balto., Md.

MVA

17. Fether's Neme (First, Middle, Last)

Thomas

F.

Jr.

Wanda

18. Mothar's Name (First, Middle, Malden Surname) Bookhultz

Reg. No.

19a. Informent's Name/Relationship (Type, Print)

Ms. Rose Geisler-SISTER

943 Mayadon Court, Baltimore, Maryland

20c. Location - City or Town, State

20a. Method of Disposition

1 ☐ Burial 2 X Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licansee

20b. Place of Disposition (Name of cametery, cremetory or other place)
Metro Crematory, Inc.

9/12/96 Catonsville, Maryland 22. Name end Address of Facility
McCully Funeral Home of Brooklyn

21225-1856

Approximate interval Between Onset and Death

Physician /Medical

attanding physician for use as the burie

signed by the at Id be detached for

peed

cartificata

this

After

Director: /

tha

permit. Pages 1 and 2 should be filed within 72 hours after death with the Manyland Department of Heelth end Mental Hygiene. Important: If feen Z7 is marked other than "natural", or items 23s or 28s-f show any injury or other traumatic event, in Medical Experience.

Baltimore, Maryland 21215-0020

Immediate Cause (Final disease or condition resulting in death) Examiner

Examiner

Physician/Medical

py

Completed

Be

2

Certification:

Medical

NARCOTIC AND COCAINE INTOXICATION

Ecker

23a. Pa. 1. Em r the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line.

Due to (or as a consequence of)

Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last

Due to (or es a consequence of):

Due to (or as a consequence of):

Pert fl. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown

24a. Was an autopsy performed?

24b. Were autopsy findings available prior to completion of cause of death?

Yes

2 No

25. Was case referred to medical examinar?

27. Manner of Death

1 Natural

2 Accident

3 Suicide

4 Homicida

FOUND 9-7-96

1 Inpatient 2 ER/Outpatient 3 DOA 28a. Date of Injury (Month, Day Year)

28b. Time of Injury UNKNOWN 28c. fnjury at Work? 1 Yes 2 No

Othar: 4 Nursing Home \*\*\* Residence 6 Other (Specify)

26. Place of Death (Check only ona)

28d. Dascribe how injury occurred UNKNOWN

28e. Placa of Injury - At home, farm, street, fectory, office building, atc. (Specify) building, atc. (Specify)
FOUND AT HOME

Location (Street and Number of Bural Route Number, City or Town, State) 919 HER NDON C1. BALTIMORE, MD.

1 Certifying Physician: To the best of my knowledga, death occurred at the time, date and place, and due to the cause(a) and manner as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, daath occurred at the time, date and place, end due to the cause(s) and menner stated.

29b. 5 d e and title of certifie

5 Pending Investigation

Could not be determined

29c. License number O.C.M.E 29d. Date signed (Month, Day, Year) SEPT. 8, 1996

and addrass of person who completed causa of death (Item 23a) (Type, Print) 111 Penn Street, Baltimore, Maryland 21201 J. UAKON M

Locke 31. Data filed (Month, Day, Year) SEP 18

32. Ragistrar's Signature whia Davidson

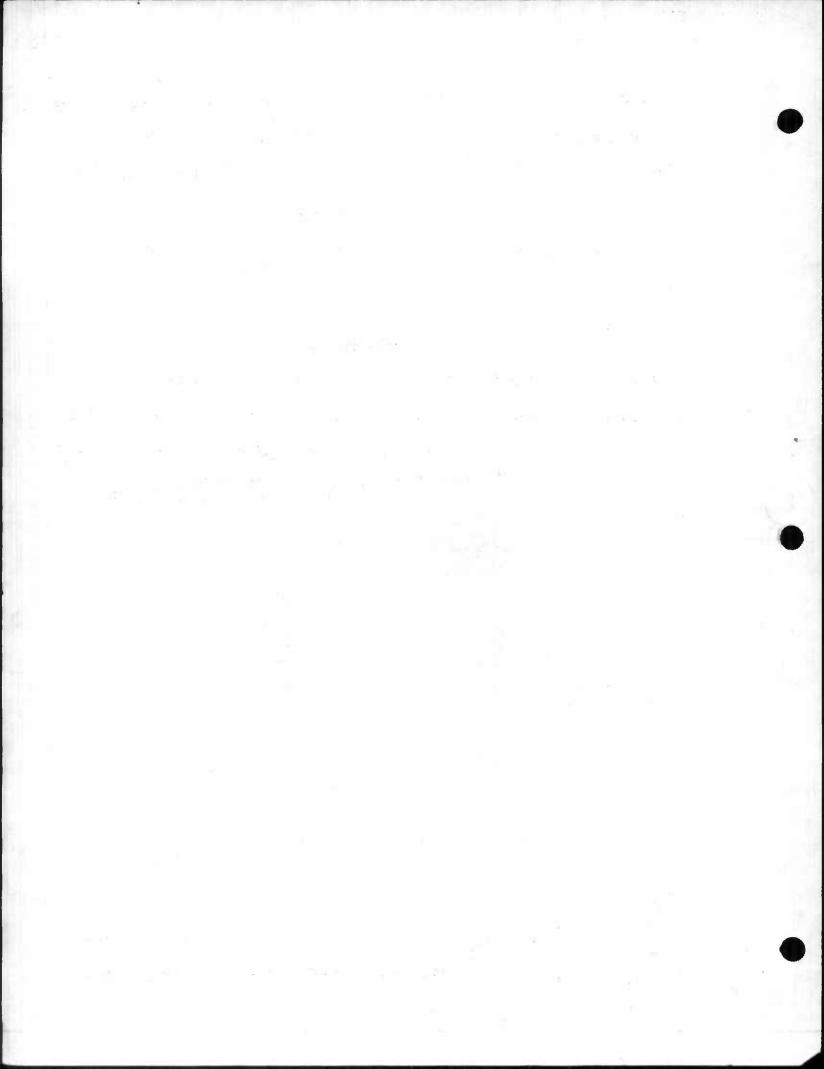
State Registrar

**DHMH 16 Rev 6/95** 

Division of Vital Records, P.O. Box 68760,

The law requires that the death cartificate be executed Hospital or Attanding Physician:

To the Funeral Dire

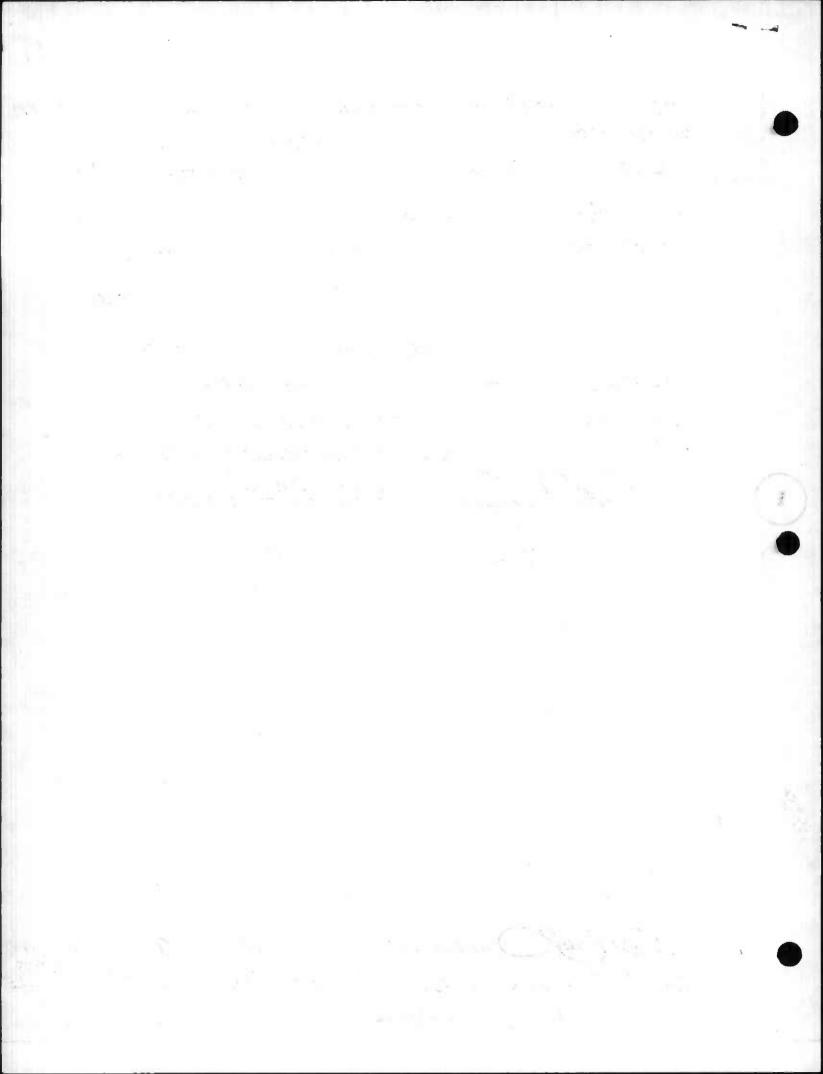


27307

						Certific	ate of	Death			Reg. No.		
Physic	ian	1. Decedant's Nama (First, Middla, L	ast)	-	/		)			2. Data of De		Year	3. Tima of Death
/Medi		INRS. MARGI	MREI		610	ORM	AN			Eptemb	ER 7	96	5:00 PM
Exami	ner	4a. Facility Nama (If not Institution, gi 2687 WILKENS AVENUE						BALTIMO	RE	ocation of Daat	N/A	nty of Death	1 - 1
Funeral Director			Sax 1 M 2 X F	7. Aga (In y	rs. last birthe Yr	Mont	hs Days		Min.	8. Data of Bi Month, Di AUG. 7,	th 1928	9. Birth Cou	piaca (Stata or Foreign intry) PA
ith the Maryland or 28a-f show	tor	10a. Stata 10b. County MD N/A			City, Town o								10d. Insida City Limits ∛X Yas 2 □ No
th with the 23a or 28a	al Director	10e. Street and Number 2687 WILKENS AVENUE					Zip Coda 1223				10g. Citizan o U.S.A.	f What Cou	ntry?
after dea or items	by Funeral	11. Marital Status  1 Navar Marriad  2 Marriad  3 Widowed 4 Divorcad	Armed F	2∯ No iva	U,S.	If Yas,	ecedant of specify Cubs	Hispanic Or ean, Maxica Specify:	n, Puarto	ecify Yas or No Rican, atc.)	BI	ace - Amari lack, Whita,	, atc.
within ena. than	Completed by	15. Decadant's E (Specify only highast gr Elemantary/Secondary (0-12)	ada complated)	) (1-4or 5+)	- ((	acadant's L Giva kind of ifa. DO NO PER ANI	work dona Tusa ratire	during mos	t of work	ing	16b. Kind of FOOD STO		ndustry
be file tal Hy d oth	To Be C	17. Fathar's Nama (First, Middla, Las MICHAEL MOROSCHOK	")							a (First, Middle PAJKOS	, Maidan Suma	ama)	
od 2 sith er trau	-	19a. informant's Name/Ralationship JAMES W. GORMAN	(Type, Print)							al Route Numb	er, City or Tow	n, Stata, Zij	p Coda)
		20a. Method of Disposition  1 Burial 2 Cramation 3 4 Donation 5 Other (Speci		Stata NE	Placa of D camatary, W CATH	isposition ( cramatory ( EDRAL (	Nama of or other pla EMETER	RY SEPT	. 13,	Data 1996	20c. Location		own, Stata
Department of Important: If i any injury or once.		21. Signature of Furfield Service Moe	1					RAL HO			01000		
Dhuelelen		23a. Part1. Entar tha disaasa, or com shock, or haart failura. List only	plications that on a causa on a	caused tha de aach lina.	ath. Do not					IMORE MD or raspiratory a			Approximata Interval Batween Onsat and Death
Physician /Medical Examiner		immadiata Causa (Final disaasa or condition rasulting in daath)	. TES	SPIRA	TOR	У	AR	RES	5+			ó	
urted d ansit	Examiner	Secure tight list condition	AMI	OTRO	PHIC (or as a cor	nsequance	ATE	RAL	_ 0	ScL.	EAOSI	·S	34RS
certificate be assecuted ding physician and ise as the buriel-transit		Sequantially list conditions, if any, laading to immediate cause. Enter Underlying Cause (Disease or injury that initiated avants	C		(or as a con								
certif nding use a	n/Medical	rasulting In daath) Last	d		(0. 40 4 00)								
res thet tha death signed by the atten be deteched for u	by Physician	Part II. Other algnificant conditions of EMPHV SEMI	contributing to d	eath but not re	asulting in th	T		van In Part i			tobacco use o	/	the cause of death?
e law requi hes been s ge 2 should	Completed b										an autopsy ormed?	av cc of	fara autopsy findings vallable prior to ompletion of cause daeth?
	Bec	25. Was casa rafarred to madical axaminar?						26. Place	of Daat	(Check only			2140
Phys r this ral di	lon: To	1 Yas 2 No  27. Manner of Death 1 Natural 5 Panding	28a. Data (Mon		ER/Outpa 28b. Tim inju	a of	28c. fnju Wo	ry at rk?			dance 6 00 how injury occu		(y)
or At lifter Direct in by	Certification:	2 Accidant invastigatio 3 Suicida 6 Could not b datarmined	e 28a. Placa	of injury - Ating, atc. (Space	homa, farm			Yas 2		28f. Location ( City or To		nber or Run	al Routa Number,
To the Hospital or At within 24 hours after or To the Funeral Direct completely filled in by	edical C	29a. Cartifiar (Check only one)	ninar: On tha bi	bast of my kr asis of axamir nar statad.	nowledga, d nation and/o	aath occurr r Invastigat	ed at tha ti	ma, data an opinion, daa	d place, th occurr	and dua to tha ed at tha tima,	causa(s) and n data and place	nannar as s e, and dua t	statad. o the cause(s)
To the within 2 To the comple	M	29b. Signature and titla of certifiar	2	ATTE	ENDI	4	29c. Licans		20	0	29d. Data sign		
5	-	30. Nama and addrass of person who	complated caus	a of death (its	am 23a) (Ty	rpe, Print)	MA	בא או	) (	7 Hore	E LA.	C	MBER 9, 199 Ato NSVILL

Registrar

SEP 1 3 1996



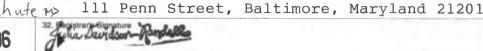
State of Maryland / Department of Health and Mental Hygiene 27308 ITEM: 1, per MEO G-739 9/13/96 reb Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3 Time of Death **Physician** 24, -Demetries DEMETRIUS 1996 Hickman Aug. 05:47AM /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** University Hospital S.T.U Baltimore N/A 7. Aga (In yrs. last birthday). 5. Sociel Security Number If Undar 1 Year If Under 24 Hrs. Deta of Birth (Nooth Day, Xeer) 9. Birthplace (Stata or Foreign 1972 Country) MD **Funeral** Deys 1(XM 2□ F Months Hours 218-13-1482 Director Usual Rasidence of Dacedant show ! 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits "natural", or items 23a or 28a-f s **Funeral Director** MD 1 X Yas 2 No N/A BALTO 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 3714 WOODRIDGE RD 21229 U S.A 12. Was Dacadant Evar In U,S. Armed Forcas? Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, etc.) 14. Reca - Amarican indien, Black, Whita, atc. filed within 72 hours after 1√ Navar Married 2 Marriad ☐ Yas 2X No f Yes, Giva Baltimore, Maryland 21215-0020 1 Yas 2 No Specify: Spacify: BLACK by 3 ☐ Widowed 4 ☐ Divorced Yaar or Datas: Completed 16a. Decedant's Usuai Occupation (Giva kind of work done during most of working lifa. DO NOT use ratired) 15. Dacedant's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry al Hygiene. Elamantary/Secondary (0-12) Collaga (1-4or 5+) CONSTRUCTION 9TH N/A LABORER 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Meiden Surnama) . Pages 1 and 2 should be fill timent of Health and Mental H tant: If item 27 is marked oth jury or other traumatic even Be WILLIE C. HICKMAN SR. 2 MAEBELLE LEE 19a. informant's Neme/Ralationship (Type, Pnint) 19b. Mailing Address (Streat and Number or Rural Routa Numbar, City or Town, Steta, Zip Coda) MAEBELLE HICKMAN 3714 WOODRIDGE RD BALTO, MD 21229 20b. Place of Disposition (Nama of 20e. Mathod of Disposition Data 20c. Location - City or Town, Stata permit. Pages Department of H Important: If the any Injury or ot once. MT ZION CEMETERY 1 Burlal 2 Cramation 3 Ramoval from Stata 82996 LANSDOWNE, MD 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signatura of Funeral Servica Licansee 22. Neme end Addrass of Facility F/H-WEST 4300 WABASH AVE MARCH 23a. Part1. Enter the disease, or complications that caused the deeth. Do not anter the mode of dying, such as cardiac or respiretory arrast, shock, or heart failure. List only one ceuse on each line. Approximata Interval Between Onset and Death Physician /Medical Immediate Ceusa (Final disease or condition rasulting in death) Gunshet wound Examiner Dua to (or as e consequance of) Examiner The law requires that the death certificate be executed attending physician and for use as the burial-transit Sequantially list conditions, if any, leading to immediate causa. Enter Underlying Causa (Disease or injury that injured exercises) Dua to (or as a consequence of): P.O. Box 68760, Physician/Medical that initiated avants rasulting in death) Last Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? detached signed by 1 ☐ Yss 2 ☑ No 3 ☐ Probably 4 ☐ Unknown Records, b 24b. Were autopsy findings available prior to complation of cause of death? Completed 24a. Was an eutopsy performed? page 2 1 Yas 2 No 1 Yas 2 No Vital 25. Was casa rafarrad to medical axaminar? Be 26. Place of Death (Check only ona) Hospitai: 1 ☐ inpatiant 2 □ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Homa 5 Rasidance 8 Othar (Specify) ٩ 1 Yes 2 No 28c. injury et Work? Certification: 27. Mennar of Death 28a. Data of Injury (Month, Day Year) 28b. Tima of 28d. Dascribe how Injury occurred 1 Netural 5 Pending invastigation Injury 8-24-96 1 ☐ Yes 2 XNo 2 ☐ Accident unt Subject Shot was 6 Could not be detarmined 3 ☐ Suicida 281. Location (Streat and Number or Rural Route Number, City or Town, State) 4 000 BIK Colbourney Ro 28a. Place of Injury - At homa, farm, street, factory, office building, atc. (Specify) 4 M Homicida street To the Hospital within 24 hours To the Funeral completely filled Baltimore City, Maryland 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and mannar as stated.

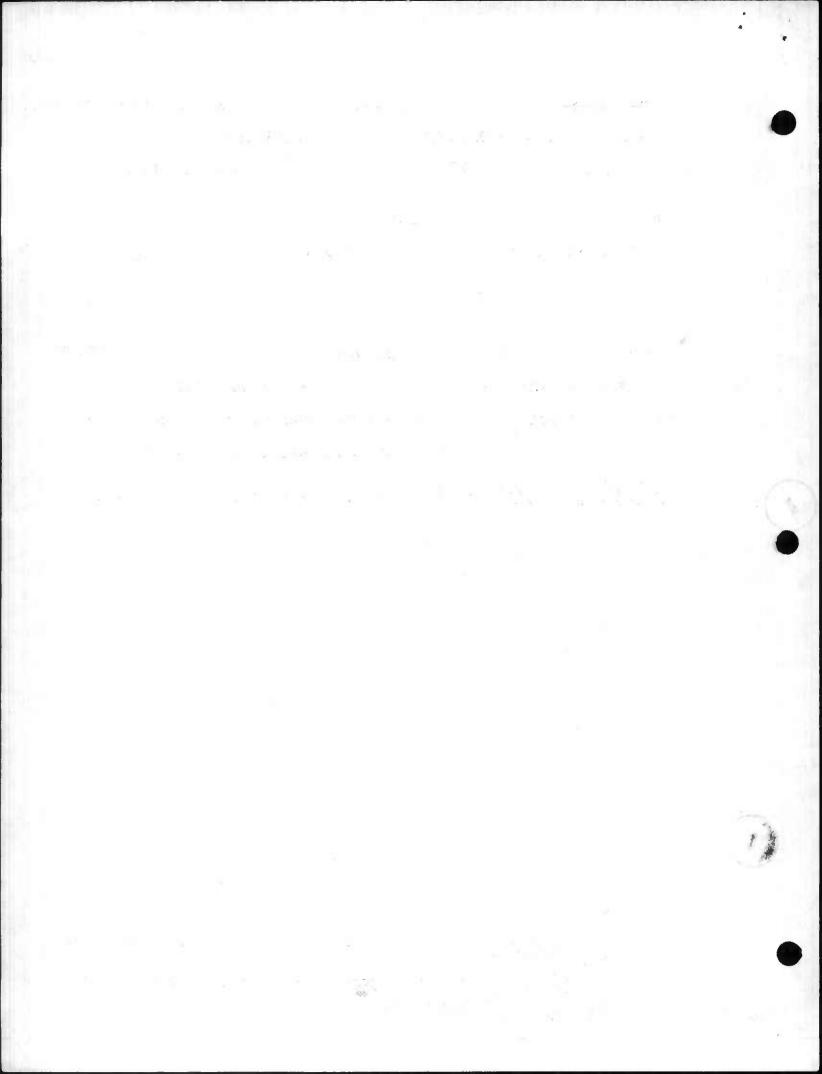
2 Medical Examiner: On the bests of examination end/or invastigation, in my opinion, deeth occurred at the time, date and piece, and due to the cause(e) and mannar stated. Medicai 29a, Certifian (Check only one) 29b. Signature and title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) O.C.M.E. Aug. 25, 1996 30. Neme and address of person who completed cause of death (Item 23a) (Type, Print)

State Registrar

31. Deta filad (Month, Dey, Year) SEP 1 3 1996

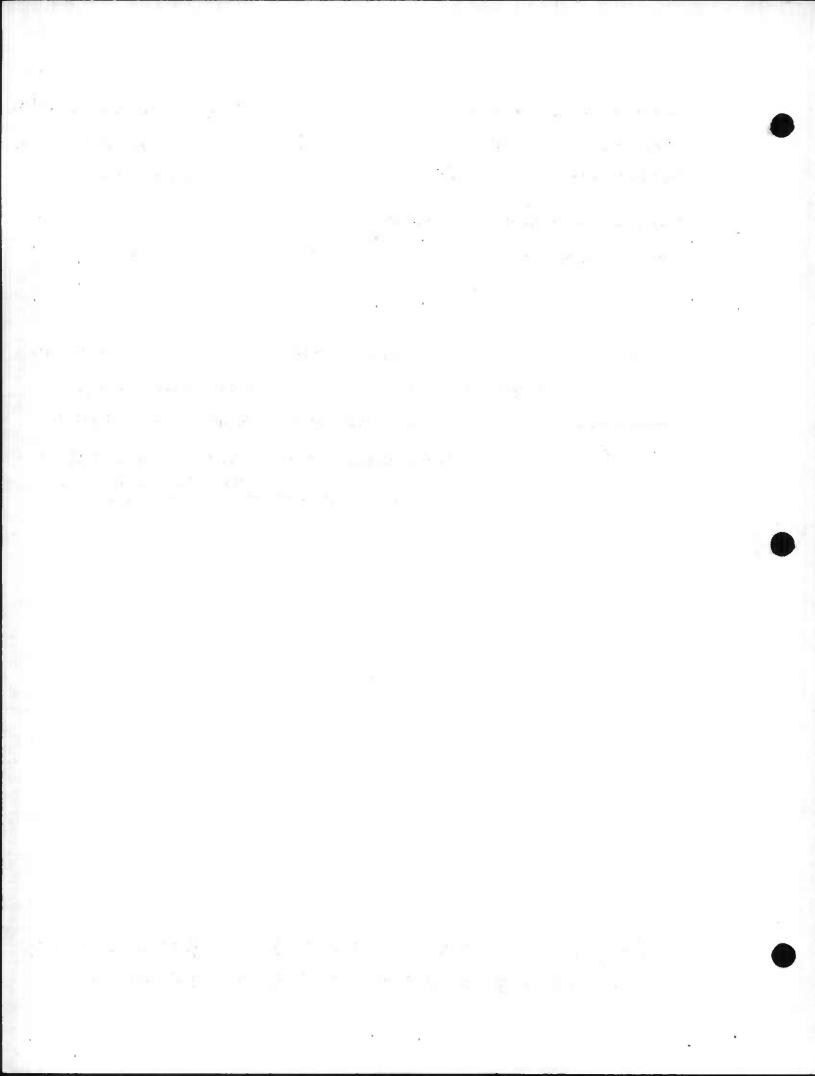
Dennis





State of Maryland / Department of Health and Mental Hygiene

					Cerui	icate of	Dealli			Reg. No.		
ysician		Decedent's Nema (First, Middla, La		-				1	2. Data of De Month	path Day	Vaar	. Tima of Deeth
Medical	ı		. HAR		N				SEPTE	nber 9	1996	8:50 Pi
aminer	r	4a. Facility Nama (If not institution, gh	1/				_	1	ation of Deet		of Death	
		NORTH Aruno			The second second				rule, 1		me An	undel Co
eral	- 1		Sex 7. Ag	ga (in yrs. last b	M	Under 1 Year onths Deys	If Under Hours	Min.	Month, De		Country)	a (Stata or Foraign
or		218-26-5196 Usual Rasidance of Decedent		66	Yrs.				67/0.	4/30	MAR	SLAND
	-	10a. Stata 10b. County		10c. City, To	wn or Location	on					10d.	Insida City Limits
Director	5	Maryland Anne Ar	undel	Pasa	dena							1□ Yes 2⊠No
Director	5	10e. Street and Number				Of. Zip Code			1	10g. Citizen of	What Country?	
		801 - 223rd Str	eet			211	22			U.S		
by Funeral	5	11. Marital Stetus	12. Was Decedent	Ever In U.S.	13. Wes			Igin? (Spac	ifv Yes or No		ce - American I	Indian.
Ē	5	1 Never Merried 2 Merried	Armed Forces			Dacedant of I s, specify Cub		n, Puarto Ri	ican, atc.)	Bia	ck, Whita, atc.	
þ	Z	3 ₩ Widowed 4 Divorcad	If Yas, Giva Yaar or Datas:	4	10	Yas 2000No	Specify:			Specif	y: Whi	te
Completed	3	15. Decedant's E	ducation	16	a. Decedent	s Usual Occup	pation			16b. Kind of B	usiness/Indust	ry
pie	2	(Specify only highast gra Elamantary/Secondery (0-12)	Collage (1-4or	5+)	life. DO	s Usual Occup of work dona NOT usa ratire	during mos d)	it of working	7			
P	5	10th	oonago (* 10.	0.17	Facto	ory Wor	ker			Foam F	Rubber	Company
Be	0	17. Fathar's Nama (First, Middla, Last	)				18. Moth			Maiden Suman	C'.	
10	5		Adolph Elm	er Ingl	Ley			Isa	belle	Julia H	Hoofnag	le
To Be Completed		19e. fnformant's Name/Ralationship (	Type, Print)							er, City or Town		
		Wendy Shepke		3	801 –	223rd	Stree	t Pa	asaden	a, Mary	land 21	.122
SUCE.	-   :	20a. Mathod of Disposition 1 ☐ Buriel 2 ☐ Crametion 3 ☐	Bamayal from State	comet	of Disposition	n (Name of ry or othar pia	ice)	i	Data	20c. Location		
		4 □ Donation 5 □ Othar (Special			o Crem	atory,	Inc.	9/	/11/96	Baltim	ore, Ma	ryland
SUC.		21. Signatura of Funerel Sarvice Lice	nsee	- 1	22. Ne	me end Addra	ass of Facili	ty (	once	Funeral	Horne P	.A.
8	}	Dame Da	2	are all.	400	1 Ritcl	nie H	ighway	Bal	timore,	Md. 21	225
	+	23a. Part1. Enter tha disaase, or our shock, or haart failure. Light	blicetions that cause	d the daeth. Do						rrest,	Ap	proximete arval Batween
ian	1	snock, or haart failure. List only	ona causa on eech i	ina.							On	arval Batween set and Death
al	1	Immediata Causa (Finel disaasa or condition	789	VGEST	TIVE	Hr	- A-R	_	FAIL			
er		rasulting in death)	е	Dua to (or as		- 11			1 474			
ner	5					,						
Examiner		Sequantially list conditions,	b	Dua to (or es a	a consequan	ce of):			-			
		Sequantially list conditions, if eny, laading to immadiate cause. Entar Undarlying Causa (Disease or Injury									1	
//Medical	3	that initiated evants rasulting in death) Lest	0.	Due to (or as a	consequan	a of):						
₩ee	E		d									
	_											
/ Physicia	2	Part II. Other significant conditions of	contributing to death b	out not rasulting	In the under	lying causa gi	van in Part	1.	23b. Dld	tobacco use so	intribute to the	cause of death
									10	Yes 2 No	3 Probeb	ly 4 Unknow
5									Oto Moo		24b Ware	autopsy findings
e	2									an autopsy ormed?	evailet	ole prior to
To Be Completed	1									/	of dea	th?
					-				10	Yes 2 No	1 🗆 Ya	as 212 No
Be		25. Wes casa rafarred to medical examiner?	Hospital:			Ott	26. Place	a of Death	Check only	ona)		
	-	1 Yas 2 No  27. Manper of Deeth	1 M Inpati			L DOA	4 L N			dence 6 Oth		
2	a   '	1 Netural 5 ☐ Pending	28a. Data of Inju (Month, Da	y Year)	. Tima of Injury	28c. Inju Wo	rk? ]Yes 2 🔲		d. Describe	how Injury occur	rred	
1	5	2 Accident investigation 3 Sulcida 6 Could not b	e non place of the	lune At home			1 1 65 2 🗆		f Looption /	Otract and Mumi	has as Burni De	nuto Alumbar
Ication: To	2		28a. Place of In building, et	ury - At homa, c. (Specify)	rarm, street,	rectory, ornice		20	City or To	Street and Numi wn, Stata)	Der Or Hurai HC	outa rumper,
rtiflcation: 7	2000	4 Homicida datermined		of much sound and	- 4		4-4-	4 1	d do e to the			
rtiflcation: 7		4   Homicida		of my knowledg	ge, death occ ind/or investi	eurred at tha the getion, in my c	ma, data ar opinion, das	id place, an ith occurred	d dua to tha I at tha tima,	data and place,	anner as state and dua to the	d. a cause(s)
Certification: 7		29e. Certifier (Check only 2   Medical Example	ystclan: To the best niner: On the basis o	examinetion a								
Medical Certification: To	i de la composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della comp	29e. Certifier (Check only one)	ysfclan: To the best niner: On the basis o and manner st	t examination a eted.		29c. I icans	se number			29d. Date signs	d (Month Day	Year)
edical Certification:	i de la composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della comp	29e. Certifier (Check only 2   Medical Example	niner: On the basis o	eted.		29c. Licens	se number	)		29d. Dete signe	od (Month, Day	Year)
rtification: 7	Hedical	29e. Certifying Photosome)  29b. Signeture end title of certifier	niner: On the basis o and manner st	MD		D43	se number	)	(	29d. Dete signe	BER (	7 1956
rtification: 7	Hedical	29e. Certifier (Check only one)	niner: On the basis o and manner st	MD	) (Type, Prin	D43	397		( ) R	PETEM	BEAL (	9 1996
edical Certification: 7		29e. Certifying Photosome)  29b. Signeture end title of certifier	niner: On the basis o and manner st	MD	) (Type, Prin	D43	397	) Glen	Bur	PETEM	BER (	9 1996 161



State of Maryland / Department of Health and Mental Hygiene

96	2	7	3	

			Cer	tificate of	Death	Re	g. No.		
Physician /Medicai	OOHII	ldla, Last)		HORN	IICK	2. Data of Death Month SEPT	Day	Yaar 996	3. Tima of Dea
Examiner	4a. Facility Nama (If not institut	ion, giva street and n	umber)		4b. City, Town, o	r Location of Daath	4c. Coun	ty of Death	
	ST.AGNES HO		BALTIN	MORE	N/	/A			
Funeral	5. Social Sacurity Number	6. Sax	7. Aga (In yrs. last birthday)	if Undar 1 Yaa Months Days		U. Data of Dilli		9. Births	placa (Stata or For

le marked other than "natural", or itema 23a or 28a-f show raumatic event, the Madical Examinar must be notified at

permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene.

Saltimore, Maryland 21215-0020

**Physician** /Medicai Examiner

To the Hospital or Attending Physicien: The law requires that the death certificate be executed within 24 hours effer death.

To the Funeral Director: After this certificate has been signed by the attending physician and completely filled in by the Innestal director, page 2 should be detached for use as the busina-transit completely filled in by the Innestal director, page 2 should be detached for use as the busina-transit

Division of Vital Records, P.O. Box 68760,

a. Facility Nama (II	If not institution	, giva street i	a <i>nd nu</i> mb	oer)				4b. City, To	own, or Lo	ocation of Daatl	4c. County	of Death	1		M
												0. 0000			
ST. AGNE	S HOS	рттат.						BAT.	TTMC	) PF	NT /	A			
		6. Sax		Aga (In yrs	s. last birthde			If Undar	24 Hrs.	8. Data of Bir	th		nolaca (Sta	ta or For	aion
		1 🖾 M 2				Mont	hs Days	Hours	Min.	(Month, Da	v. Year)	Cor	ryland	10.01701	
				10- 0	Nh. Taum as	Landina									
A. Stata	TOD. County			100. 0	Jily, Town of	Location									
arvland	Freder	ick				Frede	erick						101	as 2 x	No
					-						10a. Citizen of	What Cou	untry?		
111 South	Carroll	Street						1					,		
TIT SOUUT	Carron	JULCEL													
. Marital Status		12. Wa	as Deceda	ant Evar in I	U,S. 1	3. Was Da	cedent of pecify Cult	Hispanic Or	lgin? (Spo	ecify Yas or No	- 14. Rac			1,	
1 Navar Marrie	iad 2 Marr	ad 15	Yas 2							i main, arony	Dia	or, wille	, att.		
3 Widowad	4 Divorced	if Ya	ras, Giva ar or Data	s:WW TT		1 LJ Ya	2 E No	Specify:			Specif	Whit	10		
	16 Decedes			***************************************		andantic I	euel Osc	nation			10h Wind of 5				
(Speci	ify only highas	t grada comp	oleted)		(G	ve kind of	work done	during mos	t of work	ing	IOU. KING OF B	นชเกิสรร/โ	naustry		
Elamantary/Saco	ndary (0-12)	Co	ilega (1-4	or 5+)	life	a. DO NO	usa ratire	9α)							
7					Cont	racto					Housing	g			
. Fathar's Nama (	(First, Middla,	Last)						18. Moth	ar's Name	(First, Middla,	Maidan Suman	na)			
John Fr	ancis	Hornic	k					E1.	sie	Sauerwa	a11				
a. Informant's Na	ame/Ralations	nip (Type, Pri	int)		19b. Me	eiling Addr	ass (Stree	t and Numb	er or Run	al Routa Numbe	er, City or Town,	Stata, Z	ip Coda)		
Joanne Bur	gis (Fi	ance)			2913	Ordway	Driv	e Elli	cott	City. Man	cyland 210	042			
		,		20b.	Place of Dis	sposition (	Vama of		T	Date			Town, State	1	
		3 □Ramova	al from Sta	ata	cemetary, o	ramatory o	or other pla	aca) Sept	ember		2001 200011011	y	0		
4 Donation	5 Othar (S)	ecity)		Cre	stlawn	Cemete	ery				Svkesvil <sup>1</sup>	le. M	arvlan	d	
1. Signatere of Fur	narai Sarvice	icensaa								9, 2,,,,	0)1		ar Jana	*	
	Harar Garrios					22. Nama	and Addr	ass of Facili	ty						
V	10	(17)				Witzke	Fune	ral Hom	e of	Catonsvil	lle, Inc				
3a. Part1 Entar th shock, or haar	na disaasa, or nt failura. List	Florications only ona cause			ath. Do not	Witzke 1630 I	Fune: Edmond: noda of dy	ral Hom son Ave ing, such as	e of nue Coardiac c	atonsvill or raspiratory a	le, Maryla		Approxi Intarval	mata Between nd Death	
3a. Part 1 Entar th	na disaasa, or nt failura. List Final n nditions, madiele ryling linjury	Florications only ona cause	s that ceu sa on aac	Dua to (	ath. Do not	Witzke 1630 I antar tha n  Ca sequance	Fune Edmond: node of dy	ral Hom son Ave ing, such as	e of nue Coardiac c	atonsvill or raspiratory a	le, Maryla		Approxi Intarval	Between	
3a. Parti Entar the shock, or haar mediata Causa (tisaasa or condition asulting in death) equantially list con any, leading to impusa. Enter Undar ause (Disaasa or let initiated avants sulting in death) L	na disaasa, or n failura. List Final n mditions, madiete riying Injury	b	s that cou sa on aac ther	Dua to (	ath. Do not a	Witzke 1630 I antar tha n  Ca sequance	Fune Edmond and a of dy archive of the original and the o	ral Homeon Ave	e of nue Coardiaco	atonsvill or raspiratory a	le, Maryla		Approxi- Intarval Onset a	Between nd Death	
3a. Part Entar the shock, or haar namediata Causa (i isaasa or condition asulting in death)  equantially list con any, leading to imuse. Enter Undar ause (Disaasa or i et initiated avants	na disaasa, or n failura. List Final n mditions, madiete riying Injury	b	s that cou sa on aac ther	Dua to (	ath. Do not a	Witzke 1630 I antar tha n  Ca sequance	Fune Edmond and a of dy archive of the original and the o	ral Homeon Ave	e of nue Coardiaco	atonsvill or raspiratory ai	le, Maryla	ntribute	Approxi- Interval Onset a	Between nd Death	nth
3a. Parti Entar the shock, or haar mediata Causa (tisaasa or condition asulting in death)  equantially list con any, leading to impusa. Enter Undar ause (Disaasa or let initiated avants sulting in death) L	na disaasa, or n failura. List Final n mditions, madiete riying Injury	b	s that cou sa on aac ther	Dua to (	ath. Do not a	Witzke 1630 I antar tha n  Ca sequance	Fune Edmond and a of dy archive of the original and the o	ral Homeon Ave	e of nue Coardiaco	atonsvill or raspiratory ai	le, Maryla	ntribute	Approxi- Interval Onset a	Between nd Death	nth
3a. Parti Entar the shock, or haar mediata Causa (tisaasa or condition asulting in death)  equantially list con any, leading to impusa. Enter Undar ause (Disaasa or let initiated avants sulting in death) L	na disaasa, or n failura. List Final n mditions, madiete riying Injury	b	s that cou sa on aac ther	Dua to (	ath. Do not a	Witzke 1630 I antar tha n  Ca sequance	Fune Edmond and a of dy archive of the original and the o	ral Homeon Ave	e of nue Coardiaco	atonsvill or raspiratory ai  23b. Did to 100  24a. Was	le, Maryla	ntribute 3 Pro	Approxi- Interval Onset a	ee of death	nth
3a. Parti Entar the shock, or haar mediata Causa (tisaasa or condition asulting in death)  equantially list con any, leading to impusa. Enter Undar ause (Disaasa or let initiated avants sulting in death) L	na disaasa, or n failura. List Final n mditions, madiete riying Injury	b	s that cou sa on aac ther	Dua to (	ath. Do not a	Witzke 1630 I antar tha n  Ca sequance	Fune Edmond and a of dy archive of the original and the o	ral Homeon Ave	e of nue Coardiaco	atonsvill or raspiratory ai  23b. Did to 100  24a. Was	tobacco use co Yes 2 No an autopsy	ontribute  3 □ Pro	Approxi- Interval Onset a to the cau- obebly 4 Vara autop vallable pri omplation if death?	ee of death	ath'
3a. Parti Entar the shock, or hear inmediate Causa (tissess or condition southing in death)  equantially list con any, leading to impuse. Enter Undar ause (Disease or let initiated avants southing in death) L	na disaasa, or tailura. List Final n  nditions, madiele riying injury Last	b	s that cou sa on aac ther	Dua to (	ath. Do not a	Witzke 1630 I antar tha n  Ca sequance	Fune Edmond and a of dy archive of the original and the o	ral Homeson Ave	e of nue Coardiac of a large	23b. Did	tobacco use co Yes 2 No an autopsy rmed?	ontribute  3 □ Pro	Approxi- Interval Onset a to the cau- obebly 4 Vara autop vallable pri omplation if death?	se of death  sy finding or to	ath1
3a. Parti Entar the shock, or haar inmediata Causa (I isaasa or condition asulting in death)  equantially list con any, leading to impusa. Enter Undar aust leading to impusa. Enter Undar aust initiated avants is ulting in death) L	na disaasa, or t failura. List Final n  Inditions, madiete riving injury Last	b	s that course on acc	Dua to (  Due to (  Due to (	ath. Do not a	Witzke 1630 I antar tha n  Ca sequance sequance a undarlyin	Fune: Edmond.  noda of dy  rol o  of):  g ceusa gi	ral Homeson Ave	e of nue Coardiac of Coardiac	23b. Did 1 24a. Was perfo	tobacco use co Yes 2□No an autopsy med?  Yas 20€No	ntribute 3 Pro	Approxi- Interval Onset a  to the cau obably  Vara autop vallable pri ompletion f death?	se of death  sy finding or to	ath'
3a. Parti Entar the shock, or haar inmediata Causa (tissassa or condition asulting in death)  equantially list con any, leading to impusa. Enter Undar ause (Disassa or let initiated avants is ulting in death) L  art II. Other significant in the shock of the shock o	na disaasa, or tailura. List Final n  Inditions, madiete riving injury Last  Icant conditions	b.  d.  Hospital	s that course on acc	Dua to (  Dua to (  Due to (   Due to (	(or as a constituting in the	Witzke 1630 I antar tha n  Ca sequance sequance a undarlyin	Edmond of dy node of d	ral Homeson Ave	e of nue C cardiac of	23b. Did 1  24a. Was perfo	tobacco use co Yes 2 No an autopsy med?  Yas 2 No ona) dance 6 Oth	antribute  3 Pro  24b. V	Approxi- Interval Onset a  to the cau obably  Vara autop vallable pri ompletion f death?	se of death  sy finding or to	nth
3a. Part Entar the shock, or hear shock, or hear mediata Causa (tissess or condition sulting in death)  equantially list con any, leading to impusa. Enter Undar ause (Disassa or let initiated avants sulting in death) L  art II. Other significant in the shock of the	na disaasa, or tailura. List Final n  Inditions, madiete riving injury Last  Icant conditions	b	s that course on acc	Dua to (  Due to (  Due to (	ath. Do not a	Witzke 1630 I anter the n	Edmond of dy red of first of f	ral Homeson Ave	e of nue C cardiac of C cardiac	23b. Did 1  24a. Was perfo	tobacco use co Yes 2□No an autopsy med?  Yas 20€No	antribute  3 Pro  24b. V	Approxi- Interval Onset a  to the cau obably  Vara autop vallable pri ompletion f death?	se of death  sy finding or to	nth
3a. Part Entar the shock, or haar mediata Causa (tissessa or condition as the condition as	na disaasa, or t failura. List Final n  Inditions, madiele riying injury Last  Icant conditions  To Pendin invastig  8 □ Could r	b. c. d. Hospital	s that cousa on acc	Due to (c  Due to (c  Due to (c  Due to (c  Due to (c)  Due to (c)  Due to (c)	ath. Do not a constant of the	Witzke 1630 I anter the n  Ca sequence sequence a undarlyin  iant 3□ a of	DOA Ot 28c. Inju WC 1 L	26. Place her: 4 Number 1	e of nue Cocardiac of Cocardiac	23b. Did 1 24a. Was perfo	tobacco use co Yes 2 No an autopsy rmed?  Yas 2 No ona) dance 6 Oth now injury occur	ntribute 3 Pro 24b. V	Approxi- Interval Onset a  to the cau obably  Vara autopy omplation if death?  Yas  ifly)	ee of death  Louise finding of cousa	nth i
3a. Parti Entar the shock, or hear mediata Causa (tisaasa or condition asulting in death)  equantially list con any, leading to impusa. Enter Undar ause (Disaasa or let initiated avants is ulting in death) L  art II. Other significant authorized to the saminar?  Way yes 2 1 N  Mannar of Mannar of 1 Mannar of 2 Accidant	na disaasa, or t failura. List Final n  nditions, madiete riving linjury .ast  lcant condition	b d Hospital ation ot be	s that ceusa on aacc  the r  to get to death  l: 1 □ Inpp. Data of I (Month,	Due to (c  Due to (c  Due to (c  Due to (c  Due to (c)  Due to (c)  Due to (c)	(or as a constituting in the	Witzke 1630 I anter the n  Ca sequence sequence a undarlyin  iant 3□ a of	DOA Ot 28c. Inju WC 1 L	26. Place her: 4 Number 1	e of nue Cocardiac of Cocardiac	23b. Did 1 24a. Was perfo	tobacco use co Yes 2 No an autopsy med?  Yas 2 No ana) dance 6 Oth now injury occur	ntribute 3 Pro 24b. V	Approxi- Interval Onset a  to the cau obably  Vara autopy omplation if death?  Yas  ifly)	ee of death  Louise finding of cousa	ath'
	Social Sacurity N 15-24-4543 sual Rasidence of Da. Stata aryland De. Street and Nut 111 South 1. Manital Status 1 Navar Marri 3 Widowad (Specific Specific l Sacurity Number  15-24-4543  sual Rasidence of Decedant Da. Stata 10b. County  aryland Freder De. Street and Number  111 South Carroll  1. Manital Status  1 Navar Marriad 2 Marria  3 Widowad 4 Divorced  (Specify only highes  Elamantary/Sacondary (0-12)  7  Fathar's Nama (First, Middla, John Francis Figure Burgis (Figure) Da. Mathod of Disposition  1 Burial 2 Cramation 4 Donation 5 Other (Specify States)	Social Sacurity Number  15-24-4543  Sual Rasidence of Decedant  Da. Stata  10b. County  Saryland  Frederick  De. Street and Number  111 South Carroll Street  Marriad  Marriad Status  1 Navar Marriad  1 Street  1 Navar Marriad  1 Street  1 Street  1 Navar Marriad  1 Street  1 Street  1 Navar Marriad  1 Street  1 Street  1 Composition  7 Fathar's Nama (First, Middla, Last)  John Francis Hornic  9a. Informant's Name/Ralationship (Type, Properties)  Doanne Burgis (Fiance)  Da. Mathod of Disposition	sual Rasidence of Decedant  Saual Rasidence of Decedant  Da. Stata  10b. County  Saryland  Frederick  De. Street and Numbar  111 South Carroll Street  1. Marital Status  1 Navar Marriad  3 Widowad  15. Decedant's Education (Specify only highast grada completed)  Elamantary/Sacondary (0-12)  7. Fathar's Nama (First, Middla, Last)  John Francis Hornick  9a. Informant's Name/Ralationship (Type, Print)  Joanne Burgis (Fiance)  Da. Mathod of Disposition  1XXBurial  2 Cramation  3 Ramoval from State  4 Donation  5 Othar (Specify)	Social Sacurity Numbar  15-24-4543  Sual Rasidence of Decedant  Da. Stata  10b. County  110c. County  111 South Carroll Street  112 Was Decedant Evar in Armed Forcas?  113 Navar Marriad  115 Decedant's Education (Specify only highast grada completed)  Elamantary/Sacondary (0-12)  7 Fathar's Nama (First, Middla, Last)  John Francis Hornick  9a. Informant's Name/Ralationship (Type, Print)  Joanne Burgis (Fiance)  20b.  Mathod of Disposition  1XXBurial 2   Cramation 3   Ramoval from Stata 4   Donation 5   Othar (Specify)	Social Sacurity Number  15-24-4543  Sual Rasidence of Decedant  Da. Stata  10b. County  Arryland  Frederick  De. Street and Number  111 South Carroll Street  1. Marital Status  1 Navar Marriad  3 Widowad  4 Divorced  15. Decedant's Education (Specity only highest grada completed)  Elamantary/Sacondary (0-12)  7 Fethar's Nama (First, Middla, Last)  John Francis Hornick  9a. Informant's Name/Ralationship (Type, Print)  Joanne Burgis (Fiance)  Da. Mathod of Disposition  1 Sax  7 Aga (In yrs. last birthod  10c. City, Town or  10c. City, Town or  11c. Was Decedant Evar in U.S.  1 Amed Forcas?  1 Syras 2 No  1 Yas, Giva  Yaar or Datas: WW III  16a. De  (G. G. G. G. G. G. G. G. G. G. G. G. G. G	Social Sacurity Number  15-24-4543  Sual Rasidence of Decedant  Da. Stata  10b. County  10c. City, Town or Location  Frederick  Da. Street and Number  111 South Carroll Street  1. Marital Status  1 Navar Marriad  3 Widowad  15. Decedant's Education  (Specify only highast grada completed)  Elamantary/Sacondary (0-12)  7 Feather's Nama (First, Middla, Last)  John Francis Hornick  9a. Informant's Name/Ralationship (Type, Print)  Joanne Burgis (Fiance)  10c. City, Town or Location  Frederick  F	Social Sacurity Number  15-24-4543  Sual Rasidence of Decedant  Da. Stata  10b. County  10c. City, Town or Location  Frederick  Da. Street and Number  11 South Carroll Street  12 Was Decedant Evar in U.S. Armed Forcas?  1 Was Decedant Evar in U.S. Armed Forcas?  1 Was Decedant Evar in U.S. Armed Forcas?  1 Was Decedant Evar in U.S. Armed Forcas?  1 Was Decedant Evar in U.S. Armed Forcas?  1 Was Decedant Evar in U.S. Armed Forcas?  1 Was Decedant Evar in U.S. Armed Forcas?  1 Was Decedant of if Yas, specify Cut 1 Yas 2 No If Yas, Giva Yaar or Datas: W II  15. Decedant's Education  (Specify only highast grada completed)  Elamantary/Sacondary (0-12)  7 Feathar's Nama (First, Middia, Last)  John Francis Hornick  9a. Informant's Name/Ralationship (Type, Print)  Joanne Burgis (Fiance)  20b. Place of Disposition (Nama of cemetary, cramatory or other place)  20b. Place of Disposition (Nama of cemetary, cramatory or other place)  CrestLawn Cemetery	Social Sacurity Number  15-24-4543  1 M 2 F  7. Aga (In yrs. last birthday) 66 Yrs.  66 Yrs.  10 Months Days Hours  10 City, Town or Location  11 Mas Dacedent of Hispanic Or if Yas, Specify Cuban, Maxicer  11 Yas 2 No Specify:  12 Was Decedant Evar in U.S. Armed Forcas?  13 Was Dacedent of Hispanic Or if Yas, Specify Cuban, Maxicer  11 Yas 2 No Specify:  12 Was Decedant Evar in U.S. Armed Forcas?  13 Was Dacedent of Hispanic Or if Yas, Specify Cuban, Maxicer  11 Yas 2 No Specify:  12 Was Decedant Evar in U.S. Armed Forcas?  13 Was Dacedent of Mispanic Or if Yas, Specify Cuban, Maxicer  12 Was Dacedent Evar in U.S. Armed Forcas?  13 Was Dacedent of Mispanic Or if Yas, Specify Cuban, Maxicer  14 Yas, Specify Cuban, Maxicer  15 Was Dacedent Evar in U.S. Armed Forcas?  16 A. Decedant's Usual Occupation  (Give kind of work dona during mos lifta. Do NOT usa ratired)  16 A. Decedant's Usual Occupation  (Give kind of work dona during mos lifta. Do NOT usa ratired)  17 Fathar's Nama (First, Middla, Last)  28 No Specify:  18 Months Tax  19 Mas Dacedent Vas Correlation  (Give kind of work dona during mos lifta. Do NOT usa ratired)  18 Mo	Social Security Number  15-24-4543  1	Social Sacurity Number  15-24-4543  Sual Rasidence of Decedant  Da. Stata  10b. County  10c. City, Town or Location  Frederick  De. Street and Number  111 South Carroll Street  12 Was Decedant Evar in U.S.  Armed Forcas?  1 Nawar Marriad  3 Widowad  4 Divorced  15. Decedant's Education  (Specify only highast grada completed)  Elamantary/Sacondary (0-12)  7 Fathar's Nama (First, Middla, Last)  John Francis Hornick  9a. Informant's Name/Ralationship (Type, Print)  Joanne Burgis (Fiance)  10c. City, Town or Location  Frederick  10d. Zip Coda  21701  13. Was Decedant of Hispanic Origin? (Specify Yas or No if Yas, specify Cuban, Maxicen, Puarto Rican, atc.)  1 Nawar Marriad  1 Nawar	Social Sacurity Number   15-24-4543   1	Social Sacurity Number   15-24-4543   123 M 2 F   7. Aga (in yrs. last birthday)   66   Yrs.   Months   Days   Hours   Min.   November 25, 1929   Maximum   192 Maximum   193 Maximum   193 Maximum   194 Maximum   194 Maximum   194 Maximum   194 Maximum   195 Maximum	Social Sacurity Number   15-24-45/3   100 mt   2 mt   100 mt   2 mt   100 mt   2 mt   100 mt   2 mt   100 mt   2 mt   100 mt   2 mt   100 mt   2 mt   100 mt   2 mt   100 mt   2 mt	Social Sacurity Number   15-24-45/3   10   10   10   10   10   10   10   1	

29c. Licansa number

O.C.M.E.

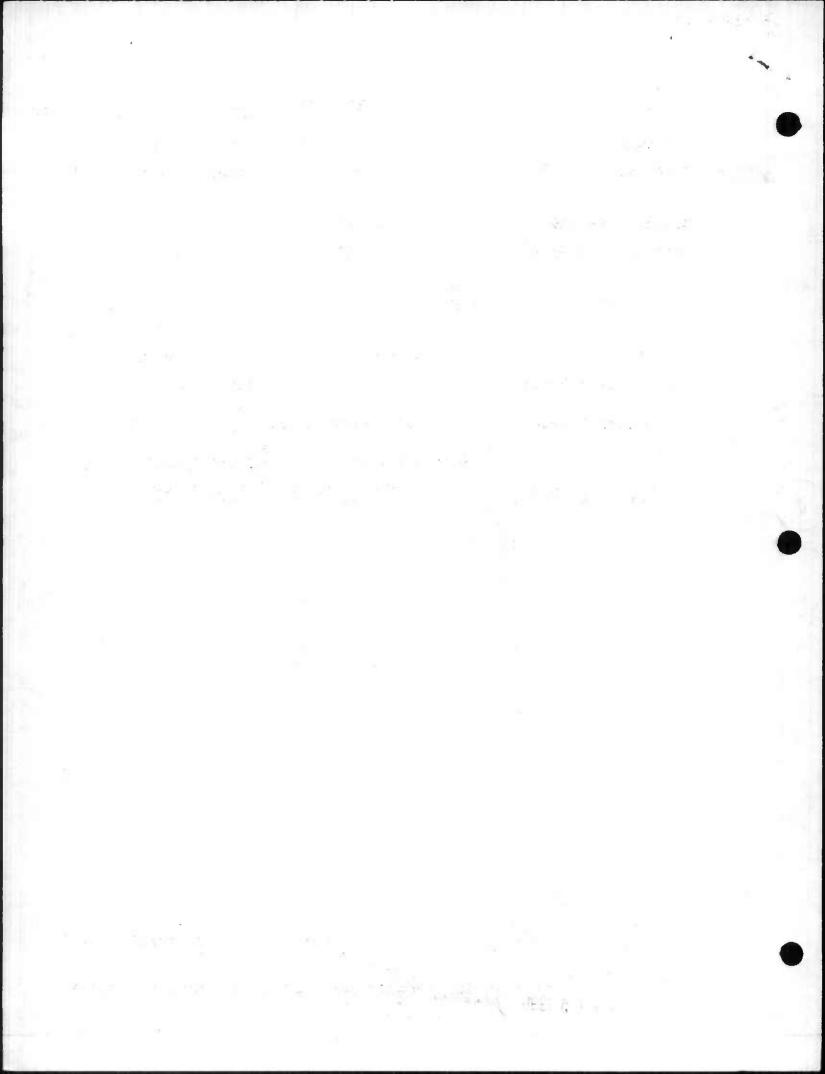
32. Spring Appellar Pern Street, Baltimore, Maryland 21201

29d. Data signed (Month, Day, Year) SEPTEMBER 10,1996

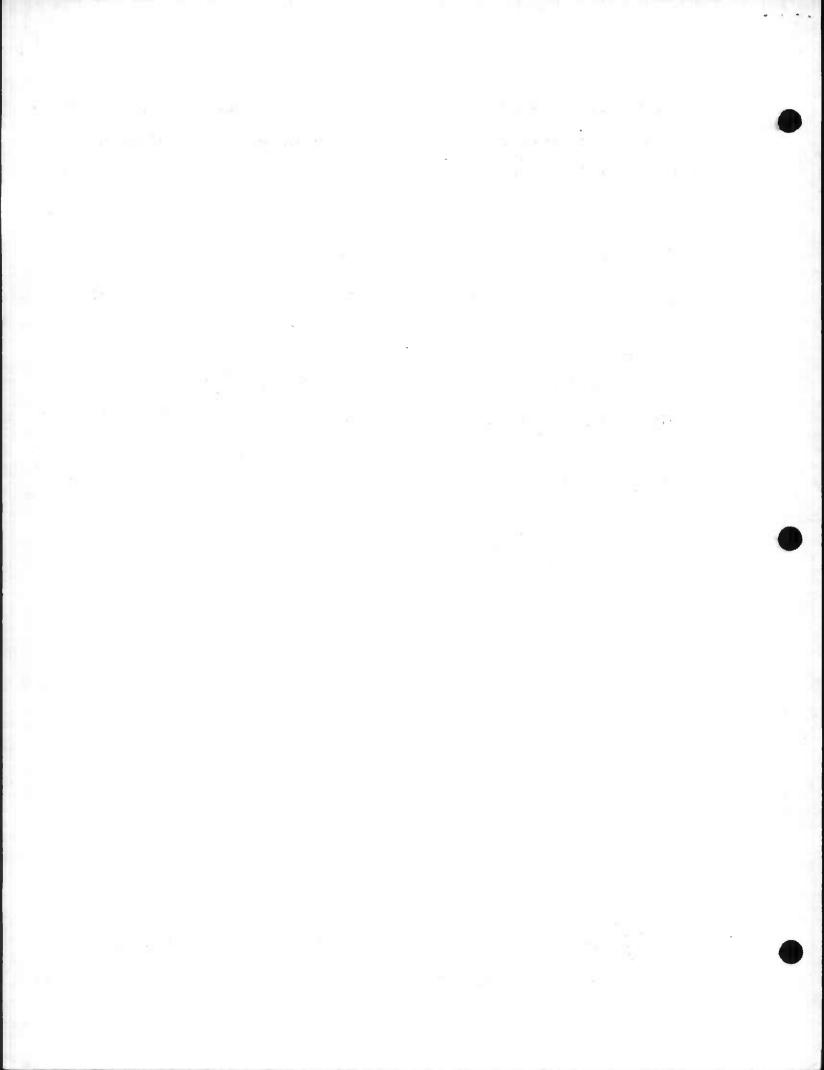
State Registrar

29b. Signature and titla of certifiar

30. Nama and address of person who complated ceusa of death (Item 23e) (Type, Print)



					Ce	rtificate of	Death		Reg. No.	
	Dhurst		1. Decedent'a Name (First, Middle, Last)					2. Date of De	eth	3. Time of Death
	Physici /Medi		LOTTIE I. T	loeschel	<u>e</u>			SCAZ.	9 199	6 12:45AM
1	Examir		4a. Fecility Name (If not institution, give stre	et end number)			4b. City, Town, or	Location of Deat		
			Holly Hill MC	MOR			Towso	N	Baki	more
F	Funeral		5. Sociel Security Number 6. Sex	7. Age (In	yrs. lest birthday)	If Under 1 Year Months Deys		8. Dete of Bir Month, De	th y, Year)	9. Birthplace (State or Foreign Country)
D	Director		210-34-6009	40(1	95 Yrs.			OC.0	26,1900	Pennsylvania
pue	1.		Usual Residence of Decedent  10a. State 10b. County	10c	City, Town or Lo	ocation				10d. Inside City Limits
Aaryl	o B	ō	Manual Roll sans		-					1 ☐ Yes 2 M No
the A	28a-	Director	10e. Street and Number	/	ausau	10f. Zip Code			10g. Citizen of W	
with	0 9		1/2511 NO1/2410 P.	_1		2/20	10		/ / O	A Country?
72 hours after death with the Maryland	al', or items 23a or 28a-f show Examiner must be notified at	Funeral	11. Maritel Stetus 12.	) Was Decedent Ever i	n II S 13	Was Decedent of	() Hispanic Origin? (S	nacify Vas or No	(1. ),	- American Indian,
fter d	P P	돌	1 Never Merried 2 Married	Armed Forces? 1 ☐ Yes 2 ☑ No	10.	If Yes, specify Cut	en, Mexican, Puert	o Rican, etc.)	Bleck	, White, etc.
25	, o	þ	3 Widowed 4 □ Divorced	If Yes, Give Year or Dates:		1□Yes 2人No	Specify:		Specify:	White
2 ho		Completed	15. Decedent's Educati	on	16a. Dece	dant's Usual Occu	pation		16b. Kind of Bus	Iness/Industry
hin 7	- 400	ple	(Specify only highest grade co	College (1-4or 5+)	(Give	kind of work done DO NOT use ratire	during most of world)	king		
filed within	or than	Ю	12 yrs.		h	omema	KER		At h	ome
	other vent,	Be	17. Father'a Name (First, Middle, Last)				18. Mother'a Nar	ne (First, Middle	, Meiden Surname	)
should b	marked o	2	James Leutz				Mary	1 GER	BRICK	
4 3	riend memai ryg		19a. Informant's Name/Relationship (Type.	Print)	19b. Maili	ng Address (Stree	t and Number or Flo	ıral Route Numb	er, City or Town, S	State, Zip Code)
1 and			Wale Cassidy /	reand daugh	ctoe 1/a5	4 Vake	Makd.	Towso	N. Mary	land 21286
60 10		}	20a. Method of Disposition 1 ☐ Buriai 2 ☐ Cremation 3 ☐ Rem	20	b. Place of Dispo	sition (Neme of metory or other ple	ice)	Sept.	20c. Location	City or Town, State
Peges	Important: If any Inlury or once.		4 □ Donation 5 □ Other (Specify)	A (	PPEN M	Paint Ce	meterv	16 19910	Baltimo	00. Moouland
mit.	Importu		21. Signature of Euperal Service Licensee	1	22	2. Name and Address	ess of Facility	10/11/10	8800 Ha	refered Ad.
8.2	8 2 2 8		I took while	h	2	VALIS CIN	nol of M	OMRDINA	Rolling	DO MA 212.82
	-		23a. Part1. Entar the disease, or complicat shock, or haart failure. List only one of	ons that caused the c	leath. Do not an	er the mode of dy	ng, such as cardlad	or raspiratory a	rrest,	Approximata Interval Between
Phy	ysician		Shoot, of Haart landle. List tally tribe	adult on stace mile.						Onset and Death
	ledical		immediate Causa (Final diseese or condition	Myor	ardial	Tuf	arction			22
EX	aminer		resulting in death) a.		o (or as a conse					
D	ii.	Examiner	<b>-</b> b							
Boute	-trans	Kam	Sequentially list conditions, if any, leading to immediate	Due t	o (or as a consec	juence of):				
00 ex	cian		Cause (Disease or Injury							
ertificate be executed	phys the	edical	that initiated evants resulting in death) Last	Due to	o (or es e conseq	uence of):				
Sertifi	ding se es	2	d							
deeth	for u	cian								
the de	ed by the attending physician end detached for use es the burial-transit	Physician	Part II. Other significant conditions contrib	uting to death but not	resulting In tha u	ndarlying cause gi	ven in Part I.	23b. Dld		ributs to the cause of death?
that	de by defa							10	Yes 2 No	3 Probably 4 Unknown
requires	should be det	d by						24a Was	an autopsy	24b. Wara autopsy findings
req.	shou	ete							ormed?	available prior to completion of cause of death?
e law	has 36.2	Completed								
an :	icate ha							10	Yas 2 No	1 ☐ Yes 2 ☐ No
Physician:	s certificate director, pag	Be	25. Was case referred to medical examiner?	oitai:		_ Ot	26. Place of Dea			
Phys	0 O	. To	I Tes SELINO	1 ☐ Inpatient 28e. Date of Injury	2 ER/Outpatier 28b. Time o	IT 3LI DOA	4 La Nursing H		dence 6 Other	
Bu	After	Certification:	1 PNetural 5 □ Pending	(Month, Day Year		Wo	rk?  Yes 2 □ No	280. Describe	now injury occurre	0
or Attending	tor:	Ica	2 Accident investigation 3 Sulcide 6 Could not be	28e. Place of Injury - A	t home form etc		1163 2 1160	28f Location /	Street and Numba	r or Rural Route Number,
ठ ई	Director:	erti	4 ☐ Homicide datermined	building, etc. (Sp	ecify)	eet, lactory, office		City or To	wn, Stete)	or ribial ribble riamber,
pital	filled	-	29a. Certifier 1 Certifying Physicia	m: To the best of my	knowledge death	occurred at the ti	me date and place	and due to the	causa(s) and man	ner ac stated
To the Hospital or within 24 hours after	To the Funeral Director: After the completely filled in by the funeral	edical	(Check only 2 Medical Examinar:	On the basis of exam and manner stated.	ination and/or in	vestigation, in my	opinion, death occu	rred at the tima,	date and place, ar	nd due to the cause(s)
oth	duo:	Me	29b. Signature and little of certifier			29c. Licen	se number		29d. Date signed	(Month, Day, Year)
- s	-0		V Mrse			104	3420		9/9/	96
	1	-	30. Nama and addrass of person who comp	ated cause of death /	Itam 23a) /Time		- 100		'   '	, 0
			Joseph Surada	1 -	7600	Osler	Dr Su	F 315	Balta	YOSIS am
	Sta	te	31. Date filed (Month, Dey, Year)	32. Registrar's Si	onatura		, , ,	, - 013	1-5.110	
	Registr		SEP 1 3 1996	- widson-7	Pandelle					
			ULI - 0 1000 //		-					



### P

Please Ty	pe or Prin								ible.	27312
				tificate o				Reg. No.		
1. Decedent's Name (First, Middle, Last)							2. Date of D			3. Time of Death
JESSE J	н	ARRIS					Month SEPTEME	BER 10,1	Year QQ6	4:00pm
4a. Facility Name (If not institution, give stre		HUUTD			4b. City.		ocation of Dea		ty of Deat	
		CENT	משו		TOWS				IMOR	
GREATER BALTIMORE  5. Social Security Number 6. Sex			ER st birthday)	If Under 1 Ye		der 24 Hrs.	8. Date of B		_	
	1 2□ F	ماما	Yrs.	Months Da			(Month, D	lay, Year)		nplace (State or Foreign untry)
Usual Residence of Decedent		99					Jan 27,	1930	Tenr	ressee
10a. Stata 10b. County		10c. City,	Town or Lo	cation						10d. Insida City Limits
Md. Baltimore		PAG	RKTON							1□ Yes 2MNo
10e, Street and Numbar				404 75- 0-4						
				10f. Zip Cod				10g. Citizen of	What Co	untry?
18700 YORK Rd				2112	20			USA		
11. Marital Status 12.  1 □ Naver Married 2 ☑ Married  3 □ Widowad 4 □ Divorced	Was Decedant E Armed Forces? 1 ☑ Yes 2 ☐ N If Yes, Giva Year or Dates: W	lo	H	Vas Decedent of Yes, specify C	uban, Mexi	cen, Puarto	pecify Yes or No Rican, etc.)		ack, White	
15. Dacedant's Educeti			16a Deced	lant's Usual Oc	unation			10h Kind of I	Wit	
(Spacify only highest grade co	ompletad)		(Give	kind of work do OO NOT use re	ne during n	ost of work	king	16b. Kind of I	osinass/l	ndustry
Elementary/Secondary (0-12)	College (1-4or 5-	+)						Can	crete	
7. Father's Name (First, Middle, Last)				onstruct		thore Nam	o /First A field!	a, Maidan Suma	-	
11 11								a, maidan Suma	me)	
JOHN Harris							HOMAS			
19a. Informant's Name/Ralationship (Type,	Print)		19b. Mallin	g Addrass (Str	at and Nu	n <i>bar</i> or Rui	ra <i>l Routa Numi</i>	ber, City or Town	n, State, Z	ip Code)
Betty Harris / wife				York Rd	P	PRKTON	1. Md. :	21120		
20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremation 3 ☐ Rem	aval from Otata	20b. Pla	ce of Dispos netery, crem	sition (Name of natory or other)	v/ace)	l <sub>e</sub>	Date	20c. Location	- City or T	Town, State
4 Donation 5 Other (Specify)	oval from Stata	DINA	ALEV V	ALLEY M	un C.J.		195%	TIMONIU	. N.	
21. Signature of Funaral Service Licensae	Code Co.	DOL		Name and Ad			1776	IIMONIU	מוייו ואו	
	0									
adent al vo	rede	ale of the sale	EV	ANS Chap	21 of Ch	imes	2325 Yor	KAd. Tim	chiun	n. Md 21093
23a. Part & Entar the disease, or comblicati shock, or heart failure. List only one c	ions that caused to cause on aach line	the death. e.	Do not ente	or the mode of o	lying, such	as cerdiac	or raspiratory	arrast,		Approximate Interval Between
									1	Onsat and Death
mmediata Cause (Final disease or condition	SGPS13								1	36 us
esulting in daath) a		Dua to (or a	as a consequ	uence ot):						
		,							1	
Sequantially list conditions,		Dua to for a	is a consaqu	uence of):						
f any, leading to immediate cause. Entar Underlying		704 (O (O) 4	a a consaq	derice or).						
Causa (Disease or Injury hat initiated events									1	
esulting in death) Last	D	ua to (or a	is a consequ	ience of):						
d										
art II. Other significant conditions contribution	uting to death but	not resulti	ing in the un	derlying ceuse	given In Pa	rt I.	23b. Did	tobacco use co	ontributa	to the cause of death
Co 12/2-1	E 0						1 1	Ves 2□ No	3 Pre	bably 4 Unknow
CONGESTIVE 136Ant	FAILUR	1								
0								an autopsy		Vere autopsy findings
REUSE FAILURE							perf	ormed?	C	vailable prior to ompletion of ceusa
								1	0	f death?
DIABOTOS MELLIS	US I						10	Yes 2 No	1	☐ Yes 257No
5. Was cese referred to medicel						ce of Deat	h (Check only	one)		
axaminer?					Other:					
axaminer? 1 ☐ Yas 2 ☑ No Hosp	oital: 1 Inpatien	t 2□EF	NOutpatient	3□ DOA	4 🗆	Nursing Ho	me 5 Res	dance 6 Ot	nar (Spec	ify)
axaminer? 1 Yas 2 No Hosp 27. Manger of Death 2	1 M Inpatien		8b. Time of	OLI DON	7			dance 6 Oti how injury occu		ify)
axeminer? 1 ☐ Yas 2 ☑ No Hosp	1 Inpatien 8a. Data of Injury (Month, Day			28c. In	7					ify)

Physician /Medical Examiner

permit. Peges 1 and 2 should be filed within 72 hours efter death with the Meryland Department of Heelih and Mental Hygiene. Important: If then 27 is marked other than "natural", or items 23s or 28s-1 show any Injury or other tranmatic event, I'm Monoical Exprince man be not listed.

Baltimore, Maryland 21215-0020

**Physician** 

/Medical

Examiner

Directo

Funeral

þ

Completed

Be 2

Funeral

Director

WEDGEGCO 31. Date filed (Month, Day, Year) SEP 13 1996

29a. Certifier (Check only one)

Physician/Medical Examiner Medical Certification: To Be Completed by

To the Hospital or Attending Physician: The law requires that the death certificate be executed attending physician end I for use es the bunel-tran within 24 hours effer death.

To the Funerel Director: Affer this certificete hes been signed by the completely filled in by the funeral director, page 2 should be deteched

Division of Vital Records, P.O. Box 68760,

State Registrar

12 Certifying Physician: To the best of my knowledge, daath occurred at tha tima, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, daath occurred at the time, data and place, and dua to the cause(s) and manner stated. 29b. Signature and title of certifier 29c. Licansa numbar 29d. Date signed (Month, Day, Year)

Tan Viereflel MO 30. Name and address of person who completed ceuse of death (Item 23a) (Type, Print)

MO 21131 PHOCNIX

3346 PAPLRAILL

out the same and the same and the same and the same

				Cei	rtificate o	of Death		Reg. No.		
		1. Decedent's Name (First, Middle, La	ist)		> 1		2. Dete of De	eth	Vees	3. Time of Death
Physic /Medi		Mildred	HENDRICKS	5			Septem	ber 7, 1	1996	6:00 a.m
Exami		4a. Facility Neme (If not institution, gir	. 1				r Location of Deat	4c. County	of Deeth	
		FRANKLIN SQUE				BALTI			imore	
Funeral Director		5. Sociel Security Number 215-61-7427  Usuel Residence of Decedent	Sex 7. Age (in y	rs. last birthday) Yrs.	If Under 1 Ye Months De		8. Dete of Bir Month, Da	th ly, Year) 25,1907	9. Birthpl Count	leca (State or Foreign
her death with the Maryland Rems 23e or 28e-f show (ner must be notified at	tor	10a. Stete 10b. County		City, Town or Lo					10	0d. Inside City Limits
n the x 28e	Director	10e. Street and Number			10f. Zip Code	9		10g. Citizen of \	What Coun	try?
23a c		2314 WIRDLEBO	ROVEH RD		21	221		NS	A	
8 9 E	by Funeral	11. Maritei Stetus  1 ☐ Never Married 2 ☐ Merried  3 ☑ Widowed 4 ☐ Divorced	12. Wes Decedent Ever in Armed Forces?  1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Detes:		Was Decedent of If Yes, specify C 1 ☐ Yes 2 ☐ N	of Hispanlc Orlgin? ( uben, Mexican, Pue No Specify:	Specify Yes or No into Rican, etc.)	14. Rec Blee Specify	ce - America ck, White, e	
72 h	Completed	15. Decedent's E (Specify only highest gr	ade completed)	16e. Deced (Give Jife.	dent's Usuel Oct kind of work do DO NOT use ret	cupetion ne during most of w ired)	orking	16b. Kind of B	usiness/Ind	fustry
d within plene. r than	mo	Elementery/Secondery (0-12)	College (1-4or 5+)		MEMP			OWN	Ho.	WE
Mental Hy Mental Hy erked othe atic event,	To Be C	17. Fether's Neme (First, Middle, Last	esswein			. 1	eme (First, Middle	Maiden Surnan	-	
and 2 sho saith and n 27 is ma ser traums		19e. Informent's Neme/Reletionship (	GRANDSO	N 2214	MIBBLE				-	Code)
Pages 1 nent of Hs int: If Ren ary or oth		20a. Method of Disposition  1 Buriel 2 Cremetion 3 C 4 Donetion 5 Other (Specia	Removei from Stete	Plece of Dispo cometery, crem - LEN Hr	sition (Name of natory or other p AVEN	olace)	9-10-96	CLEN F	*	wn, State
permit. F Departmi Importan any injur		21. Signature of Eupaphi Service Liqu	Skarle	L. 8	Neme end Ade	dress of Fecility  The Hwy,	ok Fun	ERAL H	OWE	2101.1
Physician		23e. Pert1. Enter the diseese, or shock, or heert feilure. List	plicetions that caused the de one ceuse on each line.	eeth. Do not ent	er the mode of o	tylng, such es cardi	ac or respiretory e	rrest,	16 (11	Approximate intervel Between Onset end Death
/Medical Examiner		Immediete Ceuse (Finel diseese or condition resulting in deeth)	· Macro	oslubul	inemia	4			6	months
LAUITICI	10	resulting in deeth)		(or es a consec						
ted nsit	ulu		D	to peni	,					
execu n and lai-tra	Examiner	Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury	Due to	(or es a conseq	uence of):				i	
death certificate be executed attending physician and of for use as the burlal-transit	Medical	Cause (Disease or Injury that initiated events resulting in deeth) Lest	cDue to	(or as e conseq	uenca of):					
death ce attendir d for use	Physician/	Part II. Other significant conditions of		reculting in the u	ndarhilna cauca	given to Port I	22b Did	tohacco use on	ntribute to	the cause of death?
that the ed by th detache	by Phys	Tarth. Other algument conditions t	onthibuting to death but not i	esulting in the u	nderrying cause	given in Peri i.		Yes 2Ñ No		pebly 4 Unknown
aw requi	Completed							an eutopsy ermed?	ava	ere autopsy findings alleble prior to mpletion of cause deeth?
F se gar	Cor						10	Yes 2 No	10	Yes 2□ No
Physician: The this certificate and director, pag	Be	25. Wes case referred to medical examiner?	Hospitel:				eeth (Check only o	one)		
0 0	To.	1 ☐ Yes 2 ☒ No 27. Menner of Deeth	1 L Inpatient 2	☐ ER/Outpetien	I 3L DUA		Home 5 Resident			)
After funer	tion	1 X Netural 5 ☐ Pending	28a. Dete of Injury (Month, Day Year)	28b. Time of Injury	V	ljury et Vork? ☐ Yes 2 ☐ No	28d. Describe	how injury occur	. Der	
pital or Attending Phours after death.	Certification:	2 Accident Investigatio 3 Suicide 6 Could not b 4 Homicide determined	e Ogo Diogo of Injury. At	t home, ferm, str			28f. Location ( City or To	Street and Numb wn, Stete)	er or Rural	I Route Number,
Hospita 24 hours Funeral etaly filled	edical C	29e. Certifler (Check only one)  Certifying Ph	ysician: To the best of my k niner: On the basis of exemi end menner steted.	nowledge, deeth	occurred et the restigetion, in m	time, dete end pled y opinion, deeth occ	ce, end due to the curred at the time,	cause(s) end me dete and piece,	end due to	eted. the cause(s)
0 000	Me	29b. Signature and title of certifier	0 000		29c. Lice	ense number		29d. Dete signe	d (Month, I	Dey, Year)
(11	)	> Fonales	Letty	-0.0.	RD(	02119		9/7/	96	
5		30. Name and address of person who	· ·	em 23a) (Type, anklin S	4	rive	Baltimore	. Marvl	and	21237
Sta Registi		Dr. Ronald Jeffrey 31. Dete filed (Month, Day, Year)	32. Registrer's Sig	neture		ALIVE .	Dartimole	, nary1	unu	au ± 6u J l
HMH 16 Ray 6/9		SEP 1 3 199	ib Javan	ridson-Ran	Market .					

DHMH 16 Ray 6/95

State Registrar 31. Dete filed (Month, Day, Year) SEP 13 1996

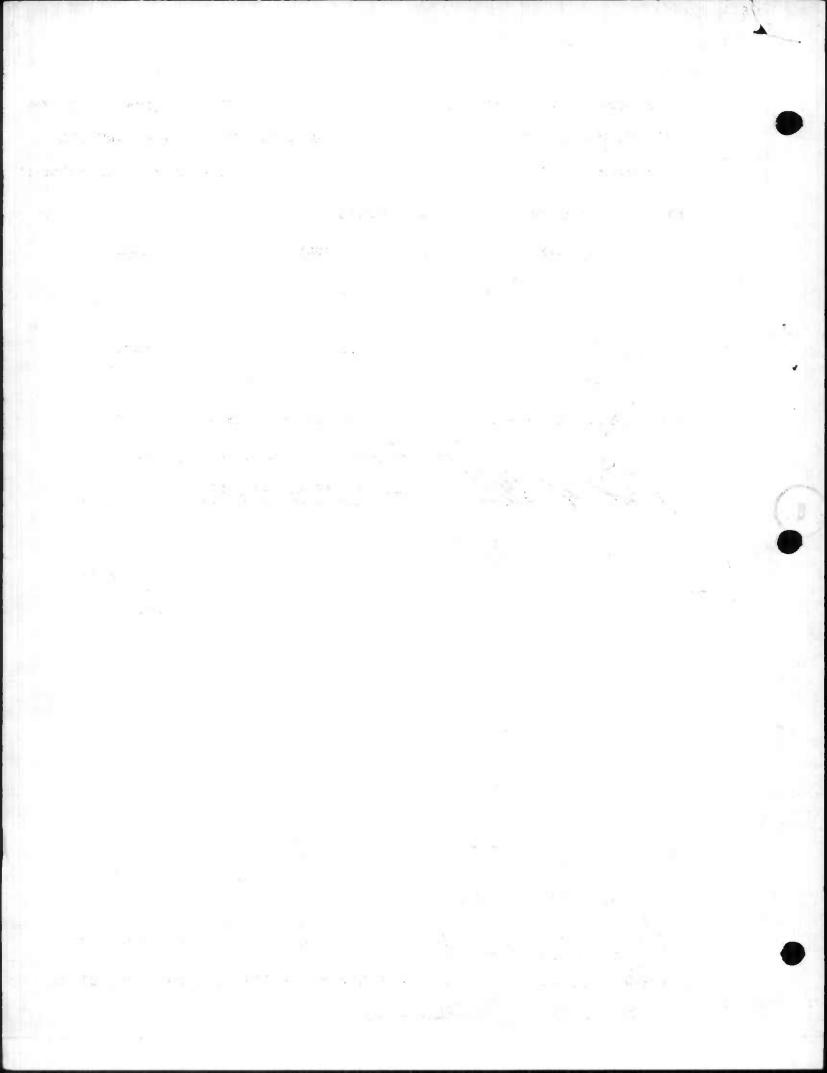
AKEN

111 Penn Street, Baltimore, Maryland 21201
32. Registrer's Signeture

Tandette

of person who complated ceuse of deeth (Itam 23a) (Type, Print)

,



Certificate of Death ITEM#19a g739 9/13/96ag perFH 1. Decedent's Neme (First, Middle, Lest) 2. Dete of Deeth 3. Time of Deeth **Physician** sept.6,1996 Yeer Mary S. Hull 9:30 a.m. /Medical 4e. Facility Neme (If not Institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** 102 S. Hollins Ferry Road Glen Burnie Anne Arundel 5. Social Security Number If Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) april 26,1911 9. Birthplece (Stete or Foreign Country)
Virginia 7. Age (In yrs. last birthdey) Funeral Days Min. 1□M 217 F Yrs. 85 Director 223-14-7222A Usual Residence of Decede the Maryland 10e Stete 10h County 10c. City, Town or Location 10d. Inside City Limits Maryland ns 23a or 28a-f sh Anne Arundel Glen Burnie Director 1 ☐ Yes 2 ☐XNo 10e. Street end Number 10f. Zip Code 10a. Citizen of Whet Country? 102 S. Hollins Ferry Road 21061 U.S.A. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Detes: r than "natural", or items the Medical Examinar na Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. filed within 72 hours after 1 ☐ Never Married 2 ☐ Married 21215-0020 1 Yes 2 No Specify: þ 3 Widowed 4 □ Divorced Specify: White Completed 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Hygiene. Coilege (1-4or 5+) N/A Elementary/Secondery (0-12) Assembler Malls Co. L Pages 1 and 2 should be filed w Iment of Health and Mental Hygien Tant: If Nem 27 is marked other th flury or other traumatic event, [1] imore, Maryland 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Thomas Hogge Sadie Vandergrife 19a. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) Floyd Ashburn FLOYD ASHBURN 102 S. Hollins Ferry Road Glen Burnie, Maryland 21061 20a. Method of Disposition 20b. Piece of Disposition (Neme of cemetery, cremetory or other piece) Dete 20c. Location - City or Town, Stete 1 ☐ Surial 2 ☐ Cremation 3 ☐ Removal from State Department of Important: If any injury or once. Cedar Hill Cemetery Sept. 9,1996 Baltimore, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral/Service Licens 22. Name and Address of Facility
McCully Funeral Home 237 East Patapsco Ave. Baltimore, Maryland 21225 o disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, failure. List only one cause on each line. Approximate Interval Between Onset and Death Physician /Medical mediate Cause (Final disease or condition resulting in death) Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events. Due to (or as a consequence of): Die exp Box 68760, physician Physician/Medical The law requires that the death certificate 8 Due to (or as a consequence of) affending P.O. signed by the i Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records, þ Completed 24b. Were autopsy findings available prior to completion of cause of death? 24s. Was an autopsy performed? 252 No 1 Yes 2 No 1 🗆 Yes this certific 25. Was case referred to medical exampler? Be 26. Place of Death (Check only one) Other: 4 Nursing Home 2 12 Yes /2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 5 Residence 6 Other (Specify) 27. Manger of Death Certification: 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? Affec Attending 1 El Natural 5 Pending death 1 Yes 2 No investigation 2 Accident after death Director: 3 Suicide 6 Could not be 28e. Place of Injury - At home, tarm, street, factory, office building, etc. (Specify) Location (Street and Number or Bural Route Number, City or Town, State) 4 I Homicide To the Hospital of within 24 hours a To the Funeral D completely filled Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical 29a. Certifier 29b. Signature and title of certifier 29c. License number 28640 29d. Date,signed (Month, Day, Year) 31 Date filed (Month State his Davids Registra

**DHMH 16 Rev 6/95** 

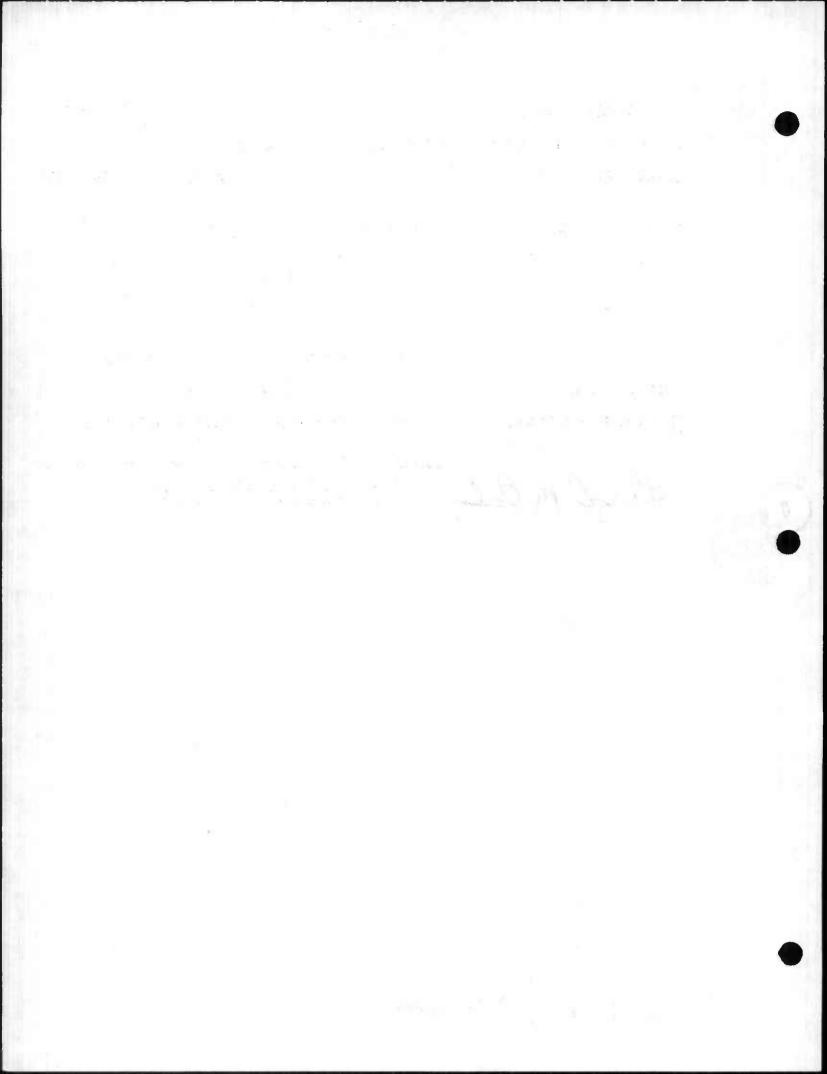
the same of the sa

Ret I lan

# Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

27316

						Certificate	of Death	Be	g. No.		
	Observator		1. Decedent's Name (First, Middle,	Last)				2. Date of Deat	h	3. Time o	f Death
	Physic /Medi	cal	RONNIE ALEXAN 4e. Facility Name (If not institution,				4b. City, Town, or	Month 9 Location of Death	Day 6 4c. County of	Year 96 8:55	PM
	Exami	ier	DEATON SPECIALI			SING HOME		IMORE	-	N/A	
	<sub>c</sub> Funeral Director	98.5	5. Social Security Number  215-52-3050  Usuel Residence of Decadent	. Sex 7. Ag 1 □ M 2 □ F	ge (In yrs. last b 48				Yeer)	9. Birthplace (State of Country)  MARYLAN	
	ylend		10a. State 10b. County		10c. City, To	wn or Location				10d. Inside C	ity Limits
	ours efter death with the Maryler at, or items 23s or 28s-f show Evanting frout be retified at	Director	MARYLAND N	/A		BALTIMORE 10f. Zip Co	de	10	Og. Citizen of W	7,77	2□No
	3a or		2527 MCHENRY ST	REET			21223			S.A.	
	- deat	Funeral	11. Maritel Status	12. Was Decedent		13. Was Deceden	of Hispenic Origin? (S Cuben, Mexican, Puert	pecify Yes or No-	14. Rece	- Americen Indien,	
21215-0020	72 hours effer death with the Maryland neturel', or items 23a or 28a-1 show deat Engminer must be notified at	by	1 ☐ Never Merried 2 ☐ Merried 3 ☐ Widowed 4 ☐ Divorced		No	1□ Yes 2√		o riceri, etc.)		, White, etc. BLACK	
5-0	n 72 hours "netural",	Completed	15. Decedent's (Specify only highest	Education grade completed)	166	a. Decedent's Usual O	one during most of wor	kina	6b. Kind of Bus	Iness/Industry	
121		mpl	Elementery/Secondary (0-12)	College (1-4or	5+)	life. DO NOT use r	etired)	9			
	Hygi ther ont,		17. Father's Neme (First, Middle, La	st)		SELF EMPI		ne (First, Middle, N		WASH	
	a la b y	To Be	RUDOULPH HUNT					WHEATLE'		,	
ary	SOFE		19a. Informant's Name/Relationship	(Type, Print)	19	b. Mailing Address (S	reet and Number or Ru			itete, Zip Code)	
M.			ELLA WHEATLEY (1	MOTHER)			RY STREET B				
ore	1 to 10 to 1		20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremation 3	□Removai from State	20b. Placa camer	of Disposition (Name ery, cremetory or othe	of plece)	Date 2	20c. Location - C	ity or Town, State	
altimor	permit. Peges Department of i Important: If its any injury or o once.		4 □ Donation 5 □ Other (Spe	oify)	WEST	ERN CEMETI	RY 9/12/96		BALTIM	ORE, MARYLA	AND
N.	Appar Mpor Iny in		21. Signetum of Funeral Service Lic	ensee S	1	FSTFP BE	ddress of Facility ROTHERS FUN	FRAL HOM	FPΑ		
	10389		Just	My Cal	+	1300 EU	AW PLACE B	ALTIMORE	MARYI A	ND 21217	
			23a. Part1. Enter the disease, or co shock, or heart fathere. List on	mplications that caused ly one cause on each li	they ath. Do ne.	not enter the mode o	dying, such es cardiac	or respiratory arre	st,	Approximat Interval Bet Onset end	ween
	nyolulan /Medical		Immediate Cause (Final			,		,	0		
	Examiner		disease or condition resulting in death)	a. Cemce	06	laugna	with.	local p	retast	asi 6 WK	V.
		ner		Son	La A	consequence or):				Not b	anea
-	the deem certificate be executed by the ettending physician end sched for use as the burlel-transit	Examiner	Sequentially list conditions,	b. 3	Due to (or as a	consequence of):				1/10/	
90,	sian e		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury	IV	dru	a deh	ender	. 0		NO1-1	kunon
68760	ohysic the b	edlcai	that initiated events resulting in death) Last	C	Due to (or as a	onsequence of):					
9 ×	ding p	2		d							
Bo	ettendi for use	clan									
P.O.	ed by the e	Physician/	Part II. Other significant conditions	contributing to deeth b	ut not resulting	in the underlying caus	given in Part I.			ribute to the cause of	
	igned b	by PI						1 Ve	8 2□ No	3 ☐ Probably 4 ☑	Unknown
of Vital Records, P		Completed b						24a. Was an	eutopsy led?	24b. Were eutopsy f available prior t completion of c of death?	10
a i	n	mo;						1 □ Ye	s 22 No	1 ☐ Yes 2 ☐	No
/ita	s certificate director, pag	Be	25. Was case referred to medical exeminer?				26. Place of Dea	th (Check only one	)		
of Vita	this ce	2	1 ☐ Yes 25 No	Hospital:		utpetient 3□ DOA	Other: 4 Nursing H	ome 5 Resider	nce 8 Other	(Specify)	
o uc	After t	on:	27. Manner of Death 1 ☑ Natural 5 ☐ Pending	28a. Date of Inju (Month, Da	ry Year) 28b.		njury at Work?	28d. Describe how	w Injury occurre	d	
Vision	death.	icat	2 ☐ Accident investigat 3 ☐ Suicide 6 ☐ Could not	he			1 ☐ Yes 2 ☐ No	001 1 1 101			
= >	efter deat Director: I in by the	Certification:	4 ☐ Homicide determine	building, etc	c. (Specify)	erm, street, factory, of	ICO .	City or Town,		or Rural Route Num	ber,
- div	nours norsi		29a. Certifier 1⊠ Certifying F	hyelclan: To the best of	of my knowledg	e death occurred at th	e time, date and place	and due to the cal	use(s) and man	ner as etated	
T S	within 24 hours after death.  To the Funeral Director; after completely filled in by the funeral	edical	(Check only 2 ☐ Medical Extended one)	miner: On the besis of and manner sta	examination er	nd/or investigation, in	ny opinion, deeth occur	red at the time, da	te and plece, ar	d due to the cause(s	)
1	To the comp	X	29b. Signature and title of certifier				ense number	29		(Month, Dey, Year)	
	^		· cfriento	, MD		D.	34.974		9.11.	96.	
,	7		30. Name and address of person who 5865 Robert 2	completed cause of d	eath (Item 23a)			UD210	45.		
	Sta Registr	_	31. Date filed (Month, Day, Year) SEP 1 3 1996		ar's Signature		,				



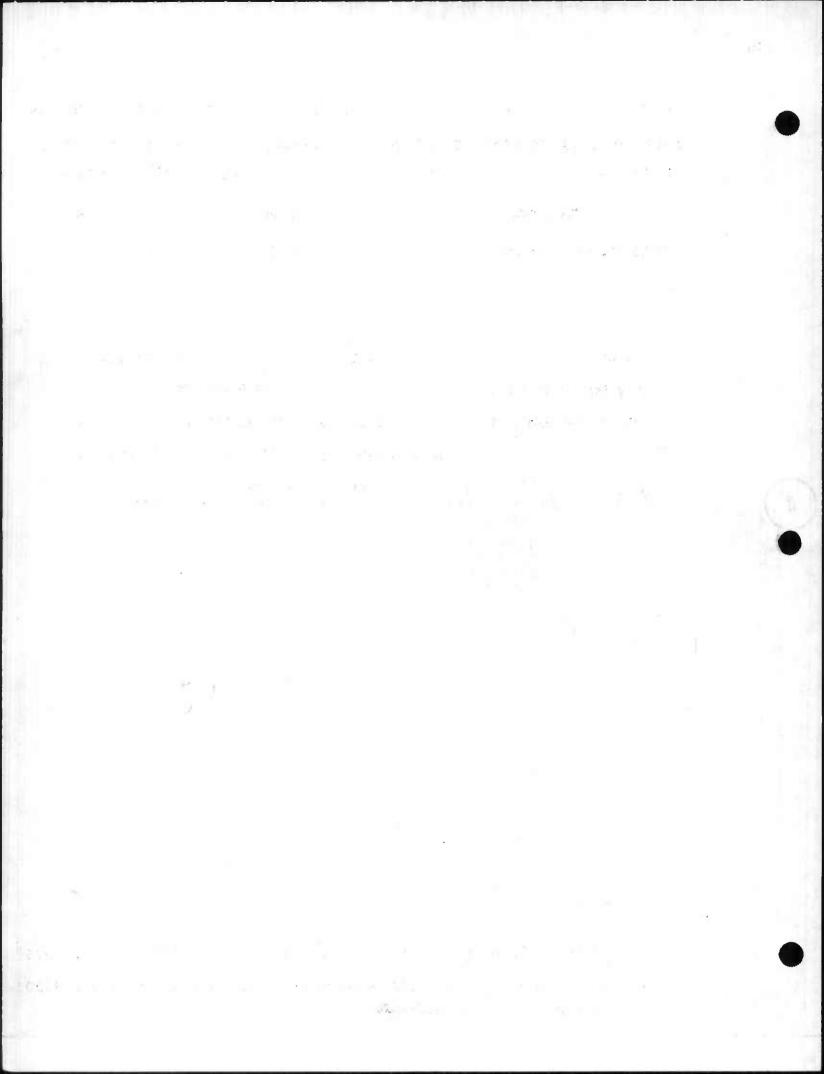
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 273 | 7

					Certificate	of De	ath	R	eg. No.		
Discort		1. Decedent's Neme (First, Middle, L	ast)				0	2. Dete of Dee	th		3. Time of Deeth
Physic /Med		JAMES	WEBE	3		HALL		SEPT.	12,	Yeer 1996	0015AM
Exami		4e. Fecility Neme (If not institution, g	ive street and number)				ity, Town, or Lo	cation of Deeth	4c. County		00131111
		7855 HINTZEWA	ER ROAD-	-TN W	IOODS	E	DGEMER	E	BALT	TMORE	COUNTY
Funeral	Г	5. Social Security Number 6.	Sex 7. Ag	je (In yrs. lest	birthdey) If Under 1	Year If I	Under 24 Hrs.				ece (Stete or Foreign
Director		217-74-6402 Usuel Residence of Decedent	1☐M 2□F	29	Yrs. Months	Deys H	ours Min.	8. Date of Birth Month, Day Aug • 14	1967	Ma	ryland
Maryland a-f ahow	tor	Md. 10b. County Balt	imore	10c. City, T	own or Location	Bal	Ltimore			10	od. Inside City Limits
th with the 23a or 28	al Director	10e. Street end Number 3906 Mt. Pleas	sant Ave.		10f. Zip C		21224	1	0g. Citizen of US		ry?
ould be filed within 72 hours efter death with the Maryland Mental Hygiane.  Ared other than "netural", or frems 23s or 28s-f show site event, the Medical Exprision from the transition of all the Medical Exprisions from the transition of all the Medical Exprisions from the transition of all the Medical Exprisions from the transition of all the Medical Exprisions from the transition of th	by Funeral	11. Maritel Status	12. Wes Decedent Armed Forces? 1 ☐ Yes 2 2 if Yes, Give Yeer or Detes:		13. Was Deceder If Yes, specify	Cuben, M	nic Origin? (Spe exican, Puerto pecify:	acify Yes or No- Rican, etc.)		ce - America ck, White, e y: Whi	tc.
d within 72 hours eff plane. r than "natural", or	Completed	15. Decedent's E (Specify only highest gi	ducation rede compieted) College (1-4or !		6e. Decedent's Usuel ( (Give kind of work life. DO NOT use	occupation done during retired)	g most of worki	ng	16b. Kind of B	usiness/Indi	ustry
ed w	Co	12th			Printe	r			Paul C	ompan	y
d 2 should be file th and Mental Hy 7 Is marked othe traumetic evant	Be	17. Father's Neme (First, Middle, Las	t)			18.	Mother's Neme	(First, Middle, I			
should by nd Menta marked umatic ev	2	Henry Emmett	Hall Sr.				Mai	rgaret I	Long		
2 sh and and sm		19e. informent's Neme/Reletionship		1	9b. Meiling Address (S						
CANL		Charlotte Jess	sa/sister		1109 S.	Bay1i	s Stree	et Balti	imore M	d. 21	224
Pages 1 an nant of Hee nrt: If item iry or otha		20e. Method of Disposition  1 Surlel 2 Cremetion 3 ( 4 Donetion 5 Other (Speci		ceme	of Disposition (Neme Stery, cremetory or other Lawn Cemet	r piece)	9/1	Dete 5/96	20c. Location - Balti		
permit. Pages 1 ar Depertment of Hee Important: If Item 2 any injury or other office.		21. Signeture of Funerei Servica Lice	nsee	lly		y Fur	neral Ho	ome of I		1	
Physician /Medicai Examiner	or .	23a. Part 1. Enter the disease, or conshock, or heart feilure. List of ly limited the constant of the constant	e.	Hang	1	f dying, su	ch es cerdiec o	r respiretory ern	est,		Approximete intervel Between Onset and Deeth
ficeta be executed g physician and ss the burial-transit	Examiner	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying	b	Due to (or es	e consequence of):						
feeth certificeta be executed ettending physician and for use es the burial-transit	Medicai	cause. Enter Underrying Cause (Disesse or Injury thet initieted events resulting in deeth) Lest	c	Due to (or es	e consequence of):						
eth c			d.								
e de the e	Physician	Pert II. Other significant conditions	contributing to death be	ut not resulting	g in the underlying caus	e given in	Pert i.	23b. Dld to	bacco uss co	ntributs to	the causs of death?
requires that the deeth c een signed by the ettend hould be detached for us	by Phy							1 🗆 Ye	s 2⊠ No	3 Probe	ably 4 🗆 Unknown
hes b	Completed							24e. Wes en perform	ned?	eval	e autopsy findings lable prior to pletion of cause seth?
ician: The L certificata he rector, page								1 ☐ Ye	s 2 No	10	Yes 2□ No
ysician: s certific director,	Be	25. Wes case referred to medical examiner?	Hospitel:			Othor	710	(Check only on	-		
this aldi	2	1 X Yes 2 No 27. Menner of Deeth	1 LI Inpatie		Outpetient 3 DOA			ne 5 Reside			AT SCENI
if or Attanding Phisafter death. I Director: After the by the funeral	Certification:	1 Natural 5 Pending	28e. Dete of injur (Month, De)	Year)	1 14	Work?		8d. Describe ho	w injury occur	red	
Attand er death ector: by the	cat	2 Accident investigation 3 Suicide 6 Could not be	10ung 1		int M	1 Yes	2,00 No	Subject	hanged	hims	self
or Attandation after deati	ŧ	4 ☐ Homicide determined	building, etc		ferm, street, fectory, o	fice	2	City or Town	reet end Numb , Stete) 7 g	er or Rural : 55 Hi	Route Number, Po ntzewater Ro
To the Hospital or within 24 hours after To the Funeral Dir completely filled in	edical Ce	29a. Certifier 1 Certifying Ph	ysician: To the best of	odS of my knowled	ge, death occurred et t	ne time, de	ete end pleca, e	altimore	County	, Ma	tox land
the h		one)	end menner ste	ited.	end/or investigetion, in	my opinion	, death occurre	o et the time, de	ne ena piece,	eria aue to t	rie Cause(\$)
To the within 2 To the comple	M	29b. Signeture end title of certifler	Vac	Z I		. C . M			ed. Dete signe		
		30. Name and address of person who	completed cause of di					20111	DEFIEM	DEK	12, 1996

State Registrar

SEP 13 1996



State of Maryland / Department of Health and Mental Hygiene

27318

						Cer	tificate	of i	Death			Reg. No	٥.			
			1. Decedent's Neme (First, Middle, L.	est)							2. Dete of De	eth			3. Time of	Death
	Physici /Media		Geonge				Ho	166	שני		Sept	De	ву Э <b>9</b>	Year 96	6:07	1 84
3	Examir		4a. Fecility Neme (If not institution, gi	ve street end number)				-		wn, or Le	ocation of Death		c. County			
	Exam.		Good Samarit	an Hospit	tal				В	alt	imore			n/a	à	
Г	Funeral		Sociei Security Number 6.		e (In yrs. lest bi	irthdey) Yrs.	if Under Months	1 Year Deys	If Under	24 Hrs. Min.	8. Dete of Birt NOV 18	th V-1 <sup>Y</sup> OR	8		oleca (Stete o	
	Director		Usual Residence of Decedent		07	113.					1100 : 10	, 1 30	.0	Ma	ryland	
	72 hours after death with the Maryland neture!; or items 23s or 28s-f show dical Examiner must be notified as	tor	10a, State 10b, County	timore	10c. City, Tov	vn or Lo	cation	Bal	timor	e				1	l0d. inside Ci	
	the 28s	Director	10e. Street and Number				10f. Zip (	Code				10a. Ci	itizen of W	Vhat Cour	ntry?	
	ath with		4410 Asbury A	Ave.				21	206					SA		
	eb re	Funeral	11, Maritai Stetus	12. Wes Decedent   Armed Forces?		13, V	Vas Decede Yes, speci	ent of H	lispenic Orig en, Mexican	gin? (Sp , Puerto	ecity Yes or No- Rican, etc.)	-		a - Americ k, White,	etc.	
020	ours after	þ	1 ☐ Never Married 2 ☐ Married 3 ☑ Widowed 4 ☐ Divorced	1 ☐ Yes 2 If Yes, Give Yeer or Dates:	No		☐ Yes 2		Specify:				Specify	T.T	hite	
21215-0020		Completed	15. Decedent's E (Specify only highest gr	ade completed)		Deced (Give I	ent's Usual kind of work	Occup k done	ation during most	of work	ing	18b. K	Kind of Bu	isiness/in	dustry	
12	filed within Hygiene. ther than " ent, the Me	JE C	Elementary/Secondery (0-12) 7th	College (1-4or 5	i+)		count					Tn	isura	nce	Indust	rv
D	be filed ntal Hygi d other event,		17. Fether's Neme (First, Middle, Las	")						r's Nem	e (First, Middle,		-			-1
ylan	0 0 0 0 0	To Be	Charles Hage	,							ch Borr					
, Maryland	nd 2 salth ar 27 ia r trau		19e. informent's Neme/Reletionship Robert Hager	(Type, Print)			_				Baltimo			State, Zip		
Baltimore,	40 mg 400 U		20e. Method of Disposition 1 ☐ Bunal 2 ☐ Cremetion 3 [			ery, crem	sition (Nam letory or oti	her plac		9/12	Dete 2/96		ocation -		own, State	
E	artme ortant injury		4 ☐ Donetion 5 ☐ Other (Special Signature of Funeral Service Lice	-	norr.	-			ss of Facilit		./ 90	Da	TOTH	ore	Mu.	
Ba	permit. Peges Department of Important: If i any injury or once.		B. Tim	U (man	. 11.	C	onnel	1y	Funer	al F	Home of			1		
			23a. Pert1. Enter the disease, or con shock, or heert feilure. List only	plications thet caused	tha death. Do	per ente	or the mode	of dyin	g, such es	cardiec	or respiretory er	rrest,	£144		Approximete Intervei Bet	6
	Physician													1	Onset and I	Deeth
и	/Medical		Immediate Cause (Finel disease or condition	A CIULE	MYO	C.01	200	A /	TA	1-0	RCTI	24	J.	10	4 hou	W.A.
п	Examiner		resulting in death)		Due to (or es e			-	1	7-4	111014		,		17,000	/V3
	D &	ner			73-4		allegate of									
	erificeta be axecuted Jing physicien and sa as the bunel-transit	Examiner	Sequentially list conditions,	b	Due to (or es e	consequ	uence of):									
00,	se axe		Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events													
68760,	seta b shysic the b	Medical	that initieted events resulting in death) Last	C	Due to (or es a	consequ	ience of):									
×	2 Or W	/Me		d										i		
Bo	that the death cered by the attendinder detached for usa	Physician														
o.	the d	ıysı	Part II. Other significant conditions	contributing to death bu	ut not resulting	in the un	deriying ca	use giv	en in Pert i.				_		the cause o	/
0											10	Yes :	2□ No	3 Pro	bably 4 🖫	Unknown
Records,	requires een sigr hould be	d by									24e. Wes	an euto	psv		ere autopsy f	
OS	_ 0 0	Completed									perfo	rmed?		00	ailable prior to impletion of c death?	
Re	The law ate hes t page 2 s	d L									40.		100		_	/
Viital			25. Wes case referred to medical								101		No	11	Yes 212	No
₹		Be C	examiner?	Hospitel:	-5		-5	Oth	ec. —		h (Check only o					
ō	문 부절	: To	27. Menne of Death	1 2 inpatie		Time of		Α	4⊔ Nu	-	ome 5 Residence 128d. Describe 1				N)	
on	leath. lor: Aftar the funer	tion	1 Netural 5 ☐ Pending	28e. Dete of injui (Month, Da)	Year)	Injury	М	Bc. injur Wor	k? Yes 2⊡!		200. 2000.00	ion inju	, 0000	-		
Division	or Attending after death. Director: After I in by the fune	fica	3 ☐ Sulcide 6 ☐ Could not b	B Oog Diogs of Inju	urv - At home fo	erm stre					28f. Location (S	Street e	nd Numb	er or Run	I Route Num	ber.
5	aftar Dire	Certification:	4 ☐ Homicide determined	building, etc	(Specify)	,	, , ,				City or Tov					
	To the Hospital or Att within 24 hours after of To the Funeral Direct completely filled in by	edical C	29a. Certifler (Check only 2 Medicat Exa	ysician: To the best oniner: On the basis of	of my knowledge	e, deeth	occurred e	t the tin	ne, dete en	d pleca,	end due to the	cause(s	s) end me	nner es s	teted.	6)
	the the phin 2	Med	one)	end manner sta	ited.										`	
	Neit To So	-	29b. Signeture end title of certifler	D- "			29c.	1	e number						Day, Year)	7/
	1		//my	X KOU	180871	TF		PO	19 5	00		00	FPT	4	1/99	11
	10		30. Neme and eddress of person who	completed cause of d	eeth (item 23e)	(Type, F	Print)	/	7~	0	RHIPR	, ,	24	, 2	- 0:	حاولا
	4		GXMAUAU	10MIN	WAS	P	1/2	B	000	8	AMINK	111	NO	FID	57/1	NL
	Sta Registr		SEP 13 1996	June Day	video Na	ndalis	•									

## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

27319

				Otato of Mo		Certifica		Death	vicinai i iy	Reg. No.	00 4	1010
	Physici	an	1. Decedant's Nama (First, Middle, La	st)					2. Data of De Month	eath Day	Year 3.	Time of Death
	/Medic	_	Winter Loui		Но	upt			Septemb	per 5, 1		:24 p.m.
k = 1	Examir	er	4a. Facility Neme (If not Institution, giv					4b. City, Town, or I Hagersto			of Deeth	
	,		Colton Villa Nurs			M I Inc	dan 4 Vana				- 0-	
	uneral irector		214-09-9743	ax 7. Aga	(In yrs. last bir	Yrs. Month	der 1 Yaar S Deys		8. Data of Bin (Month, De Oct. 22	y, Year)	9. Birthpleca Country) Marylan	(Stata or Foreign
pue	ž		Usuel Residence of Decedent  10a. Steta 10b. County		10c. City, Town	n or Location					10d le	nside City Limits
with the Maryland	f sho	ò	Maryland Washing	ton	Hagers	town						☐ Yes 2 No
2	28e notif	Director	10e. Street and Number			10f. 7	Zip Code			10g. Citizen of \	What Country?	
W (I)	3a or		750 Dual Highway				2174	10		U.S.A		
5-0020 72 hours after deat	r then "netural", or items 23s or 25s-f show the Medical Examiner must be notified at	by Funeral	11. Marital Status  1 Never Merried 2 Merried  3 Widowed 4 Divorced	12. Was Decedent E Armed Forces? 1 □ Yes 2 □ N If Yes, Giva Yeer or Detes] C	0		cedant of I pecify Cub 2 12No	Hispanic Origin? (S en, Mexican, Puert Specify:	pecify Yas or No o Rican, atc.)	14. Rec Bied Specify	e - American Ir ck, Whita, atc. White	
2 5	Scal E		15. Decedent's Ed	lucation		Decedent's Us	suel Occu	petion	2000	16b. Kind of B	usiness/Industr	v
21215-0020 d within 72 hours at clene.	m, u	Completed	(Specify only highast gra Elementary/Secondary (0-12)	da complated)  College (1-4or 5-		(Giva kind of the life. DO NOT	work done use retire	during most of world)	king			
21 Maria	the the	Com	9th	0		Assemb	lymar	1		Fairchi	.ld Spac	ce, Inc.
Maryland d2 should be file th and Mental Hy	event,	Be (	17. Father's Neme (First, Middle, Last,					18. Mother's Ner		, Malden Sumen	na)	
yla yla	arka	2	Carmie Elmer Houp					Anna Ma	e Jones			
Mary 2 sho	Thum.		19e. informent's Name/Reletionship (	Type, Print)		_		t and Number or Ru				(e) 1740
- 63	item 27 other to		Mary Houpt/Wife 20a. Method of Disposition			S. Wal		Street-Ha				
altimore, mit. Pages 1 a partment of Hea	≅ 8		1 Buriel 2 Cremetion 3 4 Donetion 5 Other (Specific		cemeter	y, cremetory o	r othar pla	ice)	Date	20c. Location -	City or Town,	Stata
Balt permit.	Important any injury once.		21. Signeture of Funerel Service Licer Joseph	JanSant	+			ess of Fecility Lomy Boar Marylan		. Baltin 1-1559	nore St	reet
/14	sician edical miner		23s. Perti. Enter the disease, or com shock, or haert feilure. List only immediate Cause (Final disease or condition resulting in death)	. Let	lung	cay	ode of dy		or respiretory a	arrest,	Inte	proximata rival Between set end Deeth
		ĕ		0 7	Oue to (organ)s :							
per	p anali	Examiner		b	Due to (or es a	EN71					6	Month
0,	physician and is the burist-tran	Exa	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying		o to (oi es a t	X	1).					A
68760,	yaiole ne bu	edical	Cause (Disease or injury that initiated events	c	ua to (or as a c	consequence o	f):					Ч
- 17	CS III.	_	resulting in death) Last			2	.,.					K
Box	stlandin for use	Sa S		d								^
O. Box	a bed to the	Physician/N	Part II. Other significant conditions o	ontributing to death but	not resulting Ir	the underlying	g cause gi	ven in Pert I.	23b. Did	tobacco use co	ntributs to the	causs of death?
P. P.	100	Phy		20 000					1 🗆	Yes 2 No	3 Probably	4 Unknown
s is	signed d be de	by		TONE			-				Τ	
Records,	been	Completed								s an autopsy ormed?	availeb	utopsy findings le prior to tion of cause n?
	ate has page 2	5							10	Yas 2 No	1 □ Yas	s 26 No
Vital	artific sotor,	89	25. Wes case referred to medical examiner?					26. Place of Dec	th (Check only	one)		
	al din	2	1 Yes 2 No		t 2□ER/Ou	tpatient 3	DUA			idence 6 DOth	-1.	
Division of or Attending Phy after death.	or: After the funer	Certification:	27. Manner of Death 1 Natural 5 Pending investigation	1-101	Year) 28b. 1	Firme of njury  NIAM	28c. Inju Wo 1	ry at with rk? I Yes 2 □ No	28d. Dascribe	how Injury occur	red	
DIVIS at or An	of in by	Certifi	3 Suicide 8 Could not be determined	28a. Place of Injurbullding, etc.	ry - At homa, fa (Specify)	rm, straat, fact	ory, office		28f. Location ( City or To	(Street end Numb wn, State)	per or Rural Rou	ite Number,
To the Hospital or within 24 hours afte	To the Funaral Dir completely filled in	edical (	29e. Certifier (Check only one)	ysician: To the best of liner: On the basis of a end manner stat	examination and	, deeth occurre d/or Investigeti	ed et the ti on, in my o	me, dete and piece opinion, daeth occu	, end due to the	cause(s) end me	enner es stated end due to the	cause(s)
Toth	Total	-	29b. Signetura and title of certifier	0 1 1		2	9c. Licen	se number		29d. Dete signa	d (Month, Day,	Year)
	n(4/5))		Mauron	7 mal	_	$\mathcal{D}_{\mathcal{S}}$	183	65		9.6.	96	
			30. Name and address of person who	completed cause of de	ath (Item 23a) (	Type, Print)	- 0		2			
			368 MILL S	TREETU	HAGI	ERS70	WN	MD	21	140		
	Sta	to	31. Dete filed (Month, Dey, Year)	9 32 Registre								

State

Registrar

SEP 1 3 1996

The state of the s

State of Maryland / Department of Health and Mental Hygiene

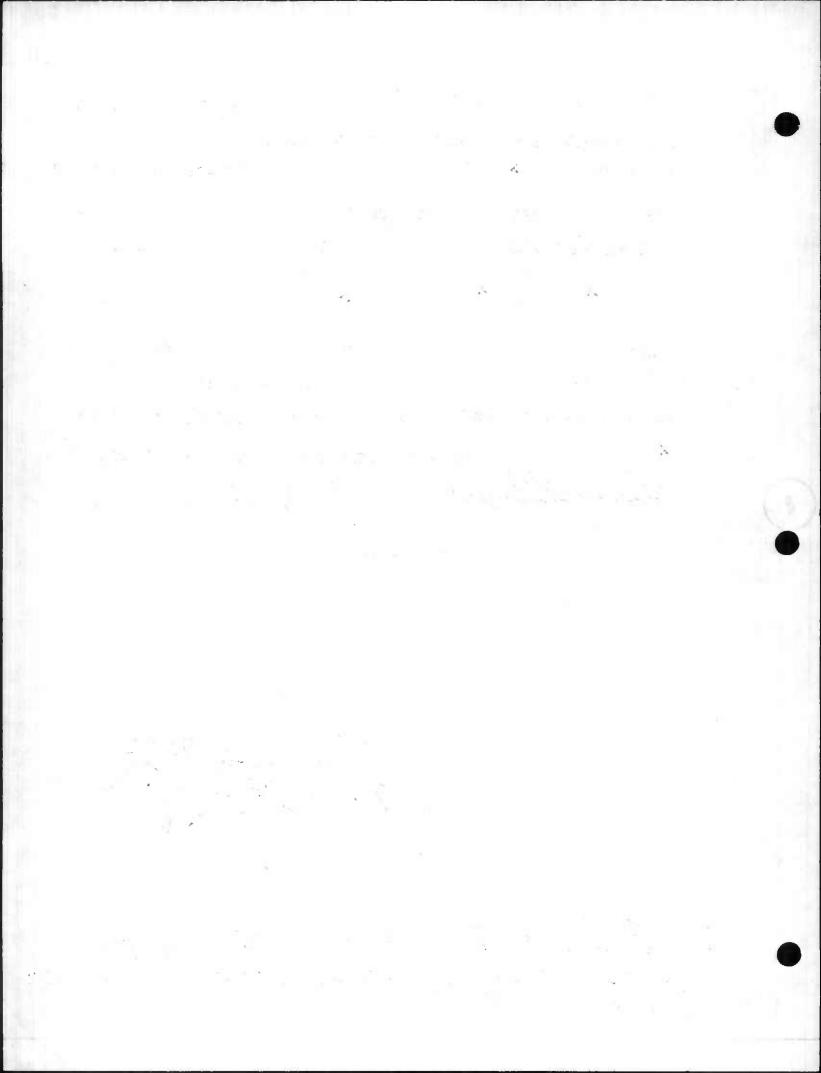
96

27320

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth JACKSON **Physician** Month Yee HEL SEV 1996 /Medical 4e. Fecility Neme (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner N/A & REHABILITATION CENTER BALTIMORE LORIEN NURSING Hours Min. JUNION 129, 1928 5. Social Security Number If Under 1 Yeer 7. Age (In yrs. lest birthdey) 9. Birthplece (Stete or Foreign **Funeral** 1□M 20 F 144 22 9648 68 Yrs. VIRGINIA Director Usuel Residence of Decadent with the Maryland 10a. Stete 10b. County 10c. City, Town or Locetion 10d. Inside City Limits "natural", or itema 23a or 28a-f show ad cal Examiner maint be notified at 1 Yes 2 No N/ABALTIMORE MD. Director 10e. Street end Number 10f. Zip Code 21218 10g. Citizen of Whet Country? U.S. OF A. 983 NORTHILL ROAD Completed by Funeral Pages 1 and 2 should be filed within 72 hours efter death nent of Health and Mental Hygiene. 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 No If Yes, Give Year or Detes: Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Raca - American Indien, Bleck, White, etc. 1 Never Married 2 Married 21215-0020 1 ☐ Yes 2 XNo Specify: 3 ☐ Widowed 4 ☐ Divorcad Specify: BLACK 7 is marked other than "natur traumatic event, the Medical 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grede completed) Elementary/Secondery (0-12) College (1-4or 5+) N/A N/A PRESSER LAUNDRY Beltimore, Maryland 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surneme) Be CHARLIE LEE MABEL FLIPPEN 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) permit. Pages 1 and 2 s Department of Health ar Important: if item 27 is any injury or other trau once. WILLIAM JACKSON (HUSBAND) 983 NORTHILL ROAD BALTO., MD. 20c. Location - City or Town, State BALTO 20e. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) Buriel 2 Cremetion 3 Removel from State 4 Donetion 5 Other (Specify) BALTIMORE, MD. CO. WOODLAWN CEMETERY 9/13/95 21. Signature of Funeral Service Licensee, 22 Name and Address of Fecility Lewis J. Gurgnn Funeval Home 23e. Pert1. Enter the disease, or complications that it used the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate shock, or heart feiture. List only one cause crosses the second in the contract of Approximete Intervel Between Onset end Death **Physician** /Medical Immediete Ceuse (Finel 3WEEKS diseese or condition resulting in deeth) **Examiner** Due to (or es e consequence of): Attending Physician: The law requires that the death certificate be asscuted bunial-transi Bud Sequentielly list conditions, if eny, leeding to Immediate cause. Enter Underlying Cause (Diseese or injury that initieted events resulting In deeth) Lest Due to (or es e consequence of): P.O. Box 68760, Physician/Medical the Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? s been signed by the should be detach 1 Yes 2 No 3 Probably 4 Unknown ma Division of Vital Records, þ 24b. Were eutopsy findings evaileble prior to completion of cause of death? Completed 24a. Wes en eutopsy performed? certificate 21/ No 1 ☐ Yes 2 ☐ No Be 25. Wes case referred to medical 26. Plece of Death (Check only one) 10 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA al or Attending Physics after death.

In Director: After this ad in by the funeral di this 27. Menner of Deeth 28d. Describe how Injury occurred Certification: 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? Naturel 5 Pending Investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide To the Hospital o within 24 hours af To the Funeral D completely filled I Medical 29a, Certifier Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete and pleca, end due to the ceuse(s) and menner es steted. (Check only 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) 29b. Signature and title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) 30. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print) Daerdantra Signature REDRIC 31. Dete filed (Month, Dey, Year) State SEP 1 3 1996 Registrar

DHMH 16 Rev 6/95



	F'1	LM	6-/39 9/24/96 t.t			Certificate	of Death		Reg. No.			
			1. Decedant's Nama (First, Middla, Last	)		5.111		2. Data of D	aath		3. Tima of Deeth	
	Physic /Medi		JANNETTE JEANE	TTE	JACK	SON		AUGUS	Т 13,	1996	9:19 PM	
	Exami		4e. Fecility Nama (If not institution, giva				4b. City, Town, o	r Location of Daa	th 4c. Count	y of Death		
			. JOHNS HOPKIN				BALTI					
	Funeral Director		210 20 00/0	x 7. Age ☐ M 2[X] F	(In yrs. last t	Yrs. If Undar 1 \ Months   C	Year If Undar 24 H		irth Pay, Yaar) 10/52	9. Birthpl Count Mic	ace (Steta or Foraigi try) : h	
	and w =		Usuel Rasidance of Decedant  10a. Stata 10b. County	wn or Location				10	Od. Insida City Limits			
	with the Maryland a or 28a-f show Lbs notified at	0	M.d.		Balt	imore Ci	t v				1X Yas 2 No	
	7 28a	Director	10e. Street and Number		Dare	10f. Zip Co			10g. Citizan of	What Count	trv?	
	h with	aiD	1740 East 25th	Street		21	213		USA			
Maryland 21215-0020	72 hours after death with the Marylar natural, or lisms 23s or 28s-f show dical Examiner must be notified at	by Funeral	Armed Fo		Forcas? If Yas as 2X No Giva 1 U		ecedant of Hispanic Origin? (Specif specify Cuban, Maxicen, Puerto Ric as 2 Xno Specify:		Rican, etc.) Ble		aca - Amarican Indian, eck, Whita, atc. ify: Black	
2-0	natur	ted	15. Dacadant's Edu	cetion	16	a. Decedant's Usual C	ccupation		16b. Kind of E	lusinass/Ind	lustry	
121	nithin 7	Completed	(Specify only highast grada complated)  Elamantary/Sacondary (0-12) Collaga (1-4or 5+)		+)	(Giva kind of work dona during most of w lifa. DO NOT usa ratired)  August S Arde			Har	erbor Hospital		
d 2	Hygie ther int, II		17. Fathar's Nama (First, Middla, Last)			100036	- 0	ama (First, Middle			Maspilar	
lan	d the second of	To Be	Joseph Morrow					Withe		iia)		
ary	M M M	-	19a. Informant's Name/Ralationship (T)	rpe, Print)	18	b. Mailing Addrass (S				, Stata, Zip	Code)	
	arth a 27 is r tras		Thomas Witherspo	oon	1	740 East	25th St	reet, B	alto.,	M.d.	21213	
Baltimore,	of He of He		20a. Mathod of Disposition		20b. Place	of Disposition (Nama ary, cramatory or otha	of	Data	20c. Location			
Ĕ	0 = = 0		1 Buriel 2 □ Cramation 3 □ F 4 □ Donation 5 □ Othar (Specify)	lamoval from Steta		Zion Ce	- /	8/19/9	6 Lands	sdown	e, Md.	
<b>#</b>	pemit. Pa Departmer Important: any Injury 2009.		21. Signatura of Funeral Sarvice Licens	ae L		22. Name end A	ddrass of Facility					
m	Dep Impo		23a. Part1. Entar tha disaasa, or compl shock, or heart feilura. List only or	ren			in A. Pa				ederick	
68760,	requires that the death certificate be executed to the entending physician and mould be detached for use es the buriel-transit	edical Examiner	disaase or condition rasulting in daath)  Sequantially list conditions, if any, laading to immediata causa. Enter Underlying Cause (Disaasa or injury that initiated evants rasulting in daath) Last	)	Oua to (or as a	a consequance of):  a consequance of):  consequance of):						
×	ding p	2		l				٠				
8	that the death ce red by the attendia detached for use	Physician/										
P.O.	the d	nysi	Part II. Other significant conditions con	tributing to daath but	t not rasulting	in tha undarlying ceus	a givan in Part I.				the cause of death?	
ري م	as that igned t be date	by P	CHRONIC NARCOTISM					. ]	Tes ZLINO	3 Prob	ebly 4 Unknow	
Vital Records,	law requira: as been sig	Completed b							s an autopsy ormed?	con	ra autopsy findings illeble prior to appletion of ceusa laeth?	
ž	The la	E O						10	Yes 2□No	10	Yes 2□ No	
ita		Bec	25. Was cesa refarred to madical axaminer?				28. Placa of De	eath (Check only	ona)			
>		To	XXYas 2□ No	lospital: 1   Inpatian	t ACHERIC	outpatient 3 DOA	Other: 4 Nursing	Home 5□ Ras	idance 8 🗆 Ott	nar (Specify	)	
Division of	Attending Ph or death. ector: After thi by the funeral		27. Mannar of Death X Natural 2 Accidant  5 Panding invastigation	28a. Data of Injury (Month, Day	Year) 28b.	Tima of 198c. Injury M	Injury at Work? 1  Yas 2  No	28d. Dascribe	how injury occur	rred		
Divis	fter of trees	Certification:	3 ☐ Suicida 6 ☐ Could not ba 4 ☐ Homicida datarmIned	28a. Place of Injurbuilding, atc.	ry - At homa, ( (Spacify)	arm, straat, factory, of	fice		(Street and Numi own, Stata)	ber or Rural	Route Number,	
	To the Hospital or within 24 hours after To the Funeral Dir completely filled in	edicai (	29a. Cartiflar (Check only one)	Ician: To the best of er: On the bests of a and manner state	axamination a	a, daath occurred at the nd/or invastigation, in	na tima, data and plac my opinion, daath occ	e, and dua to tha curred at tha tima,	causa(s) and m , data and place,	annar as sta and dua to	ited. tha causa(s)	
	rothin Fo the	Me	29b. Signatura and titla of certifiar			29c. Li	cansa number		29d. Data signe	ed (Month, D	lay, Year)	
	- 3 - 0		Dermin O. a	but in			O.C.M.E.		AUGUST			
	1		30. Nama and addrass of person who co Dennis J. Chut		ath (Itam 23a) 111	(Type, Print) Penn Str	eet, Bal	timore	, Mary	Land	21201	
			04 0 4 0 4 0 44									

State Registrar SFP 13 1996

32. Registrar's Signature

96 AUG -5 AN 3: 10

Baltimore, Maryland 21215-0020

Division of Vital Records, P.O. Box 68760,

## ITEMS: 23 PART I, 27, PER MEO FILM G-739 9/27/96 t.t Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

		item #20b,	filmg '	739,	State	of Man	land.	Depa Cer	rtment tificate	of F	lealth and	Mental H			16	2732	22
10.76		1. Decadant's Nem	e (First, Middi	la, Last)								2. Data of D	Reg. No	).		3. Time of De	ath
Physici		SANDI	DΛ 1	L			TO	NES				Month SEPT	Da		Yaer	22:04	
/Medic Examir		4a. Facility Nema (fa			treet and nu	ım <i>ber</i> )	0.01	NEO			4b. City. Town, o	_		・County		22:04	P
LAGITIII		JOHNS H	HOPKI	NS F	RAYVT	EW E	R				BALTIM	ORE		· occurry	0. 500		
Funeral Director		5. Sociel Security N 212 48 54	umber	6. Sex	M 2 F	7. Aga (III		birthday)_ Yrs.	If Under 1 Months	Yeer	If Undar 24 Hr Hours Min	s. 8. Data of E	irth Day, Year)		9. Birthple Counts	aca (Stata or Fo	oreign
pu ,		Usual Residence of				-	- 0: -										
death with the Maryland	_	10a. Stata	10b. County			10		own or Loc							10	d. Inside City L	
the Mar 28a-f st	Director	MD.	BALTO	J. C.	LIY		BALT	ΓIMOR	1							1 # Yas 2[	□ No
with or		10e. Street and Nun		DA DI	/ DD	ADT	DO		10f. Zip C				10g. Cit		/hat Count	ry?	
s 23a	Funerai	6006 MO	IKAVIA			APT.		40.11		212				USA			
item item	in in	11. Marital Status  1 ☐ Never Marri	ed of Nor		2. Was Dac Armed Fo 1 ☐ Yes	orces?	in U,S.	13. W	Yas, specify	nt of H	lispanic Origin? ( an, Maxican, Pua	Specify Yes or North Rican, etc.)	10-	14. Raca Black	- Amarica k, White, e	n fndlen, tc.	
72 hours after naturel, or its	by F	3/12 Widowad	_		If Yas, Gi	iva		1	☐ Yes 2#	No	Specify:			Specify:	BLA	CK	
"naturef"	8		15. Decedan				16	Sa. Deceda	ant's Usual (	Осеип	nation		16b K	Ind of Bu	sinass/indu	ueto/	
	Completed		ify only higha	st grada	complatad)			(Giva k lifa. D	ind of work O NOT usa	done retired	during most of w	orking	100.10	ma or ba	31110133711101	2511 9	
d with	Eo	Elamantary/Secon	ndary (0-12)		Collega (	1-40F 5+)		HOMEN	MAKER					HOM	1E		
should be filed within and Mental Hygiene. I marked other than "umatic event, or Me	Be C	17. Fathar's Nama (	First, Middla,	Last)							18. Mothar's No	ema (First, Middle	e, Maidan	Sumame	9)		
uid b Aents rked tic e	ToE	RICHA	RD W.	JO	NES						EUZEN	IIA	JONE	S			
sho and h		19a. Informent's Na	me/Relations	ship (Typ	e, Print)		1	9b. Mailing	Addrass (S	Street	end Number or F	Rural Route Num	ber, City	or Town, S	Stata, Zip (	Code)	
and 2 ealth a n 27 is		THERESA	LEAK	DA	UGHTE	ER		3514	SUSSE	X	RD. BALT	O. MD.	21207	7			
of He		20a. Mathod of Disp	osition	. Op	1.		0b. Placa cema	of Dispos	ition (Nema atory or othe	of ar plac	ca)	Date	20c. Lo	ocation - (	City or Tow	vn, Steta	
Pages neni of l int: If ite		1 #Burial 2 Donetion			moval from				MATORY		5/10/96	9/10/96	CAT	CONSV	ILLE.	MD.	
pernit. Pages 1 and 2 should be filed within Department of Health and Mental Hysiene. Important: If item 27 is marked other than any Injury or other traumatic event, in Monee.		21. Signature of Fig.	ral Sarvice	License			121110				ss of Facility THERS FU	INCDAL II			1	, 110.	
88 E 5 8		V Tor	00	1	1-0	2											
		23a. Part Enter the shock or hear	o disaase, or	compile	etions that o	caused tha	deeth. D	o not anta	tha moda o	J LAI of dyin	W PL BA	LIU. MU	errast,	217	1 3	Approximete	
Physician	0	shock, or hear	Tallure. List	only ona	cause on a	aach lina.										Intarval Batwee Onsat and Deel	th
/Medical		Immediete Causa (I disease or condition	Final		CTRRHOS	STS OF	THE I	TVER D	HE TO	CHRO	ONIC ALCOH	OI TOM					
Examiner		rasulting In deeth)	•	a.				a consequ			JATO ALOUI	OLIGI			1		
₽ .≅	ne						,										
ate be executed hysician and the burial-transit	Examiner	Sequentially list conditions,  Due to (or as a consequence of):															
e exe		if any, leading to Im- cause. Entar Undar Cause (Diseesa or i	madiata rlying												i		
# 25 F	dicai	that initiated avants resulting in death) L		C.		Dua	to (or as	e consequ	anca of):						1		
O 0. 0	do I														-		
death co	an			d.											1		
0 9 %	Physician/M	Part II. Other signiff	cant conditio	na contr	lbuting to de	eath but no	t rasulting	in tha und	darlying cau	sa giv	an in Part I.	23b. Die	tobacco	uss con	tributa to 1	the causs of de	eath?
that the de ed by the detached												10	Yss 2	B No	3 Probe	ably 4□Unk	cnown
Se us	þ																
been si should	Completed												s an eutor formed?	osy	avel	a sutopsy findir liabla prior to apletion of causi	_
has b	ig												,			aath?	a
	ပ္ပြဲ											15	Yas 2	□No	10	as 2 No	
ysician: The is certificate director, pag	a	25. Was case refarre examiner?			emit els					lon		eth (Check only	ona)				
Physic this c	10	XXYas 2□N		no		Inpatiant	4444	Outpatient		Oth	4 LI Nursing	Home 5 ☐ Res					
ding Phy h. After thi funeral	lo lo	27. Manner of Death  1XX Natural	5 Pandin		28a. Deta (Moni	of Injury th, Day Yea	ar) 28b	. Tima of fnjury		. Injun		28d. Dascribe	how Inju	y occurre	ed		
death death tor:	cat	2 ☐ Accidant 3 ☐ Suicida	invastig		an Di		***		М		Yas 2 □ No	001.1	(0)	111			
or Attending I after death. Director: After I in by the funer	ertification:	4 Homicide	datarm			of Injury - ing, etc. (S		rarm, strae	at, factory, o	TICE			(Streat an wn, Steta		r or Hural i	Routa Number,	
Hospital or Attending Physician: 24 hours after death. Fuveral Director: After this certific Nely filled in by the funeral director,	O	20a Carillar	1 ( )	m Dhf	lon, T. "	hart of	lance of the										
Hospital     24 hours     Funeral letely filled	edicai	29a. Cartifier (Check only one)	Madical I	y rnysic Examine	r: On tha ba	best of my asis of axa nar stated.	knowled mination a	ga, daath d and/or Inva	stigation, in	my o	na, data and plac pinion, daath occ	e, and due to the urred at the time	causa(s) , data and	and man place, a	ner es sta nd dua to t	ted. ha causa(s)	
2520		29b. Signatura and t	itla of certifiar		A V	, ar stated.			29c. L	.lcans	a number		29d. Dat	le signed	(Month, D	av. Year)	
P \$ 1- 0	- 1	11 2		713	110									-			

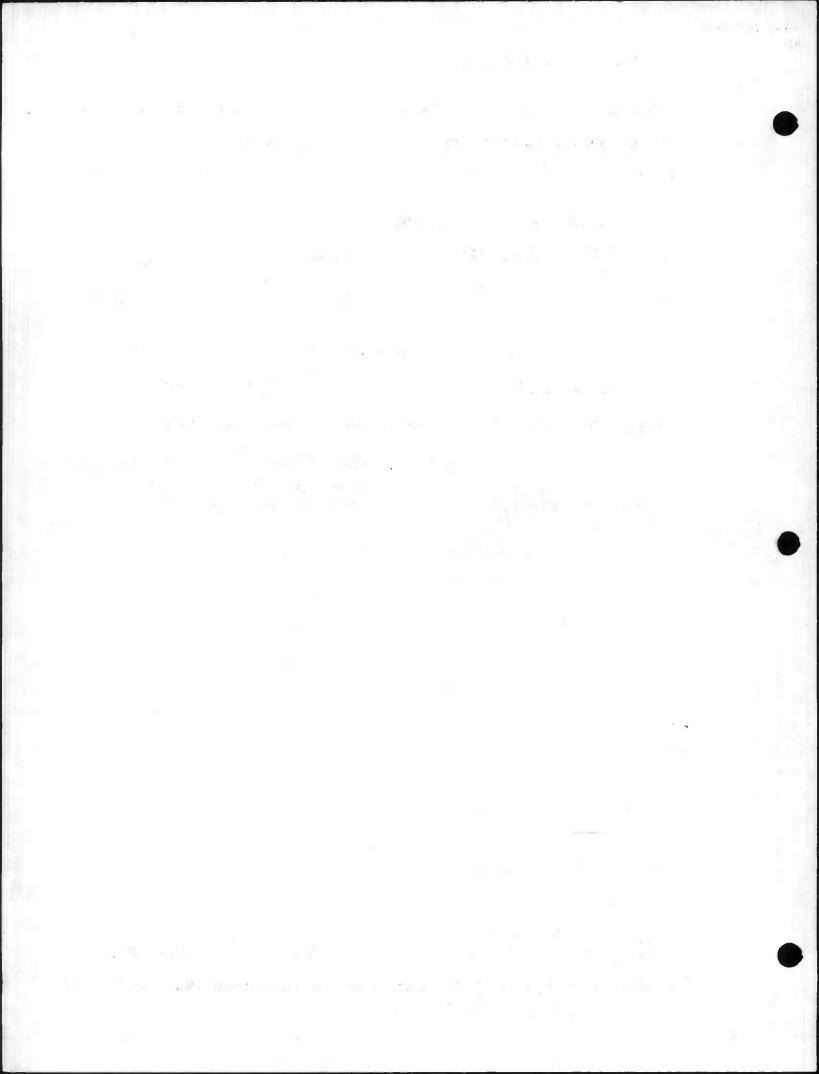
State Registrar

Woken Mm111 Penn Street, Baltimore, Maryland 21201

s of person who completed cause of deeth (Itam 23a) (Type, Print)

OCME

SEPT. 09,1996



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Tima of Deeth <sup>Dey</sup> 1996 Charles R. Jubb Jr. 7:30PM Sept.5, 4a. Facility Name (If not institution, give street end numbar) 4b. City, Town, or Location of Daath 4c. County of Deeth 575 2nd Street Gambrills Anne Arundel if Under 1 Year | If Under 24 Hrs. | 8. Date of Birth | 9. Birthplace (State or Months) | Pays | Hours | Min. | Apr. 22, 1919 | Mary land 5. Social Sacurity Number 7. Aga (In yrs. lest birthday) 9. Birthplace (State or Foreign 1 € M 2 □ F 220-09-8418 77 Yrs. Usual Residance of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits Anne Arundel Gambrills 1 ☐ Yes 2 No 10f. Zip Code 10g. Citizen of What Country? 575 2nd Street 21054 USA 12. Wes Dacedant Ever in U,S. Armed Forces? Wes Decedant of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puarto Rican, atc.) 14. Race - American Indian, Bleck, White, etc. 1 Tyes 2 No If Yes, Give Yeer or Datas: WWII 1 Navar Married 2 Married 1 Yes 2 No Specify: Specify: White 3 ☐ Widowed 4 ☐ Divorced 16e. Dacedent's Usual Occupetion (Give kind of work dona during most of working lifa. DO NOT use retired) 15. Decedent's Education 16b. Kind of Businass/Industry (Specify only highest grede completed) Elementery/Secondery (0-12) College (1-4or 5+) Owner/Operator Excavation 17. Fether's Name (First, Middla, Last) 18. Mothar's Name (First, Middla, Meidan Sumeme) Charles R. Jubb Sr. Florence Collier 19a. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) 575 2nd Street, Gambrills, MD Dorothy N. Jubb 20b. Plece of Disposition (Name of cametery, cremetory or other pleca) 20e. Mathod of Disposition 20c. Location - City or Town, Stata 1 Burlel 2 ☐ Cremetion 3 ☐ Removel from State Maryland Veterans Cem.9/10 4 ☐ Donetion 5 ☐ Other (Specify) Crownsville, MD 21. Signature of Funeral Service Licenses 22. Neme end Address of Fecliity Hardesty Funeral HOme, P.A. 12 Ridgely Ave. Annapolis, MD 21401 23a. Pert1. Enter the disease or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrast, shock, or heart feilure. List only one cause on each line. Approximete Interval Between Onset end Deeth Preumonia Postobstructive moran

Physician /Medical **Examiner** 

and

physician s the burie

**Physician** 

/Medical

Examiner

10a State

10e. Street and Number

Immediata Cause (Finel

disaase or condition resulting In deeth)

11. Marital Status

MD

Director

Funeral

by

Completed

Be

12

**Funerai** 

Director

items 23a or 28a-f st iner must be notified

tha Maryland

with

permit. Pages 1 and 2 should be filed within 72 hours after c Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "instural; or Item 20 pages.

altimore, Maryland 21215-0020

or Attending Physicien: The law requires that the death certificate be axecuted

death. after daath Director: 6

To the Hospital o within 24 hours af To the Funeral Di

Division of Vital Records, P.O. Box 68760,

Sequantially list conditions, if any, leeding to immediate ceuse. Enter Underlying Causa (Diseese or Injury	Due to (or es e consequence of):			
thet initieted events resulting in deeth) Last	Due to (or as a consequence of):			
Pert II. Other significant conditions co	ontributing to death but not resulting in the underlying cau	ise given in Part I.	23b. Did tobecco use co	ntribute to the cause of death
			24a. Was an autopsy performed?	24b. Were autopsy findings evailable prior to completion of ceusa of deeth?
			1 ☐ Yes 2 No	1 Yes 2 No
25. Was case referred to medical		26 Place of Death /	Check only ona)	
	Hospitei:	Othor	~	
25. Wes case referred to medicel examiner?  1  Yes 2 No  27. Menner of Death 1  Naturel 5  Pending Investigation 3  Suicide 6  Could not be	(Month, Day Year) Injury M	Other: 4 Nursing Home	5 Residence 6 Oth d. Describe how injury occurr	ar (Specify) red

29c. Licansa number

S.

crain

2106/

1600

29d. Data signed (Month, Day, Year) September 10 Th

DR. UNIMAGADDA

Registrar

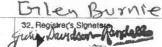
SFP 13 1996

towers

29b. Signetura and title of certifian

31. Dete filed (Month, Day, Year)

Crain



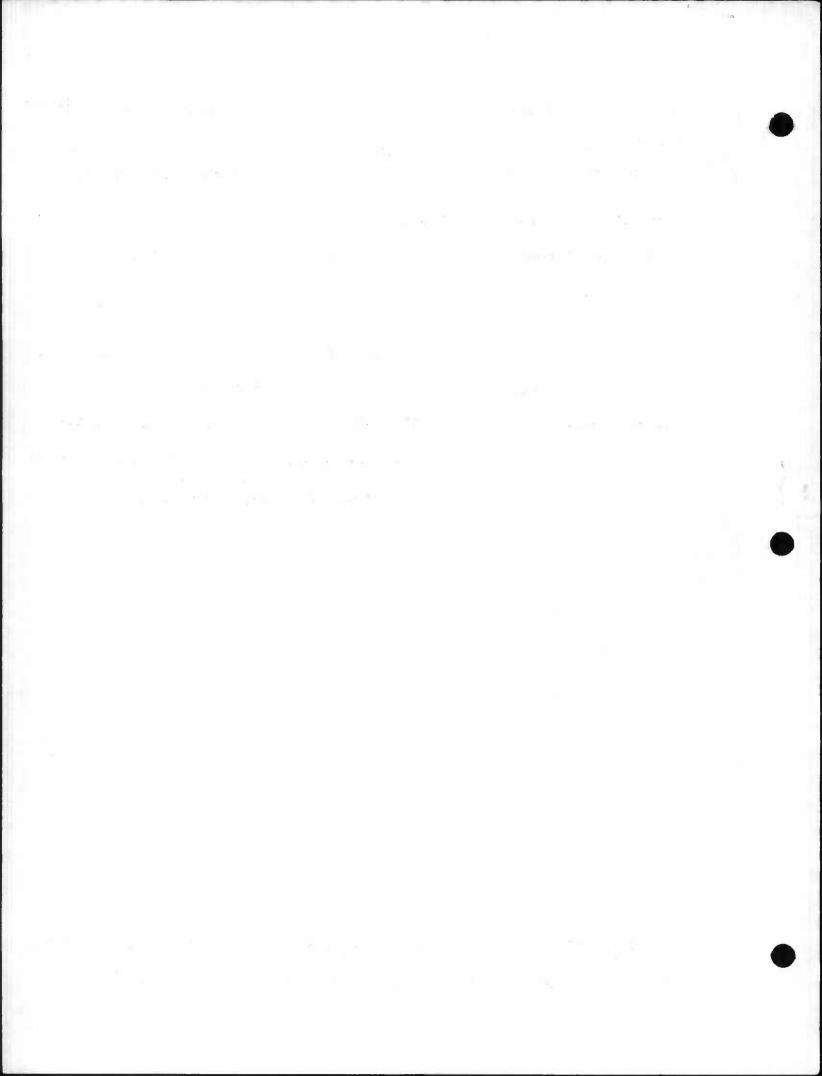
30. Name and address of person who complated ceuse of death (Item 23e) (Type, Print)

STREET, VAN, 1 out to seems to 

State of Maryland / Department of Health and Mental Hygiene

0	7	0	2	1.
6	1	J	6	4

ysician		1. Decedent's Name (First, Middle,	Last)					2. Dete of De	Reg. No.		3. Time of Death
		1 airea K	25,00 -					Month	Dey	Year	7:40 A.M
Medical		la. Facility Name (If not institution,	chia areat and numbers			(A)	City Town o	r Location of Deat	h 4c. County	1996	1.1011
caminer		11 11 11		1 2.		. 2	1.		0	1	
			Sex Topita	1 30		Inder 1 Year	SIEN DO	S. B. Date of Bir	Hone		
neral ector		217 12 6886	1□M 252F	73		nths Days	Hours Mi		9, 1923		ce (State or Foreign 7) land
ad at	- 1-	Usuel Residence of Decedent  10e. Stete 10b. County		10c. City	y, Town or Location	1				100	d. Inside City Limits
be notified at Director	3	Maryland Anne A	rundel	Pa	sadena						1 ☐ Yas 2 🕱 No
or a		10e. Street end Number			10	f. Zip Code			10g. Citizen of V	Whet Country	y?
_		759 - 207th St	reet			2112	2		U.S	5.	
Funeral		11. Meritei Stetus	12. Wes Decedent Armed Forces?	Ever in U,	S. 13. Wes D	Decedent of His	spanic Origin? (	Specify Yes or No irto Rican, etc.)	- 14. Rac	a - American	
by F		1 Never Married 2 Married 3 □ Widowed 4 □ Divorced	1 ☐ Yes 2 🔯1 If Yas, Give Year or Detes:	Vo		es 20000	Specify:		Specify		ite
		15. Decedant's	Education		16a. Decedent's	Usuel Occupa	tion		16b. Kind of B	usiness/Indu	strv
n, the Medical	-	(Specify only highest	grade completed)		16a. Decedent's (Give kind of life. DO NO	of work done di OT use retired)	uring most of w	orking			,
E	5	Elementary/Secondery (0-12) 12th	College (1-4or 5	)+)	Bookk				Essex	Chemic	cal Co.
BeC		17. Fether's Neme (First, Middle, La	st)				18. Mothar's N	eme (First, Middle	, Meiden Sumen	ne)	
ToB	3		Thomas Nov	ak			11	Alma Hoe	nsch		
in it		19e. Interment's Neme/Raietionship			19b. Mailing Add	dress (Street e	nd Number or I	Rural Route Numb	er, City or Town,	Stete, Zip C	code)
ž		Joseph Kasper			759 - 2	207th S	treet	Pasad	ena, Mai	rvland	21122
otho	1	20e. Mathod of Disposition		20b. P	leca of Disposition	(Neme of		Dete	20c. Location -	_	
any injury or once.		1 Donetion 5 Other (Spe			<ul> <li>State V</li> </ul>			9/12/96	Crowns	ville	, Marylan
100	-	21. Signature of Funerel Service Lic		110		ne and Address			Funeral		
8 8		1000	2		4001	Ritch	ie High	way Bal			
- i	5	resulting in death)	0.		r as e consequance		LULE			1	
olbe		Sequentietly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated evants resulting in deeth) Lest	b. CHROM	Due to (o	r as e consequence	of): C o'ot):	FAILUM B 19	EKE			
edical		Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated evants resulting in deeth) Lest	b. CHROM c. COPRON	Due to (or	r as e consequence	a of): 2 a' ot): 1 EM	FAILW	EKE			
nysiclan/Medical		Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated evants	b. CHROM c. COPRON	Due to (or	r as e consequence	a of): 2 a' ot): 1 EM	FAILW		tobacco uss co Yss 2½ No		he cause of death?
by Physician/Medical		Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated evants resulting in deeth) Lest	b. CHROM c. COPRON	Due to (or	r as e consequence	a of): 2 a' ot): 1 EM	FAILW	10	Y88 21 No	3 Probe	a eutopsy findings
be detached for use as the but by Physiclan/Medical		Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated evants resulting in deeth) Lest	b. CHROM c. COPRON	Due to (or	r as e consequence	a of): 2 a' ot): 1 EM	FAILW	1 🗆	1	3 Probe	a eutopsy findings lable prior to pletion of cause
be detached for use as the but by Physiclan/Medical		Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated evants resulting in deeth) Lest	b. CHROM c. COPRON	Due to (or	r as e consequence	a of): 2 a' ot): 1 EM	FAILW	1 🗆 24a. Was perfo	Yss 2 No	3 Probe	a eutopsy findings able prior to pletion of cause sath?
pege 2 should be detached for use as the but		Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated evants resulting in deeth) Lest	b. CHROM c. COPRON	Due to (or	r as e consequence	a of): 2 a' ot): 1 EM	B 13	24a. Was perfo	an autopsy ormed?	3 Probe	a eutopsy findings able prior to pletion of cause sath?
octor, pege 2 should be detached for use as the but  Be Completed by Physician/Medical		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause, Disease or injury that initiated evants resulting in deeth) Lest  Part II. Other significant conditions are supported to medical examiner?	b. CIROM c. COPZON d. contributing to death be	Due to (or Due to (or Due to (or Due to (or Due to (or	r as e consequence	e of):  2 ot):  1 EM  1 of):	B 13 n in Pert I.	24a. Was perfo	Yes 21 No  an autopsymmed?  Yes 21 No one)	24b. Warravail comported to the state of the	a eutopsy findings able prior to pletion of cause sath?
To Be Completed by Physician/Medical		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause, Disease or injury that initiated evants resulting in deeth) Lest  Part II. Other significant conditions  25. Was case reterred to medical examiner?  1 Yes 25 No	b. CIROM c. COPZON d	Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or	r as e consequence r es e consequence ulting in the undarly	e of):  2 ot):  1 EM  2 of):  Ing cause give	B 13 n in Pert I.  26. Piece of D r: 4 Nursing	24a. Was performed to the control of	Yes 21 No  Yes 21 No  One)  dence 6 Oth	24b. Warravail comported to de 1 1 1	a eutopsy findings able prior to pletion of cause sath?
To Be Completed by Physician/Medical		Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated evants resulting in deeth) Lest  Part II. Other significant conditions  25. Was case reterred to medical examiner? 1   Yes   25   No  27. Mapner of Death   5   Pending	b. CIROM c. COPZON d. Hospital: 112 inpatie 28a. Date of Inju	Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or	r as e consequence  r es e consequence  ulting in the undarly  ER/Outpatient 3E  28b. Tima of Injury	e of):  a ot):  1 E	B I S  n in Pert I.  26. Piece of D  T: 4 Nursing et?	24a. Was performed to the control of	Yes 21 No  an autopsymmed?  Yes 21 No one)	24b. Warravail comported to de 1 1 1	a eutopsy findings able prior to pletion of cause sath?
il director, pege 2 should be detached for use as the bur To Be Completed by Physician/Medical		Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated evants resulting in deeth) Lest  Part II. Other significant conditions  25. Was case referred to medical examiner?  1 Yes 2 No	b. CIROM  c. COPZON  d	Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or	r as e consequence r es e consequence ulting in the undarly  ER/Outpatient 3E 28b. Tima of Injury M ome, term, street, te	e of):  1 EM of):  Ing cause give  DOA Othe 28c. Injury Work 1 Y	B 13 n in Pert I.  26. Piece of D r: 4 Nursing	24a. Was perfo	Yes 2 No  Yes 2 No  One)  dence 6 Oth how injury occur  Street and Numb	3 Probe  24b. Warra wait comported to the comported to th	a eutopsy findings able prior to pletton of cause sath?  Yes 20 No
il director, pege 2 should be detached for use as the bur To Be Completed by Physician/Medical		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated evants resulting in deeth) Lest  Part II. Other significant conditions  25. Was case reterred to medical examiner?  1	b. CIROM  c. COPZON  d. Hospital: 1 IV Inpatie  28a. Date of Inju (Month, Da)  ion  be 28e. Piece of Inju building, etc.  Physicien: To the best of aminer: On the basis of	Due to (or  Due to	r as e consequence  r es e consequence  r es e consequence  ulting in the undarly  ER/Outpatient 3E  28b. Tima of Injury  M  ome, term, street, te	DOA Othe  28c. Injury Work 1 Y  2ctory, office	D 13  n in Pert I.  26. Piece of D  17. 4 Nursing et 17. es 2 No	24a. Was performed to the control of	Yes 21 No an autopsy primed?  Yes 21 No one)  dence 6 Oth how injury occur  Street end Numb wn, Stete)	3 Probe  24b. Warra avail comported to the comported to the control of the contro	a eutopsy findings able prior to pletton of cause sath?  Yes 201 No
by the Tuneral director, page 2 should be detached for use as the builtication: To Be Completed by Physician/Medical		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated evants resulting in deeth) Lest  Part II. Other significant conditions  25. Was case reterred to medical examiner? 1   Yes 25   No  27. Magner of Death   Motural   5   Pending investigat   2   Accident   3   Suicida   6   Could not detarmined   3   Suicida   6   Could not detarmined   29a. Certifier (Check only one)	b. CIROM  c. COPED  d. Hospital: 1 Inpatie  28a. Date of Inju (Month, Date)  1 De 28e. Piece of Inju building, etc.	Due to (or  Due to	r as e consequence  r es e consequence  r es e consequence  ulting in the undarly  ER/Outpatient 3E  28b. Tima of Injury  M  ome, term, street, te	a of):  a ot):  DOA Other  Boctory, office	26. Piece of D  T: 4 Nursing et et et et et et et et et et et et et	24a. Was performed to the control of	Yes 2 No an autopsy primed?  Yes 2 No one)  dence 6 Oth how injury occur  Street end Numb win, Stete)  causa(s) and madele end piece,	24b. Warra avail comported 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	a eutopsy findings able prior to pletton of cause sath?  Yes 201 No
premery rilled in by the tuneral director, pege 2 should be detached for use as the but edical Certification: To Be Completed by Physician/Medical		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated evants resulting in deeth) Lest  Part II. Other significant conditions  25. Was case reterred to medical examiner?  1	b. CIROM  c. COPZON  d. Hospital: 1 IV Inpatie  28a. Date of Inju (Month, Da)  ion  be 28e. Piece of Inju building, etc.  Physicien: To the best of aminer: On the basis of	Due to (or  Due to	r as e consequence  r es e consequence  r es e consequence  ulting in the undarly  ER/Outpatient 3E  28b. Tima of Injury  M  ome, term, street, te	DOA Othe  28c. Injury Work 1 Y  2ctory, office	26. Piece of D  T: 4 Nursing et et et et et et et et et et et et et	24a. Was performed to the control of	Yes 21 No an autopsy primed?  Yes 21 No one)  dence 6 Oth how injury occur  Street end Numb wn, Stete)	24b. Warra avail comported 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	a eutopsy findings able prior to pletton of cause sath?  Yes 201 No
pletally filled in by the funeral director, page 2 should be detached for use as the but edical Certification: To Be Completed by Physician/Medical		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated evants resulting in deeth) Lest  Part II. Other significant conditions  25. Was case reterred to medical examiner?  1	d.  Hospital:   I i inpatile  contributing to death be  a contributing to death be  28a. Date of Inju (Month, Da)  be 28e. Piece of inju building, etc  aminer: On the basis of and menner sta	Due to (or  Due to	r as e consequence r es e consequence ulting in the undarly  ER/Outpatient 3E 28b. Tima of Injury M ome, term, street, te	a of):  a ot):  DOA Other  Boctory, office	26. Piece of D  T: 4 Nursing et et et et et et et et et et et et et	24a. Was performed to the control of	Yes 2 No an autopsy primed?  Yes 2 No one)  dence 6 Oth how injury occur  Street end Numb win, Stete)  causa(s) and madele end piece,	24b. Warra avail comported 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	a eutopsy findings able prior to pletton of cause sath?  Yes 201 No
pletally filled in by the funeral director, page 2 should be detached for use as the but edical Certification: To Be Completed by Physician/Medical		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated evants resulting in deeth) Lest  Part II. Other significant conditions  25. Was case reterred to medical examiner? 1   Yes 25   No  27. Magner of Death   Motural   5   Pending investigat   2   Accident   3   Suicida   6   Could not detarmined   3   Suicida   6   Could not detarmined   29a. Certifier (Check only one)	d.  Hospital:   I i inpatile  contributing to death be  a contributing to death be  28a. Date of Inju (Month, Da)  be 28e. Piece of inju building, etc  aminer: On the basis of and menner sta	Due to (or  Due to	r as e consequence r es e consequence ulting in the undarly  ER/Outpatient 3E 28b. Tima of Injury M ome, term, street, te	DOA Othe  28c. Injury Work 1 1 Y  actory, office	26. Piece of D  T: 4 Nursing et et et et et et et et et et et et et	24a. Was performed to the curred et the time,	Yes 2 No an autopsy primed?  Yes 2 No one)  dence 6 Oth how injury occur  Street end Numb win, Stete)  causa(s) and madele end piece,	24b. Warra avail comported 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	a eutopsy findings able prior to pletton of cause sath?  Yes 20 No



State of Maryland / Department of Health and Mental Hygiene

27325

						Certificate of	of Death		Reg. No.		1020		
			1. Decedent's Nama (First, Middle, Last,	)				2. Deta of Dec Month			Fim th		
	Physic /Medi			Mary Reb	ecca	Koch		SEP		996 <b>5</b> :	UU PM		
	Exami		4a. Facility Neme (If not institution, give	street and number)			4b. City, Town, or L	ocation of Death	4c. County	of Deeth			
1			Howard County	General Ho	spital	1	Columb	ia	F	loward			
Г	Funeral	Г	Sociel Security Number 6. Sa:	7. Age (In	yrs. lest bir	thday) If Under 1 Ya	ar If Undar 24 Hrs.	8. Dete of Birt (Month, De			Steta or Foreign		
	Director		214-01-2207	2X (	35	Yrs.		JUL 16	, 1911	West V	irginia		
	pu k		Usuel Residence of Decedent  10e. Steta 10b. County	10	c. City, Tow	n or Location				10d In	sida City Limits		
	r 28a-f show	0	Maryland Howar				ioott City				☐Yes 2X No		
	the i	Director	10e. Street and Number	u		10f. Zlp Cod	icott City	-	10g. Citizen of \				
	with Sa or	ā	9103-C Town & Coun	try Blad			21043		rog. Onizorror	USA			
	leeth	era		12. Was Decedent Ever	in U.S.	13. Was Decedent		pecify Yes or No-	- 14. Rac	e - Amarican Inc	tian.		
Maryland 21215-0020	within 72 hours after deeth with the Meryland ene. then "natural", or items 23a or 28a-f show he Medical Examiner must be notified at	by Funeral	1 □ Nevar Marriad 2 □ Married 3 □ ◯ Widowed 4 □ Divorced	Armed Forces?  1 Yas 2 No If Yes, Give Yeer or Detes:		If Yas, specify C	of Hispanic Origin? (Sp Suban, Maxican, Puerto No <i>Specify:</i>	Rican, etc.)	Specify	ck, White, etc.			
0	2 hou	8	15. Decedent's Edu		16e.	Decadent's Usuei Oc	cupetion		16b. Kind of B	will ce usiness/industry			
215	d within 72 ho piene. r than "natur	Completed	(Specify only highest grade Elementery/Secondery (0-12)	College (1-4or 5+)		(Give kind of work do life. DO NOT use re	ne during most of work tired)	king					
21	73 75 16	ĕ	12	College (1-401 34)		Homemake	er		Home	making			
pu	al Hygin	Be	17. Fether's Neme (First, Middle, Lest)				18. Mother's Nem	ne (First, Middle,					
yla	should be and Mental marked of umatic eve	To	David Gwi	lliam Davi	es			Mabe1	1 Utt				
Jar			19e. Informent's Neme/Reletionship (Ty			. Meiling Address (Str			er, City or Town,	Stete, Zip Code	)		
	Health Health em 27		John U. Davies / B			03-C Town			Ellicott City,MD 216				
Baltimore,	permit. Pages 1 end 2 Department of Health Important: If Item 27 I. any Injury or other tra once.		20e. Method of Disposition 1 ☐ Buriel 2 【Cremetion 3 ☐ R		Ob. Place of cemeter	e of Disposition (Neme of etery, cremetory or othar place)  Dete 20c. Location - City or Town, Stata							
E	men men jury		4 ☐ Donation 5 ☐ Other (Specify)		Metro	Crematory	, Inc. 09/	13/96	Balti	more, M	D		
ag	Departiment Important Information Informat		21. Signature & Funeral Service License	Ma Hay		22. Name and Ad	dress of Facility  n Society						
-	2026 a		George E. Mac	Nabb			erick Road			21228			
			23e. Pert1. Enter the diseese, or compli shock, or haert failure. List only or	cetions thet caused the ne ceuse on aach line.	deeth. Do	not enter the mode of	dylng, such as cardiec	or respiretory en	rrest,	Appr	oximete vai Between		
Ò.	Physician									Onse	et end Deeth		
	/Medical Examiner		Immediete Cause (Finel diseese or condition resulting in deeth)	Cardiac	Arres	t				12	hns		
		<u></u>	resulting in deeth)			consequenca of):					,		
	ted nsit	in in		Myocardia	al In	farction				12	has		
. 00	icata be executed physician and s the burial-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Entar Underlying Cause (Disease or Injury	Due	to (or es e	consequence ot):							
2	be e siciar buri		cause. Entar Underlying Ceuse (Diseese or Injury thet Initieted events										
68760,	ertificata be executed ling physician and e es the burial-transit	edicai	rasulting In deeth) Last	Due	to (or as a	consequence ot):				1			
XO	2 2 2	₹		l									
Ď	death e etter	Physician	Pert II. Other algnificant conditions con	tributing to dooth but no	t sociation is	a the underlying equal	sine le Dod I	ash Did	lahasaa usa aa	mtributo to the c	auga of double?		
0	y th	hys	reith. Other arginicant conditions cor	idibuting to death but no	it resulting if	i the underlying cause	given in Pert I.		Yee 2 No	ntribute to the o	4 Unknow		
S, D		by P						, .	100 2010	0_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Acumon		
rd	- 0 D								en autopsy mad?	24b. Were eu available			
006		piet						perio	maur		on ot cause		
ď	0 4 6	Completed						101	res 2 No	1 ☐ Yes	2 No		
ita	dclan: The	Bec	25. Wes case reterred to medical				26. Plece of Dee	th (Check only o					
>	5 00	To	exeminer? 1 ☐ Yes 2 No	lospital: 1 💢 Inpatient	2 ER/O	tpetient 3□ DOA	Other: 4 Nursing H	ome 5 Resid	denca 8 □Oth	ner (Specify)			
0	tending Philosoph.  Total After the the funeral		27. Manner of Death 1 XNeturel 5 ☐ Pending	28a. Dete of Injury (Month, Dey Yea	28b. 7	Time ot 28c. In	njury et Work?	28d. Describe i	now Injury occur	red			
Sio	Attending or death. sctor: After by the fune	catio	2 Accident Investigation				I ☐ Yes 2 ☐ No						
Division of Vital Record	Ved A	Certification:	3 Suicide 6 Could not be determined	28e. Placa ot Injury - building, etc. (S)	At home, te pecify)	rm, street, fectory, offi	ca	28f. Location (5 City or Tov		per or Rurel Rout	e Number,		
	urs a urs a rail D												
	To the Hospital or within 24 hours after To the Funeral Dir completaly filled in	edicai		iclan: To the best of my er: On the basis of exa							ause(s)		
	within 2 To the comple	Med	29b. Signatura and the of certifier	and magner steted.		200 Lin	ense number		20d Data signs	d (Month, Dey, )	Veer)		
	7 × 1 8		and organization and the control of	LX									
			/mm/	2			32778		Septemb	er 12, 1	1996		
			30. Neme and address of person who co	mpleted cause of eeth	(Item 23e)	(Type, Print)							

State Registrar

Sean T. Gloth, M.D.

2850 N. Ridge Road Ellicott City, MD 21043 (Suite 104)

DHMH 16 Rev 6/95

Section of the side

1					Certifica			ia wichtai 11	Reg. No.	20	47020			
	sician edical	Lichmed First, Middle Lichmed File	e, Last)	KREbs				2. Dete of D Month	eeth Dey 9	**76	3. Time of Seath			
	miner		n, give street end number	Harpisa	1		Solo	or Location of Dea	th 4c. County of Deeth N/A					
Funei Direct		5. Sociel Security Number 220–34–5765	6. Sax 12 M 2□ F	ga (In yrs. last bin 58	Yrs. If Un Month	dar 1 Yaa ns Deys		Hrs. 8. Data of B Min. (Month, D Aug. 8	irth ley, <i>Year)</i> 3, 1938		pieca (Stete or Foreign htry) yland			
ith with the Maryland 23a or 28a-f show	ctor	Usuel Residence of Decedent  10e. Stete 10b. County  Md. Balt	imore	10c. City, Town	or Location	re				1	0d. Insida City Limits 1 ☐ Yes 2 ☐ No			
h with th	ai Dire	10e. Street end Number 7314 Johnnycak	ke Road		10f.	Zip Code 21	228		10g. Citizen of What Country? U.S.A.					
after dea or items	by Fune		12. Wes Decedant Armed Forces? 1 X Yes 2 ☐ If Yes, Give Yaar or Detas:			cedent of pecify Cul		? (Specify Yas or Nouerto Rican, etc.)		4. Raca - American Indian, Bleck, White, atc.  Specify: White				
within 72 hours ene. then "netural",	Completed	15. Decedent (Specify only highes Elementery/Secondery (0-12)	's Education It grade completed)  College (1-4or				upetion e duning most of ed)	working	16b. Kind of 1					
land id be filed fental Hygi ked other	To Be Co	17. Fether's Neme (First, Middle, I	•				18. Mother's	Name (First, Middle an Edith	a, Maiden Suma					
ind 2 should be alth and 32 is man but traument		19e. Informent's Neme/Relationsh Claire C. Krebs						or Rural Route Numb d Baltimo						
Pages 1 and the ment of the me		20a. Method of Disposition  1   Buriel 2 □ Cremetion  4 □ Donetion 5 □ Other (Sp.					apt. 14 al Ceme		20c. Location Baltim		wn, Stete aryland			
permit. Departm	DUCE	21. Signeture of Funeral Service Licansee  22. Name and Addrass of Facility Witzke Funeral Home, Inc.  1630 Edmondson Avenue Catonsville, Maryland  23e. Part Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest,  Approximate												
Physicia	_	snocky or heart fellure. List of	only one ceuse on each II	ne.	ot enter the m	ode of dy	ring, such es car	rdiac or respiratory	errest,		Approximete Intervel Batween Onset and Deeth			
/Medica Examine	_	Immediate Cause (Final disease or condition resulting in deeth)	. Elec	TRO P		nic.	sl,	Dissoci	ATia	11	mediare			
ned I	Examiner		b. Ve	nmico	142	F	ib pell	Min		/	mmedian			
rificate be executed ng physician and as the burial-transit	edicai Exa	Sequentielly list conditions, if eny, leeding to immadiate cause. Enter Underlying Ceuse (Diseese or injury that initieled events resulting in deeth) Last		Due to (or es e co		1): Hypo	ib pull	ion		10	mmediar nmediare			
E Oa	-		d											
. e e e	by Physician/N	Part II. Other significant condition SEVERE PUL				causa g	iven in Pert I.		tobacco use co		the cause of death?			
law requires that the as been signed by the	Completed b	Mirast		24a. Wes	s en autopsy ormed?	COL	ara autopsy findings ellable prior to mpletion of cause death?							
n: The ficate h											Yas 2 No			
fing Physician: The law h. After this certificate has funeral director, page 2	To Be	exeminer?  Hospitel: 1 Throughout 2 FB/Outpatient 2 FB/Outpati						26. Piece of Deeth (Check only one)						
iding Phy th. : After this funeral d	tion:	27 Menner of Beeth 260 Pote of Inlune 200 Time of 200						28c. Injury et Work?  1  Yes 2 No						

Division To the Hospital or Attending within 24 hours after death.
To the Funeral Director: Afte completely filled in by the fun

2 Accident 6 Could not be determined 3 Suicide 28e. Pleca of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Routa Number, City or Town, Stele) 4 Homicide 29e. Certifier

Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete and piece, end due to the ceuse(s) end menner es stated.

Medical Examiner: On the besis of examinetion end/or investigation, in my opinion, deeth occurred at the time, dete end piece, and due to the ceuse(s) and manner stated. 29c. Licanse number

29b. Signature and title of gr

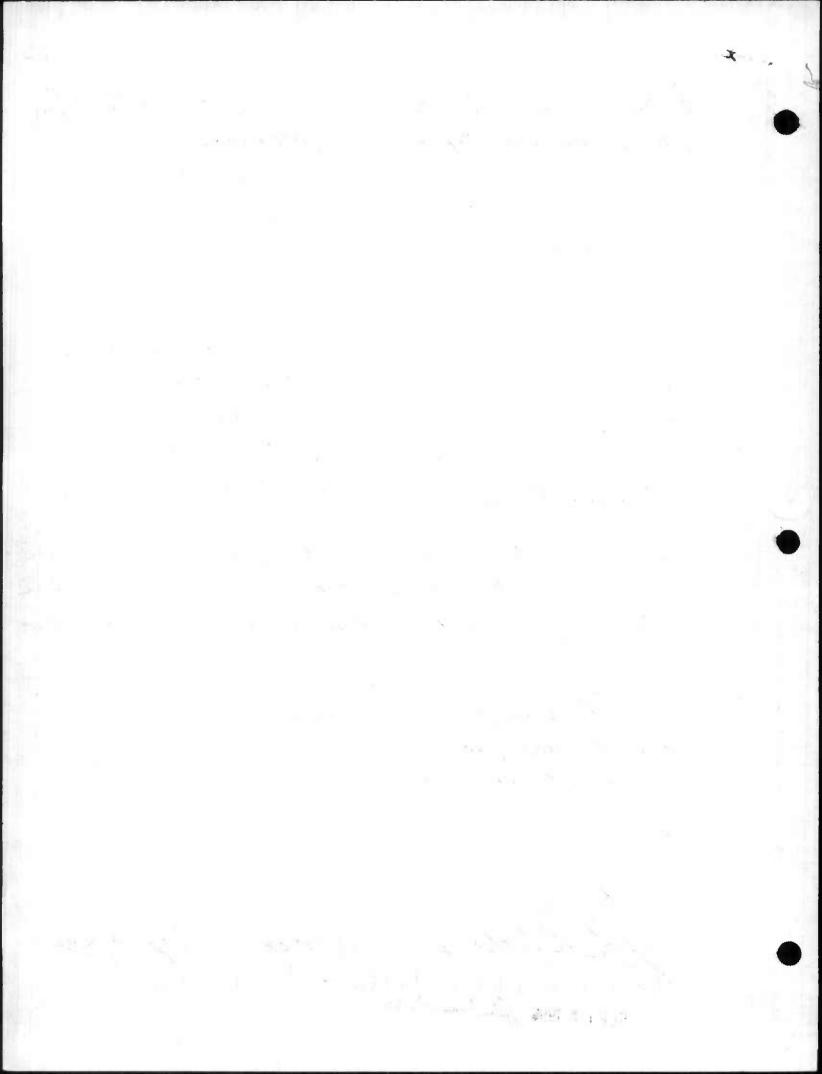
20586

29d. Date signed (Month, Day, Year)

31. Data filed (Month, Dey, Year) State

32. Appistrar's Signeture Political

Medical Certification



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middla, Last) 2. Dete of Death 3. Time of Death **Physician** Month Year ROGERS KRAFT 550am 96 12 /Medical 4e. Facility Name (if not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner BAYVIEW MEDICAL CENTER BALTIMORE If Under 1 Yeer If Under 24 Hrs. 8. Dete of Birth (Month, Day, Year) 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** Months 1 ★ M 2 F 212-28-5628 92 Yrs. Director 26,1903 CONNECTICUT Usual Residence of Decedent 10a Stete 10b. County 10c. City. Town or Location 10d. Inside City Limits the Marylar r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at FLORIDA 1 Yes 2 No Director N/A DELAND 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 101 N. AMELIA AVENUE - APT-412 U.S.A. 32724 Funeral 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Black, White, etc. filed within 72 hours after 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: 1 ☐ Never Married 2 ☐ Married altimore, Maryland 21215-0020 1 Yes 2K No Specify: þ Specify: 3X Widowed 4 □ Divorced WHITE Completed 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 15. Decedent's Education (Spacify only highast grada complated) 18b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) pormit. Pages 1 and 2 should be filed w
Department of Health and Mental Hygien
Important: If flem 27 is marked other the
any Injury or other traumetic HOMEMAKER HOMEMAKING 6TH GRADE 17. Father's Name (First, Middla, Last) 18. Mother's Name (First, Middle, Maidan Sumama) Be EDWARD W. ROGERS LILLIAN B. PATTERSON 19a. Informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) THOMAS H. KRAFT (GRANDSON) 1421 SPRING AVENUE-BALTIMORE, MD 20b. Placa of Disposition (Nama of cemetary, cramatory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removel from Stete GHESAPEAKE CREMATORY, INC 9/13/96 BELTSVILLE, MD 4 ☐ Donation 5 ☐ Other (Specify) 21. Signeture of Funeral Service Licensee Name and Address of Fecility HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVENUE-BALTIMORE, MD 21229 1410 / WILKENS AVENUE-BALTIMORE

The resolution of the complete of the mode of dying, such as cardiac or respiratory arrest, or mean failure. List only one cause on each line. Approximate Interval Between Onaet and Deeth **Physician** /Medical Immediate Cause (Final SEPSIS disease or condition resulting in death) Examiner Examiner neart STIVE attending physician and for use as the burial-transit be executed Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initieted events resulting in death) Lest Due to (or as a consequence of) Box 68760, Physician/Medical Due to (or es a consequence of): signed by the atte Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? Division of Vital Records, P.O. 1 Yes 2 No 3 Probably 4 Unknown P Completed 24a. Was an autopsy performed? 24b. Were sutopsy findings available prior to completion of cause of death? page 2 certificate has 1 Yes 2 No 1 Yes 2 No 25. Was case referred to medical Be 26. Place of Death (Check only ona) Other: 4 Nursing Home 5 Residence 8 Other (Specify) Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA 1 Yes 2 No 2 After this funeral 28e. Date of Injury (Month, Day Year) 27. Manner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred Certification: Attending 5 Pending Investigation 1 Natural Injury death. 1 ☐ Yes 2 ☐ No To the Hospital or Attendition within 24 hours after death.
To the Funeral Director: A complataly filled in by the fo 2 Accident 3 Suicide 6 Could not be determined 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 - Homicide Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

Medical Examiner: On the basis of ayamination and/or investigation in my calculated. 29a. Certifier Medical Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated.

State

DR. SABA SAMEE 31. Date filed (Month, Day, Year) SEP 13 1996

30. Name and eddress of person who completed cause of death (Item 23a) (Type, Print)

and title of certifier

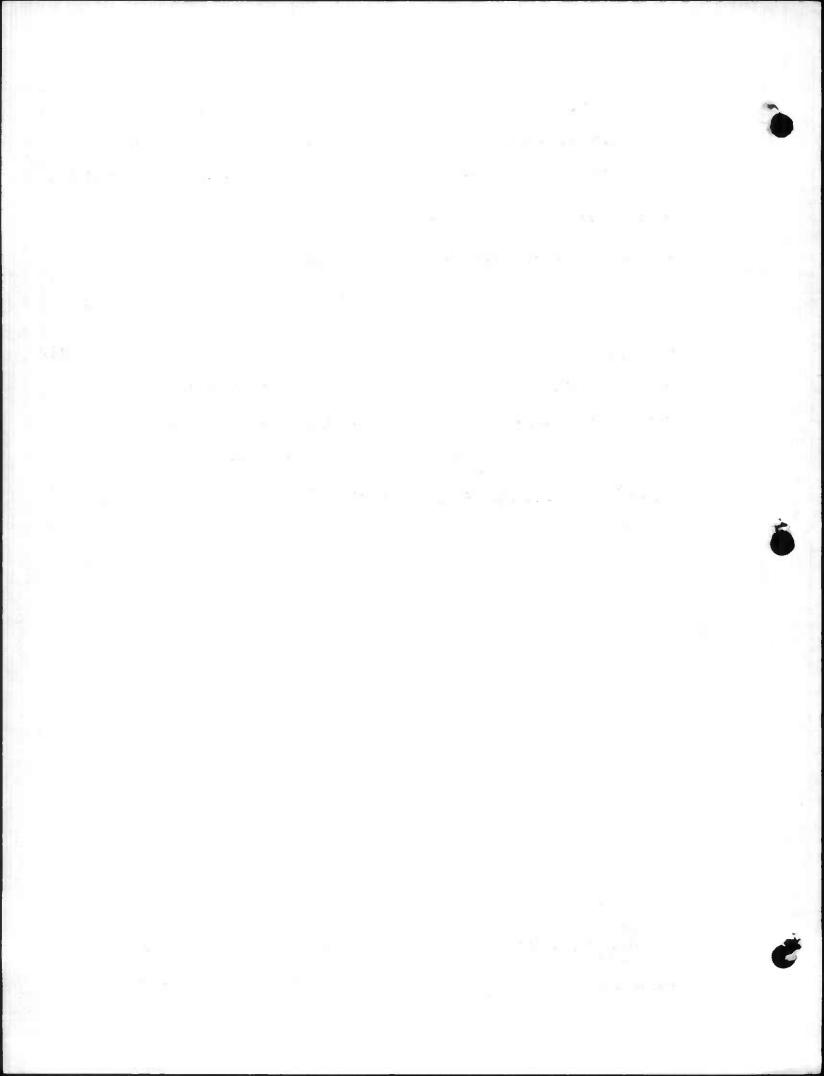
29b. Signeture



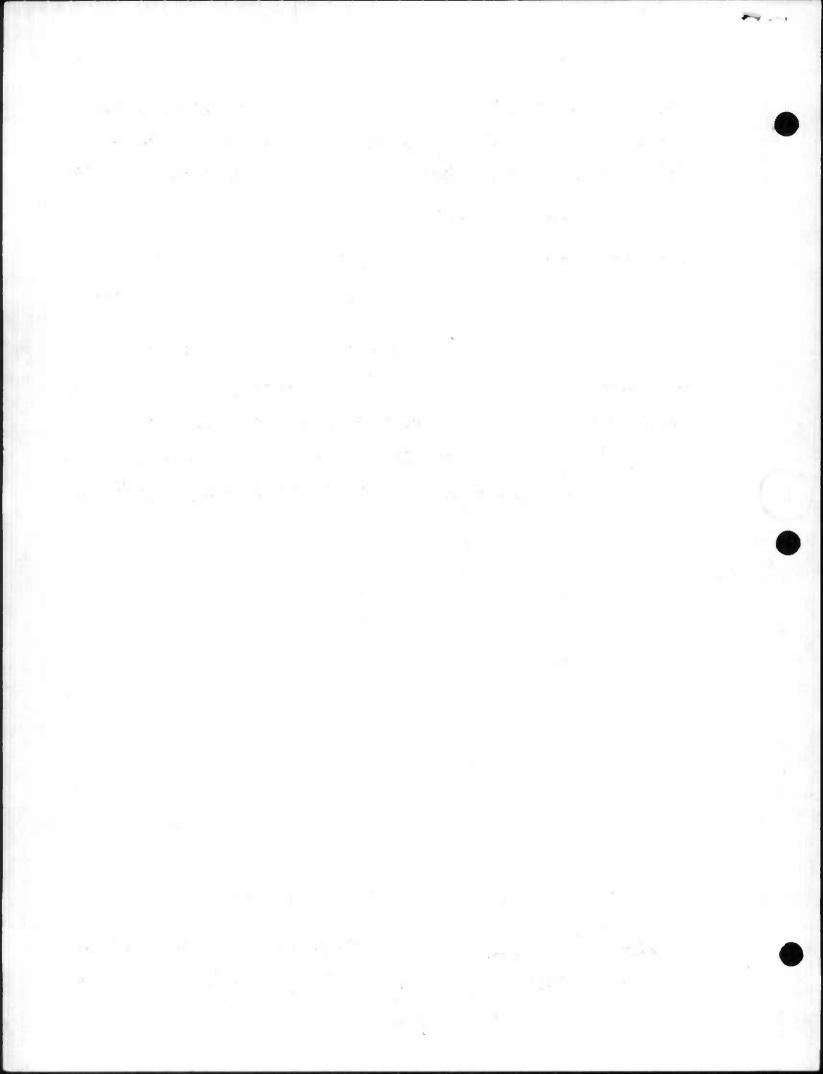
29c. License number

29d. Date signed (Month, Day, Year)

Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth **Physician** TOLI CADA /Medical 4e. Facility Name (If not institution, give street and number 4b. City, Town, or Location of Death 4c. County of Death Examiner Shun Din \$10 WALD thday If Under 1 Year 5. Social Security Number If Under 24 Hrs. 9. Birthplace (State or Foreign Country) PA **Funeral** 220-20-249 10 M 200 Deys Hours Director Pages 1 and 2 should be filed within 72 hours aftar death with the Maryland 10a State 10h County 10c. City, Town or Location mast be nothed at 10d. inside City Limits MD BALTIMORE CATONSVILLE Director 1 ☐ Yes 2 🗓 No 10e. Street end Number 10f. Zip Code 10g, Citizen of What Country? 6018 BURNT OAK ROAD U.S.A.
14. Rece - American Indian,
White, etc. Funeral 21228 Herra 2 12. Was Decadent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Dates: 11. Marital Status Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 6 by 1 Yes 2 No Specify: Specify: WHITE 3 Widowed 4 □ Divorcad "natural", Completed 16a. Decadent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 18b. Kind of Business/Industry (Specify only highest grade at Hygiane. Elementary/Secondary (0-12) College (1-4or 5+) HOMEMAKER OWN HOME traumatic avent. 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surname) Be ind Mental I ANDREW MATTA HELEN TOMKO Department of Health and Milmportant: If Item 27 is mari any Injury or other traumati once. 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) AURELIA HODGE 6018 BURNT OAK ROAD CATONSVILLE MD 21228 20b. Place of Disposition (Name of cemetery, crematory or other place) 20e. Method of Disposition 20c. Location - City or Town, State 1 XBurlel 2 Cremetion 3 Removel from State SACRED HEART OF JESUS SEPT. 10,96 DUNDALK MARYLAND 4 Donation 5 Other (Specify) 22. Name and Address of Fecility 4107 WILKENS AVENUE HUBBARD FUNERAL HOME, INC. nome BALTIMORE MD 21229 for complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, and only one cause on each line. Approximate Interval Between Onset and Death **Physician** /Medicai Immediate Cause (Final disease or condition resulting In death) Examiner Examiner Mojor Any temis the attending physician and hed for use as the burial-transit The law requires that the death certificate be assecuted Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest Due to (or as/a consequenca of): Division of Vital Records, P.O. Box 68760. 145m/hr Physician/Medical Due to (or es a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? i signed by the 1 ☐ Yes 2 ☐ No 3 ☐ Probably JUnknown é Completed 24e. Wes en eutopsy performed? 24b. Were autopsy findings available prior to completion of cause of death? has been certificate 1 Yes 1 ☐ Yes 2 ☐ No or Attending Physician: Be 25. Was case referred to medical examiner? 26. Placa of Death (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2 Ho Certification: To 1 Inpatient 2 ER/Outpatient 3 DOA After this 27. Manner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 5 Pending investigation 1 Natural death. 1 ☐ Yes 2 ☐ No 2 Accident within 24 hours after deat To the Funeral Director: 6 Could not be determined 3 ☐ Sulcide 28e. Place of Injury - At home, farm, street, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 2 4 Homicide the Hospital 1 Certifying Physician: To the best of my knowledge, death occurred at the time, dete and place, end due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date end place, and due to the cause(s) and manner stated. Medical 29a. Certifier (Check only 29b. Signature and title of certifie 29c. License number 29d. Dete signed (Month, Day, Year) 868 30. Name and address of person who completed cause of death (ttem 23a) (Type, Print) (due bus DIENEN 11055 Lotre 21044 31. Date filed (Month, Day, Year) 32. Begistrar's Signature State lia Davidson Registrar



### Please Type or Print in Black Indelibie ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hydiene 96 27329

				State of Marylan		tificate of			gierie	0 410	123
	St		1. Decedent's Name (First, Middle, Las	st)				2. Date of De			a of Death
	Physici /Medi		Josephine	Helen		Klein		Month Septemb	er 10.	Year 1996 2:00	a.m.
	Exami		4a. Facility Name (If not institution, give	street end number)			4b. City, Town, or L				
-	Funeral Director		Montgomery Genera 5. Social Security Number 015-18-6838	1 Hospita1 ex 7. Aga (In yrs. □ M 2√√ F 81	last birthday) Yrs.	If Undar 1 Year Montha Days	01ney If Under 24 Hrs. Hours Min.	8. Date of Bird (Month, De Aug. 29	h y, Year)	gomery  9. Birthplaca (Ste. Country)  Massachus	
	pu ,		Usual Residence of Decedent								
	ahov ahov	_	10a. State 10b. County		ty, Town or Lo						a City Limits
	9 P	Director	Maryland Montgom	ery Si	llver S						es 218 No
	vith u	둡	10e. Street and Number			10f. Zip Coda			10g. Citizen of V	- dimedia.	
	23	ra	15107 Interlachen		- 11-1	20906			U.S.		
21215-0020	n 72 hours after death with the Maryland "neturel", or flems 23s or 28s-f show gotes Event net man be notified at	by Funeral	11. Marital Status 1 ☑ Nevar Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	12. Was Decedent Ever In U, Armed Forces? 1 ☐ Yes 2 ☒ No If Yea, Give Yaar or Detes:	H	Vas Decedent of F Yes, specify Cub	Hispanic Origin? (Span, Mexican, Puerto Specify:	pecify Yes or No- o Rican, atc.)	Specify	e - American Indian k, Whita, atc.  White	•
2-0	72 ho	Completed	15. Decedent's Ed		16a. Deced	ant's Usual Occup	pation	kina	16b. Kind of Bu	siness/industry	
21	C	ple	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4or 5+)	lifa. C	OO NOT use retire	during most of world)	King			
	filed within Hygiene. ther than	S	12	5+	Jud	ge and A	ttorney		Legal		
Maryland	d 2 should be filed within th and Mental Hygiene. 7 Is marked other than traumatic event, the M	Be	17. Father'a Name (First, Middle, Last)				18. Mother's Nam			е)	
yla	should be nd Mental marked o	2	Isaac Klein				Bertha	I. Adol	.pn		
Var	2 2 2 2		19a. Intormant'a Name/Relationship (7	ype, Print)	19b. Mallin	g Addresa (Streat	t and Number or Ru	rai Route Numbe	er, City or Town,	State, Zip Code)	
-	and m 27		Paul Gold/Nephew				rnut Road	7			84124
timore	Pages 1 ment of F lant: If lits jury or of		20e. Method of Disposition 1 ☐ Burial 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specify	Ramoval from State	emetery, crem	sition (Neme of atory or other pla	ce)	Date	20c. Location -	City or Town, Stata	
Ba	Department Important: I any Injury o		Con and By	VanSant	r	altimore	ess of Facility tomy Boar e, Mkaryl:	and 212	01-1559	ore Stre	et
			23a. Part1 Enter the diseasa, or comp shook, or heart tallure. List only of	plications that caused the death	h. Do not ente	r tha mode of dyli	ng, such as cardiac	or raspiratory as	rest,	Approxim	nate Between
4	Physician /Medical Examiner		Immediate Cause (Final diseasa or condition				tion			Onset a	days
	2000 A 100 A 100	Jer	resulting in death)	Peritor	or as a conseq	uence ot):			1	6	davi
	cate be executed physician and s the burial-transit	Examiner	Sequentially list conditions	D	or as a consequ	uence of):					1
o,	an ar		Sequentially list conditions, if any, leading to immadiate cause. Enter Underlying Cause (Disease or Injury		ndia	0	nfact	200		6	dan
68760,	ficate be executed g physiclen and ss the burial-transi	edical	Cause (Disease or Injury that initiated eventa rasulting in death) Last	Due to (o	r as a consequ	anca ot):	nyoul	702			ovey,
	T 00		Lastring in county East	, Renal	Fa	ilvee				16	days
Box	death certiffine stending	an		d. / C C C C	1.00					1	P
	0 0	Physician/M	Part fi. Other significant conditions co	entributing to death but not ras	uiting in tha un	derlying cause give	van in Part I.	23b. Dld (	lobacco use cor	ntribute to the caus	se of death?
s, P.(	es thet tha de igned by the be detached	by Phy	Chroni	obstruct	ve f	Ulmon	ary Disk	ase 1x	Yes 2□ No	3 Probably 4	Unknown
Records,	ew requir	Completed	Hyperten.	sion				24a. Was perfo	an autopsy med?	24b. Ware autopo available pri completion of death?	or to
			Peripher	al Vasco	lar.	Pisca	ie	101	res 2 to	1□Yes a	20 No
of Vital	Physician: The this certificate and director, page	To Be	25. Was case reterred to medical examiner?  1 Yes 2 No	Hospital:	ER/Outpatien	3□ DOA Oth	28. Place of Dea		na) dence 6 □Othi	ar (Specify)	
-	P 0 0		27. Manner of Death 1 Natural 5 Pending	28a. Data of Injury (Month, Day Year)	28b. Tima of Injury	28c. fnjur Wo			now Injury occurr		
Division	I or Attending P after death. I Director: After t d in by the funer	Certification:	2 Accidant Investigation 3 Suicide 6 Could not be datarmined		ome, tarm, stre		1103 2 110	28t. Location (S City or Tox		er or Rural Route N	lumber,
	To the Hospital or Attending within 24 hours after death.  To the Funeral Director: After completely filled in by the fun	edical C	29a. Certifler (Check only one) Certifying Phy 2 Medicat Exam	/sician: To the best of my knowiner: On the basis of axaminat and mannar stated.	wledga, daath tion and/or inv	occurred at the tid estigation, in my o	me, data and place, opinion, death occur	, and dua to tha rred at the time,	causa(s) and ma date and placa, s	nnar as stated. and due to tha caus	ie(a)
	outh ompl	Me	29b. Signature and title of certifier	0		29c. Licens	se number		29d. Data signed	i (Month, Dey, Year	()
	- s - ö		Mawn	Drodene		04	TAFE		- 1		1001
			30. Name and address of person who c	completed cause of death (item	23a) (Tuno 1	Print)	3 17		Tich	10	1996
			18111 Prina	VI II	Dr	T/2	0/0	ry M	10 2	ber 10 0832	
	Sta Registr		31. Date tiled (Month, Day, Year)	32. Registrer's Signa	iture			1			

## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

State of Maryland / Department of Health and Mental Hygiene

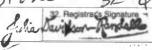
$\bigcirc$	-7	0	0	0
6	-	J	J	0

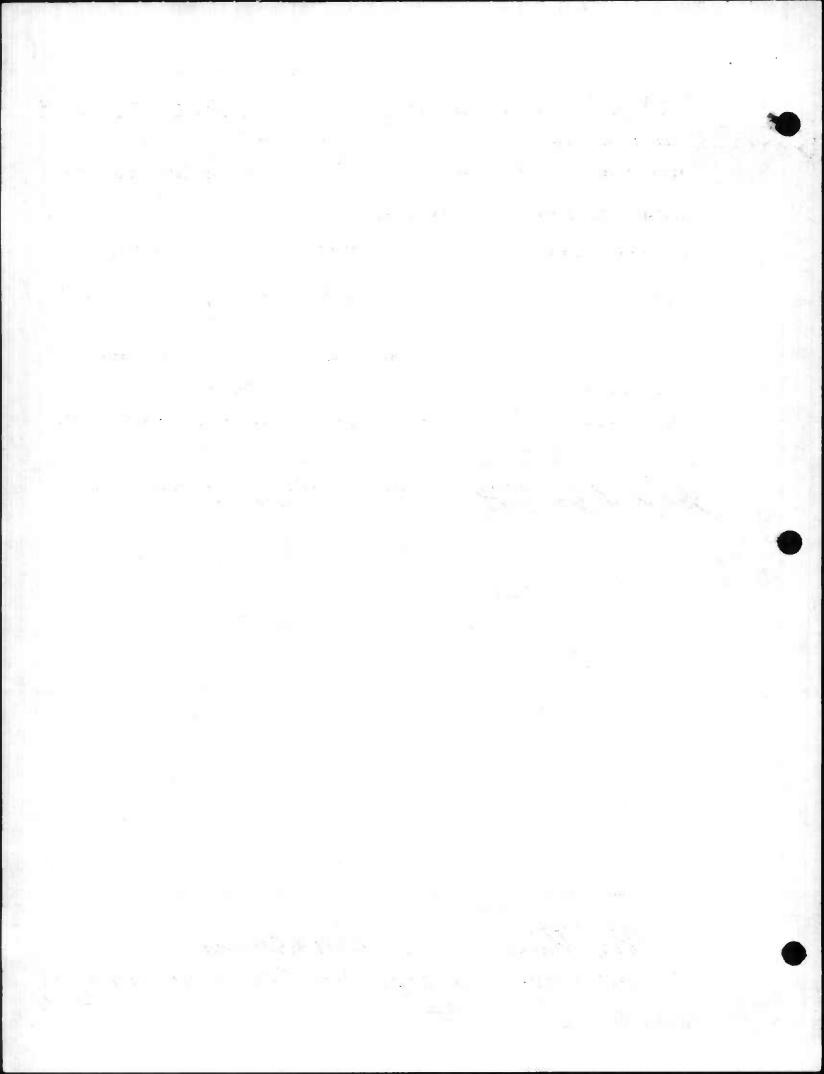
					Ce	rtifica	te of	Death			Reg	. No.		
Physician /Medical	ical Shirly Manjorle Maker Systember 5, 1996											3. Time of Death		
Examiner			give street end nu	umber)			-	tb. City, To			eeth	4c. County		
		Harford Memorial		al						Grace		Har	ford	
Funeral Director		Social Security Number 047-22-5750	6. Sex 1 ☐ M 2 五 F	7. Age (in yrs. 70	lest birthday) Yrs.	Month Month	ar 1 Yaar Days	If Undar Hours	Min.	8. Dete of (Month, Oct.)	Birth Dey, Y	925	9. Birthe Cour Cana	piaca (Stete or Fore ntry) nda
		sual Rasidance of Decedent												
show		0a. Stete 10b. County		10c. Ci	ty, Town or Lo	ocation							1	0d. Inside City Limi
be notified Director	L	Maryland Cecil		Pe	erryvil	le.								1□Yas 2⊠N
or 2	11	0e. Street and Number				10f. 2	ip Code				10g	. Citizan of	What Cou	ntry?
23a		40 Bakers Cove	Road				2	1903				U.S.A		
riber must	1	1. Marital Status	12. Was Dec	pedent Evar in U	,S. 13.	Was Dec	edent of H	Ispanic Or	Igin? (Sp	ecify Yes or Ricen, atc.)	No-		ce - Americ	ean Indian,
by E.	2	1 Never Married 2 Marrie 3 Widowed 4 Divorced	d 1 ☐ Yes If Yes, G Yaar or [				2 TKNo	Specify		,			y: Whi	
nt, the Medical		15. Decedent's (Specify only highest	Educetion	)	16e. Dece (Give life.	dent's Us	ual Occup	ation	et of work	ina	16	b. Kind of B	usinass/în	dustry
an J		Elementery/Secondery (0-12)		(1-4or 5+)	life.	DO NOT	use retired	1)	or or work.	INIU				
S S		12	1		Rese	arch	Int	ervie				urvey		
traumatic event, the Me traumatic event, the Me To Be Compi	11	7. Father's Name (First, Middle, L.	ast)					18. Moth	er's Neme	e (First, Mid	dia, Me	iden Sumen	ne)	
T atc	2	John James McCoi	mack					Marj	orie	Lavi	nia	Henze	11	
		9a. Informant's Neme/Reletionshi	p (Type, Print)		19b. Meilir	ng Addre	ss (Street	en <i>d Numb</i>	er or Run	al Routa Nu	m <i>ber</i> , C	City or Town,	State, Zip	Code)
n 27	L	Wendy Kramer/Dau	ighter		1637	Nati	ro Re	oad-B	alti	more.	Mar	yland	212	286
or of	20	De. Method of Disposition  1 Description 2 Cremation 3	DRamawal from		Place of Dispo cematery, crea	osition /A	ame of			Data	20	c. Location	- City or To	own, State
# C		4 Donation 5 Other (Spe		21919					1					
important: If liem 27 any injury or other ti once	2	1. Signature of Funeral Service Li	censee		22	. Name	and Addre	ss of Facili	ity	1 (55	7.7	D 1 - 2		0
E 2 8	1,	And Joseph I	ansar	7									more	Street
	12	21. Signature of Funeral Service Ucensee  Joseph B VanSant  22. Name and Address of Facility State Anatomy Board-655 W. Baltimore Street Baltimore, Maryland 21201-1559  23a. Park Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or raspiratory arrest, intervel Between the complex of the comple												
sician														
dical	Immediate Cause (Final disease) or condition as Acute Cerebral Gleed											į	51	
niner	n	isease or condition esulting in death)	a					DIE	ed				<u> </u>	5 hour
ig in	Due to (or as a consequence of):												ŧ	
n and tal-transit Examiner	Pue to (or on a consequence of):												-	
		Sequentially list conditions, Due to (or es a consequence of): If any, leading to immediate cause. Enter Underlying										!		
the butatural	100	ause (Disease or injury at initiated events	G	Due to (o	r as a conseq	wence of	).							
rding physician and use as the butal-tra-	, m	isulting in death) Last	<b>a</b> d.			,001100	,.						i	
in or	P	ert II. Other significant condition	s contributing to d	leath but not res	uiting in the u	nderivino	ceusa giv	en in Pert	1.	23b. (	old toba	cco use co	ntributa t	o the cause of deat
detached detached												2□ No	3 □ Pro	1/
be det		Typo	they i	01001	8m									1
should be		0 1	Huyr	0.1	\ [	١				24a. V	as an a	autopsy		ere autopsy finding
	-	FULL	donal	my en	-poli	SIN				Р	erforme	ra r	CO	mpletion of cause death?
pege 2				,							П V	2 1 No		Yes 2□ No
nactor, pa		5. Was case referred to medical						OD Dies	4 D4			240140	- 1	1102 20140
director O Be	Ĭ.	examiner?	Hospitel:	Annies OF	ED/Outration		Oth	or:		h (Check or	-	Пои		
2 5 1 1 1 1		7. Menner of Deeth	28e. Dete		ER/Outpatier 28b. Time of		28c. Injur Wor					a 6 Oth		у)
ed in by the funeri		1 ☐Natural 5 ☐ Pending investiga		nth, Dey Year)	Injury	М		k? Yes 2 ☐	_					
Director:		3 Sulcide 6 Could no	t be	e of Injury - At h	ome form str					28f Locatio	n (Stree	et and Numi	her or Run	al Routa Number,
an in		4 ☐ Homicida determin		ling, etc. (Specif		abi, laci	ry, omoo			City or	Town, S	Stete)	201 01 11011	
\$ II II		(Uneck only 2   Medical Ex	Physician: To the	best of my kno	wledge, death	occurre	d at the tin	na, date er olnion, dea	nd place,	and due to t	he caus	se(s) and ma	anner as s	tated.
completely Medica		one)	and man	ner steted.										
8 8	29	b. Signetura and titla of certifiar				2	9c. Licens	e number	_		29d	. Dete signe	d (Month,	Dey, Year)
		MAC	- n	N 0			364	15	<b>)</b>		10	1-6	, - 4	6
	30	). Neme and address of person w	o completed caus	se of death (Item	n 23e) (Type,	Print)				2 .	-		0	
		39 C	hurch	ville	Koad	-54	it	200	-	Bel F	1R	M	0-2	1014
State	31	1. Date filed (Month, Dey, Year)					- 4	V		- , ,		1		
State Registrar		SEP 1 3 1996	Julia Day	Registrer's Signe	Less									

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

Physic /Med	dical	Helen VI 4a. Facility Name (If not institution,	CGINIQ give street and number)	Leon	ord	4b. City. Towr	Month 1	. O4	Year 1996 060 4
Exam	miei	St. Agnes Hos	and the second s			Baltim			none
Funera Directo		5. Social Security Number 216-01-8280		ga (In yrs. last bir 86	thday) If Undar 1 Yes Months Day	ar If Undar 24		th Year) 6,1910	9. Birthplace (State or Foreign Country) Pennsylvania
Manyland f ahow	or	Usual Residence of Decedent  10e. State  10b. County  Maryland  Balti	more	10c. City, Town	or Location ethrope			7100	10d. Inside City Limits 1 ☐ Yas 2 ☑ No
death with the Maryland irre 23s or 28s-f show	Director	10e. Street and Number 3320 Benson Ave	nue		10f. Zip Code			10g. Citizen of	
_ p # E	by Funeral	11. Marital Status  1 Nevar Married 2 Marrie  3 XWidowad 4 Divorced	12. Was Decedant Armed Forces?			f Hispanic Orlgir Jban, Mexican, F	n? (Specify Yas or No Puerto Rican, etc.)	- 14. Rac	e - Amarican Indian, ck, White, etc.
Maryland 21215-0020 nd 2 should be filed within 72 hours ef lith and Mental Hygiena. 27 Is marked other than "natural", or r treumetic event, the Medical Exer-	Completed	15. Decedant's (Specify only highest Elementary/Secondary (0-12)	Grada completed)  Collage (1-4or !	5+)	Decedent's Usual Occ (Give kind of work don life. DO NOT use reti chool Teach	ne du <i>ring</i> most o red)	f working		usiness/industry
aryland should be file nd Mental Hy marked oth	To Be	17. Fether's Name (First, Middle, L. Cloyd M. Fluke	ast)			18. Mother's	Name (First, Middle, ara "unknow		na)
e, Mar 1 and 2 sho Health and 1 em 27 la ma	ľ	19a. Informant's Name/Relationshi Edmon Leonard/S			Mailing Address (Stre				
Page Hento		20a. Method of Disposition 1 ☐ Buriel 2 ☐ Cremation 3 4 ☐ Donation 5 ☐ Other (Spe			Disposition (Name of y, crematory or other p	lace)	Data	20c. Location -	City or Town, Stete
Baltin permit. Pa Departmen Important any injury	No.	21. Signatura of Funaral Service Li	Cansae B Van Sant	V	22. Name and Add State Ana Baltimore	atomy Bo		. Baltin 01-1559	nore Street
death cartificate be executed a strending physician and dor usa as the burial-transit		Immediete Cause (Final disaasa or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lasi	c. /-		Stei	art /ch	ery D olocy Conti	stitis	Onset and Deeth
. 0 00	Phy	Part II. Other significant condition				givan In Part I.	23b. Did 1	tobacco use co	ntributa to the cause of death?  3 Probably 4 Unknown
necolds, r.C. in law requires that the thes been signed by the ga 2 should be detach	Completed by	Gran	netes 1	esti	(ema		perfo	an autopsy med?	24b. Ware autopsy findings available prior to completion of cause
= F # 8		Car  25. Was case referred to medical	edidal	" Un	rivary to	act Ju			of death? 1□ Yas 2□ No
ysicia s cert direct	o Be	axaminer? 1 ☐ Yes 2 No	Hospital: Hopatie	nt 2 ER/Out	patient 3 DOA	ther:	Death (Check only only only only only only only only		or (C
g ≟ 3 C	atlon: T	27. Magner of Death Natural 5 Pending Accident Investiga	28e. Date of Injui (Month, De)	ry 28b. T	ime of 28c. Injury W		28d. Describe i	now Injury occur	
	Certification:	3 Sulcide 6 Could no determin	t be ed 28e. Place of Inju- building, etc	ury - At home, far c. (Specify)	m, street, factory, office	Э	28f. Location (\$ City or Tox		er or Rural Route Number,
To the Hospital of within 24 hours of To the Funeral D completely filled is	edicai	29a. Certifier (Check only one)  Certifying 2 Medical Ex	Physician: To the best of aminer: On the basis of and manner sta	examinetion end	death occurred at the Vor Investigetion, in my	time, date and p opinion, death o	elece, and due to the occurred at the time,	ceuse(s) and ma date and place,	nner as steted. and due to the cause(s)
To To To on	×	29b. Signature and title of cartifier.  30. Nama and address of person with the cartifier and address of person with the cartifier and the	To completed cause of d	eath (Item 23a)	29c. Licer A 5	24 385	528-106/	29d. Date signed	EMORE, MI)
SI Regis	ate trar	31. Date filed (Month, Day, Year)	tone	3E 4	VEENT	MEE	COURT	BAG	Emore, MI)





BALTIMONE

1 ☐ Yes 2 ☐ No

Wes Decedent Ever in U.S. Armed Forces?

1 ☐ Yes 2 ☐ No If Yes, Give

College (1-4or 5+)

State of Maryland / Department of Health and Mental Hygiene 9 6 Certificate of Death 1. Decedant's Name (First, Middle, Last) 2. Dete of Death 3. Tima of Deeth Month LYNN SEPTEMBER 6, 1996 10:00 PM 4e. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth SAINT JOSEPH MEDICAL CENTER TOWSON, MARYLAND BALTIMORE 8. Dete of Birth (Month, Day, Year) if Under 1 Yeer | if Under 24 Hrs. Months Days Hours Min. 7. Age (In yrs. lest birthdey) 9. Birthplace (Stete or Foreign Months 10 M 201 35 Yrs. 10c. City, Town or Location 10d. Inside City Limits

13. Wes Decedent of Hispenic Orlgin? (Specify Yea or No-lf Yes, specify Cuben, Mexican, Puerto Rican, etc.)

16a. Decedent's Usual Occupation
(Give kind of work done during most of working
life. DO NOT use retired)

LICENSED Hactical LUISE

1 1 Y85 2 No

10g. Citizen of What Country?

28f. Location (Street and Number or Rural Route Number, City or Town, State)

14. Rece - American Indien,

Bleck, White, etc.

Director

**Physician** 

/Medical

**Examiner** 

SYLVIA

5. Social Security Number

10a. Stete

Director

Funeral

2

Maylow

11. Merital Stetus

5528

10e. Street and Numbe

Usuel Residence of Decedent

1 Never Merried 2 Merried

3 Widowed 4 Divorced

Elementery/Secondery (0-12)

10b. County

15. Decedent's Education (Specify only highest grade completed)

the Meryland item 27 is marked other than "natural", or itema 23s or 28s-f show other traumatic event, the Magical Examined mant be notified at

permit. Peges 1 and 2 should be filed within 72 hours after of Department of Heelih and Mental Hyglene. Important: if flem 27 is marked other than "natural", or ites any injury or other traumatic event, the Medical Examine Physician

Beltimore, Maryland 21215-0020

Box 68760.

Records. P.O.

Division of Vital

Medical Examiner

sician and burial-transit

To the Hospital o within 24 hours of To the Funeral D completely filled i

physician s the burial USB signed by t page 2 certificate i or Attending Physician: effer death. Director: After this certifics funeral

Examiner Physician/Medical þ Completed Be 2 Certification:

3 Suicide

4 Homicide

(Check only one)

6 Could not be

JOGINDER P. MEHTA,

SEP1 3 1996

29a. Certifier edical 29b. Signeture end title of certifier

31. Dete filed (Month, Dey, Year) State Registrar

Completed 12th Grade 17. Fether's Name (First, Middle, Last) THOMPS EW15 19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Baltimole Brookfield MOTHER 109 010 20b. Pleca of Disposition (Neme of 20c. Location - City or Town, State 20a. Method of Disposition cemetery, cremetery or other d 1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Removel from State -12-96 4 ☐ Donetion 5 ☐ Other (Specify) EME KOG 22. Neme end Address of Fecility CHATMAN - Harr's Supply ReisTerstown Loans

Part Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory arrest, into a, or heartheilure. List only one cause on each line. 21. Signeture of Funaral Sarvice Loops Approximete Interval Between Onset and Death Immedieta Causa (Final **PNEUMONTA** 4 DAYS disease or condition resulting in deeth) Dua to (or as a consequence of): ACQUIRED IMMUNE DEFFICIENCY SYNDROME 5 YEARS Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that intlieted events resulting In deeth) Last Due to (or as a consequence of): Due to (or es e consequênca of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 27 No 3 Probably 4 Unknown LEUKOPENIA 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? 24a. Wes an eutopsy performed? 2 NO No 1 ☐ Yes 2 No 25. Wes case referred to medical 28. Placa of Deeth (Check only ona) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 Mainpatient 2 □ ER/Outpatient 3 □ DOA 27. Menner of Deeth 28a. Dete of injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? 1 Neturei 5 Panding investigation 1 ☐ Yes 2 ☐ No 2 Accident

1 Certifying Physician: To the best of my knowledga, daath occurred et tha tima, data and place, and dua to tha causa(s) and manner as stated.

2 Madical Examinar: On the best of examination and/or investigetion, in my opinion, deeth occurred at the time, dete end place, end due to tha causa(s) and menner stated.

M.D., 7620 YORK ROAD, TOWSON, MARYLAND 21204

29c. License number

D41410

28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify)

Ales

on who completed cause of deeth (Itam 23a) (Type, Print)

32. Registrer's Signature

dhuster Res

MO

**DHMH 16 Rev 6/95** 

		Decedant's Nama (First, Middle	lacti		Ce	lillicati	e oi	Death	100:	Reg. No.				
∰nysic /Medi		Madeline F.	/						2. Data of D Month Sept.	Day	Yaar	8:00 PM		
Exami		4a. Facility Nama (If not institution						4b. City, Town, o			y of Death	0.00 111		
		5400 Vantage P	oint Road,	Apt.	601			Columbia	a	Hov	ward			
Funeral Director		5. Social Sacurity Numbar 072–36–6801 Usual Rasidance of Dacedant	6. Sax 1 ☐ M 2 💢 F	7. Aga (In yrs. 84	last birthday) Yrs.	if Undar Months	1 Yaar Days			rth ay, <i>Year</i> ) , 1912	9. Birthplace Country)	a (Stata or Foreig NY		
Maryland H show	tor	10a. Stata 10b. County MD How	ard		y, Town or Lo							Inside City Limits		
th with the 23a or 28a	al Director	10e. Street and Number 5400 Vantage P	oint Road,	Apt.	601	10f. Zip	Coda 2104	4			10g. Citizan of What Country? USA			
72 hours after death with the Maryland natural', or items 23a or 28s-f show greal Examinet must be notified at	by Funeral	11. Marital Status  1 Navar Marriad 2 Marr  3 Widowad 4 Divorcad	12. Was Deced Armed Ford ed 1 Tyas 2 If Yas, Giva Yaar or Dat	cas? 2⊠No		Was Deced		Hispanic Origin? ( an, Maxican, Pua Specify:	Specify Yas or N no Ricen, atc.)		ce - Amarican I ick, Whita, atc. fy: White			
within 72 hours liene. r then "natural", r wed call Ext	Completed	15. Decedent (Specify only highes Elamentery/Secondary (0-12)	t grada complated)	400 5 1)	(Giva	dant's Usua kind of wor DO NOT us	rk dona	during most of we	orking		Businass/Indust			
d within giene.	E O	12	Collega (1~4	40F 5+)	T€	eacher	-			Elementary school				
ges 1 end 2 should be filed to of Health end Mental Hygin If item 27 is marked other or other traumatic event, it	To Be	17. Fathar's Nama (First, Middla, Frank Falkner	-						oma <i>(First, Middle</i> 1 Wintri		ma)			
end 2 sho raith end 1 127 is me er traum		19a. Informant's Name/Ralations Judith Stiff	nip <i>(Type, Print)</i> (Daughter)							ral Routa Number, City or Town, Stata, Zip C Circle, Columbia, MD				
permit. Pages 1 and 2 should be filed within 72 hours at Department of Health and Mental Hygiane. Important: if item 27 is merked other than "natural", or any hijury or other traumatic event, the Medical Examples.		Oa. Mathod of Disposition  1												
permit. Pa Depertmen Important: any injury once.		21. Signature of Funeral Sarvice I	icansaa Bu	ha	22 W	Nama and Nitzke	d Addre	neral Ho Knolls	mes, Inc	C. Lumbia.	MD 210	045		
Physician		23a. Part1. Enter tha disaase, or shock, or haart failura. List	Ap Inte	proximata arvai Batween set end Death										
/Medical Examiner		Immediata Causa (Final disaasa or condition rasulting in daath)	a S	AR C	as a consec		_	<u> </u>			18	month		
P #	iner			200 10 (01	as a consec	juanice on.								
ificate be executed g physician and es the burial-transit	I Examiner	Sequantially list conditions, if any, laading to immediata causa. Entar Undarlying Cause (Disaasa or Injury	0	Due to (or as a consaquence of):										
E 00 6	Medical	that initiated evants rasulting in death) Last	c	Dua to (or	as a consaq	uance of):								
requires that the death certifications is a second for use extending thould be detached for use extending	Physician/M			· ·										
the d	hysi	Part II. Other significant condition	ns contributing to deal	th but not rasu	iting in tha u	ndarlying ca	ausa giv	van in Part I.		tobacco usa co Yes 2□ No		cause of death?		
8 50	by									Tes 2UNO	3 Probabi	y 4 Donknow		
he law requires the has been signed age 2 should be	Completed								24a. Was parf	an autopsy ormad?	availab	autopsy findings ble prior to ation of causa h?		
- # d	S								10	Yas 2 No	1 □ Ya	s 2) No		
Physician: The contificate ral director, pe	Be	25. Wes cesa rafarred to medicel exeminar?	Hospital:				011		eth (Check only	ona)				
Physic this cral dir	5	1 Yas 2 No	1 L Inc	patient 2   E				4 LI Nursing	Homa 5 Ras					
Attanding P ir deeth. ector: After t by the funera	Certification:	27. Mennar of Deeth    ZNetural   5   Panding   28b. Deta of Injury   28b. Tima of Injury   28c. Injury et Work?    Accidant   Invastigation   28b. Tima of Injury   28c. Injury et Work?    Yas 2   No								how Injury occur	rred			
2 4 4 6	Sertif	3 Suicida 6 Could n 4 Homicide datamii	ned 288. Place of	f Injury - At hor , etc. <i>(Spacify)</i>	ma, farm, str	eat, factory,	, office		28f. Location ( City or To	Straat and Numi wn, Stete)	ber or Rural Ro	uta Number,		
To the Hospital of within 24 hours a To the Funeral Completely filled	edicai (	29a. Certiflar (Check only one)  Check only one)  Check only one)	Physician: To the be xaminer: On the besi and manna	is of axamineti	/ledga, daath on and/or inv	occurrad a restigation,	it tha lin	ma, data and place pinion, deeth occ	e, and dua to tha urrad at the time,	causa(s) and m data and place,	annar as stated end dua lo lha	i. ceuse(s)		
within 2 To the comple	M	29b. Signatura and titla of certifier				29c.	Licans	a number		29d. Data signa	d (Month, Day,	Year)		

State Registrar

29b. Signatura and titla of certifier

29c. Licansa number

29d. Data signad (Month, Day, Year)

Sept 9,166 (a)

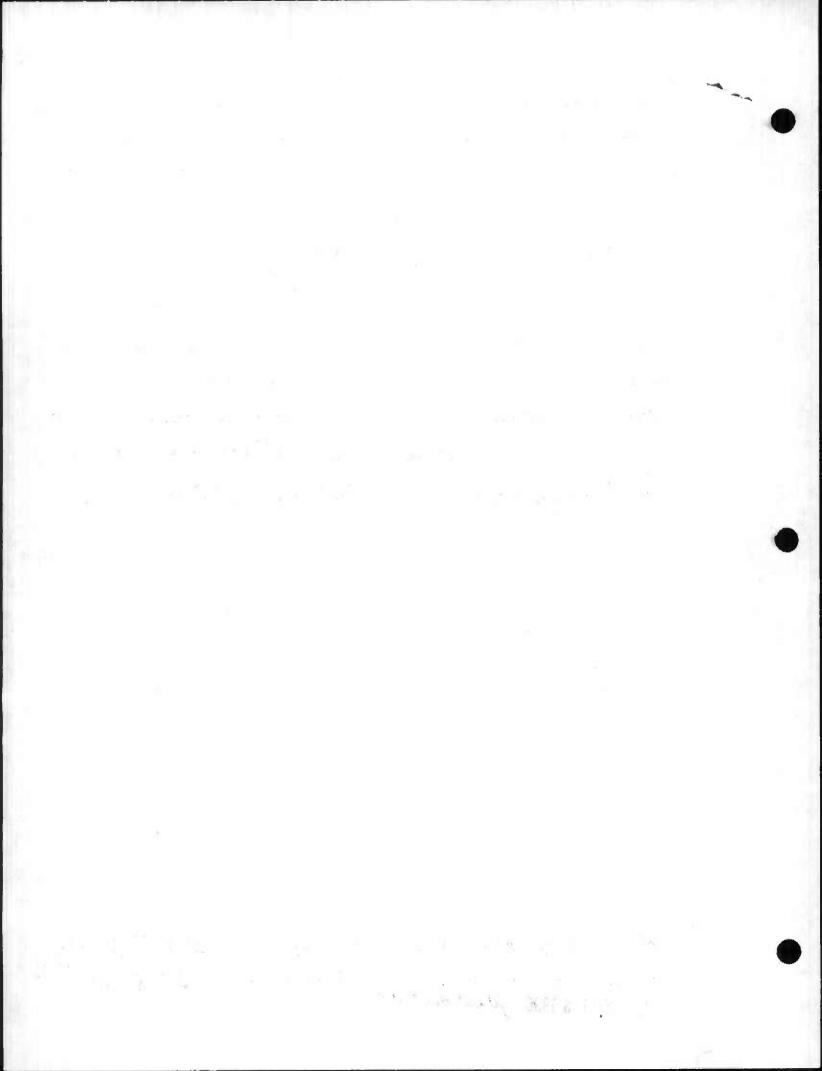
30. Nama and addrass of person who completed ceuse of deeth (Itam 23a) (Type, Print)

111 (Month, Day, Year)

31. Data filed (Month, Day, Year)

SEP 1 3 1996

DHMH 16 Rav 6/95



State Registrar 31. Dete filed (Month, Day, Year) SEP13

29b. Signature end title of certifier

30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

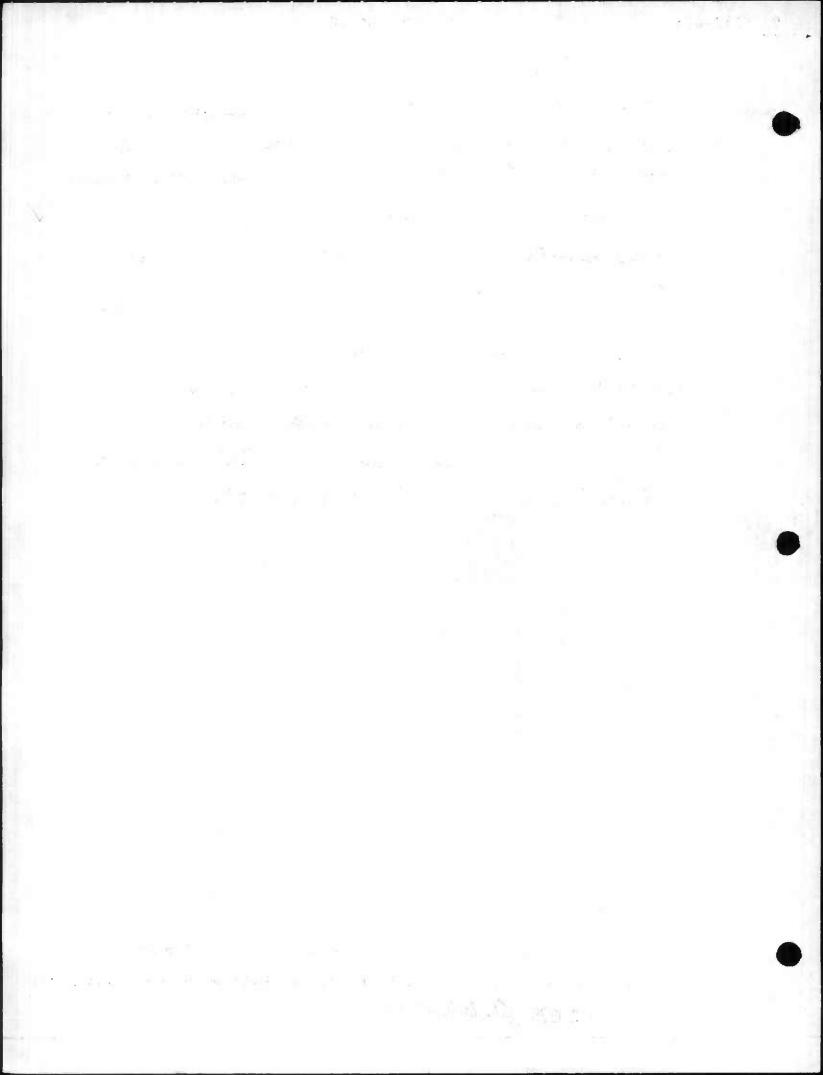
Dennis J. Chute MD 111 Per 111 Penn Street, Baltimore, Maryland 21201 32 Registrar's Signetura

29c. License number

OCME

29d. Date signed (Month, Day, Year) SEPTEMBER

AUGUST 10, 1996



State of Maryland / Department of Health and Mental Hygiene

item #1, filmg 739, 9/13/96,cyw, per me

Certificate of Death

Physician
/Medical
Examiner

DEBORAH

**EURHMAN** LUHRMAN

SEPT.

1996

1040 AM

4e. Fecility Neme (If not institution, give street end number) FRANKLIN SQUARE HOSPITAL

4b. City, Town, or Location of Deeth **ESSEX** 

BALTIMORE

**Funeral** 

5. Sociel Security Number 215-66-3172 Usual Residence of Decedent

1□M 20 F

38 Yrs

7. Age (In yrs. lest birthdey) If Under 1 Year | If Under 24 Hrs.

8. Dete of Birth (Month, Day, Year) May 19, 1958

 Birthpiece (State or Foreign Country) Maryland

Director

ms 23a or 28a-f show

then "natural", or items the Medical Examiner ma

traumatic event.

I Hyglene.

Permit. Pages 1 and 2 should be file.
Depertment of Health and Mental Hyg.
Important: if Nem 27 is marked other any Injury or other traumed.

**Physician** 

/Medical

**Examiner** 

ettending physician and for use as the buriel-trans

s been signed by t

page

certificate

this

After t

Director:

To the Hospital or At within 24 hours after of To the Funerel Direct completely filled in by

in by t

death

Attending Physician:

Physiclan/Medical

by

Completed

Be

2

Certification:

Medical

The law requires that the deeth certificate be executed

Division of Vital Records, P.O. Box 68760.

Funeral

þ

Completed

Be

the

death

filed within 72 hours efter

21215-0020

altimore, Maryland

10a. Stete Md.

Baltimore

10c. City, Town or Location

Essex

10f. Zip Code

1 Yes 2 No

Director 10e. Street end Number

1900 Middlebough Road

21221

11. Maritel Stetus

1 Never Married 2 Married 3 ☐ Widowed 4 ☐ Divorced

12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Detes:

 Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 ☐ Yes 2 ☐XNo

14. Race - American Indien, Black, White, etc.

15. Decedent's Education (Specify only highest grede completed)

10b. County

Elementery/Secondary (0-12)

16e. Decadent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired)

16b. Kind of Business/Industry

12th

College (1-4or 5+)

Nurses Aid

22. Neme end Address of Fecility

17. Fether's Neme (First, Middle, Last)

Clarence Wallace 18. Mother's Neme (First, Middle, Meiden Sumeme)

19a. Informent's Neme/Reletionship (Type, Print)

1900 Middlebough Road Baltimore Md. 21221

Adrienne Budres 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code)

Michael Luhrman Sr. /husband

20b. Pieca of Disposition (Neme of cemetery, cremetory or other pleca)

Dete

20e. Method of Disposition

1 ☑ Burial 2 ☐ Cremetion 3 ☐ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify)

Zion Cemetery

9/9/96

20c. Location - City or Town, Stete BAlitmore

21. Signeture of Funerel Servica Licansee

23e. Pert1. Enter the disease, or companies shock, or heart feilure. List only cations that caused the death. e cause on each line.

Connelly Funeral Home of Essex 300 Mace Ave. Baltimore Md. 21221 no not enter the mode of dying, such es cardiec or respiretory arrest,

Immediate Cause (Final disease or condition resulting in deeth)

INC

Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in deeth) Last

Due to (or es e consequence of)

Due to (or es e consequença of)

Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.

23b. Did tobacco use contribute to the cause of death? 1 Yan 2 No 3 Probably 4 Unknown

24e. Wes en eutopsy performed?

X Yes

24b. Were autopsy findings evalleble prior to completion of cause of death?

2□ No

1 Yes

25. Wes case referred to medica XX Yes 2 No

5 Pending investigation

1 ☐ Inpatient 2 Ĭ ER/Outpatient 3 ☐ DOA 28e. Dete of Injury (Month, Day Yeer) 28b. Time of

28c. Injury et Work?

26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify)

28d. Describe how injury occurred selt est arged

6-16 6 Could not be determined 3 uicide 4 Homicide

Piece of Injury - At home, ferm, street, fectory, offica building, etc. (Specify) HUME

Location (Street end Number or Rural Route Number, City or Town, Stete)

N. ESSEX AD 21221

Check only 29b. Signiflury and title of certifier

27. Manner of Deeth

1 Neturel

2 Accident

29a. Certifie

1 Certifying Physician: To the best of my knowledge, death occurred at the time, dete end pleca, end due to the cause(s) and manner as steted.

2 Nedical Examiner: On the best of examinetion end/or investigation, in my opinion, death occurred at the time, date and plece, and due to the cause(s) end menner stated.

29c. License number O.C.M.E

1 Yes

29d. Dete signed (Month, Day, Year) SEPT. 7, 1996

and eddress of person who completed cause of deeth (Item 23e) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201

State Registrar 31. Dete filed (Month, Dely, Year) 32. Registrar's Signeture

widson

1. Decedent's Neme (First, Middle, Last)

2. Dete of Deeth

3. Time of Deeth

4c. County of Deeth

10d. Inside City Limits

10g. Citizen of What Country?

USA

Specify:

White

**Health** 



State of Maryland / Department of Health and Mental Hygiene -Items: 24a, 26, 29a per M.D G-739 9/13/96 reb Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Voor **Physician** 936A 11/6 7/4 September 1996 /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner KARTHUEST HOSPITAL If Under 24 Hrs. Hours Min. 8. Dete of Birth (Month, Dey, BALLERNE Couly NIER If Under 1 Year 5. Sociei Security Number 6. Sex 7. Age (In yrs. last birthdey) Birthplace (State or Foreign Country) **Funeral** Months Deys 1**⊠** M 2□ F Vrs 48 Director 213 50 8103 Nov. 16, 1947 Pa. Usuei Residence of Decedent 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits Md. Baltimore Director 1 XYes 2 □ No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 7 is marked other than "natural", or items 23a or troumetic event, the Medical Examiner must be n 7100 Burford Court 21244 U.S.A. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Bleck, White, etc. permit. Pages 1 and 2 should be filed within 72 hours after Department of Health and Mental Hygiene. Important: If item 27 is manked other than "natural", or lie 1 ANever Merried 2 Merried 12 Yes 2 No If Yes, Give 1967 Yeer or Detes! 1 Yes 2 No Specify: SpecifyWhite þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) Coilege (1-4or 5+) NAPA Auto Parts Salesman 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surneme) Sterling E. McQuay, Sr. Eloise Jane Stull 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Eloise J. Stull 7100 Burford Court Apt. 101 Baltimore, Md. 21244 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, State 1 X urial 2 ☐ Cremetion 3 ☐ Removei from Stete Injury or Lake View Mem. Park Sept. 10, 1996 Sykesville, Md. 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funeral Service Licenses 22. Name end Address of Fecility Haight Funeral P.O.Box 195 Sykesville, Md. 21784 Havy W. Haught

23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heatyfeillure. List only one cause on each line. Approximete Intervel Betwee Onset end Deel **Physician** Immediate Ceuse (Finel disease or condition resulting in deeth) /Medical Examiner Due to (or as e consequence of) Examiner ERTENSION physician and s the burial-trans Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or es a consequence of) Physician/Medical Due to (or es e consequence of) 65 980 signed by the atte Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? Y00 2□ No 3 Probably 4 Unknown à 24a. Wes en autopsy performed? 24b. Were autopsy findings available prior to completion of cause of deeth? Completed peed page 2 s has certificate 1 Tes 2 1 No 1 ☐ Yes 2 ☐ No Hospital or Attending Physician: 24 hours after death. Funeral Director: After this certifici funeral director, 25. Wes case referred to medical examiner? Be 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) To 1 Yes 2 No 1 Inpationt 2 ER/Outpatient 3 □ DOA 28e. Dete of Injury (Month, Dey Year) 27. Menner of Deeth Certification: 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 5 Pending investigation 1 Accident 1 ☐ Yes 2 ☐ No filled in by the 3 Sulcide 6 Could not be 28f. Location (Street and Number or Rurat Route Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide To the Hospital of within 24 hours a To the Funeral Completely filled 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the cause(s) and manner as stated.

| Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date end piece, and due to the cause(s) end menner stated. 29e. Certifier Medical 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) 30. Name and eddress of person who completed cause of death (Item 23e) (Type, Print)

State Registrar

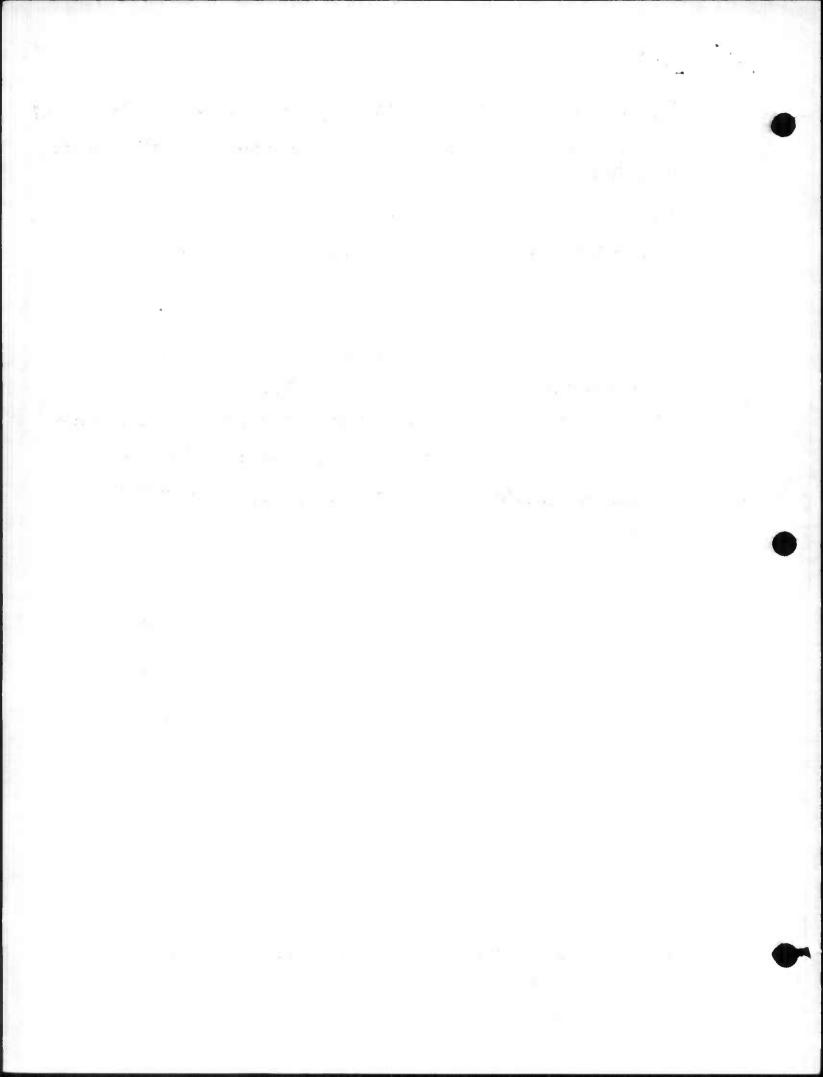
31. Dete filed (Month, Dey, Year) SEP 1 3 1996 THEUS M 32 Registrar's Signeture

8

Baltimore, Maryland 21215-0020

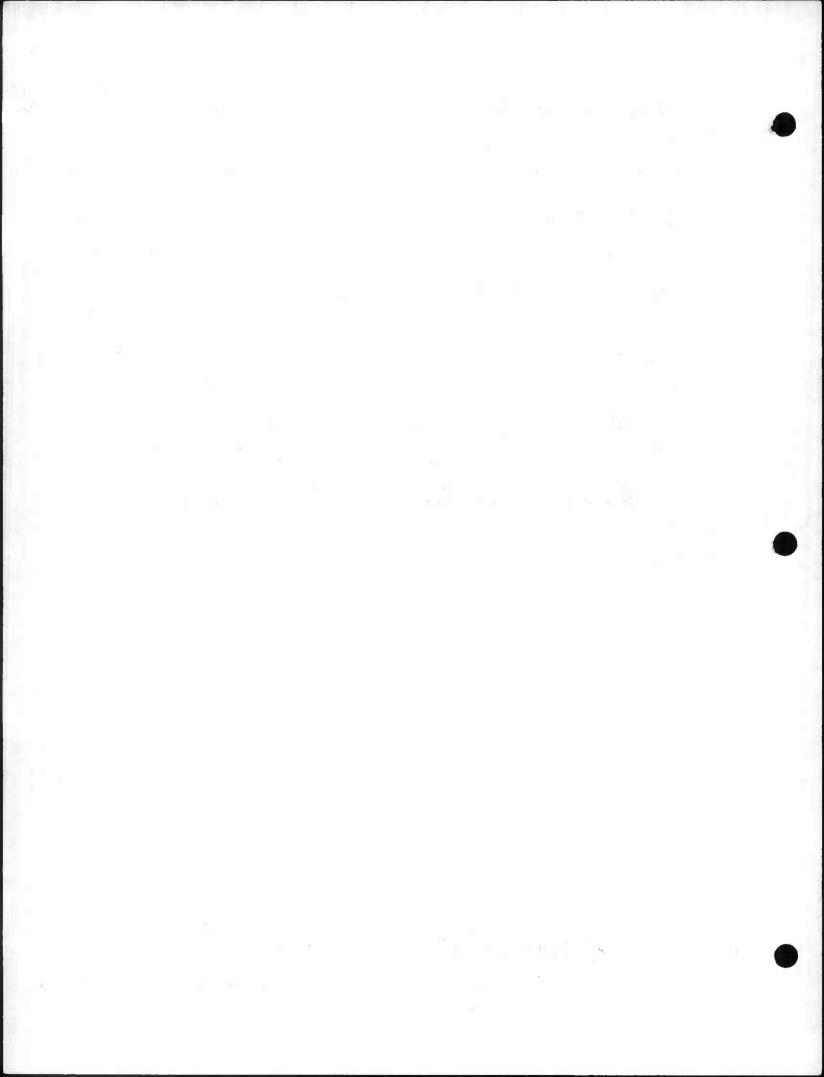
that the death certificate be exec P.O. Box 68760,

Division of Vital Records.



State of Maryland / Department of Health and Mental Hygiene

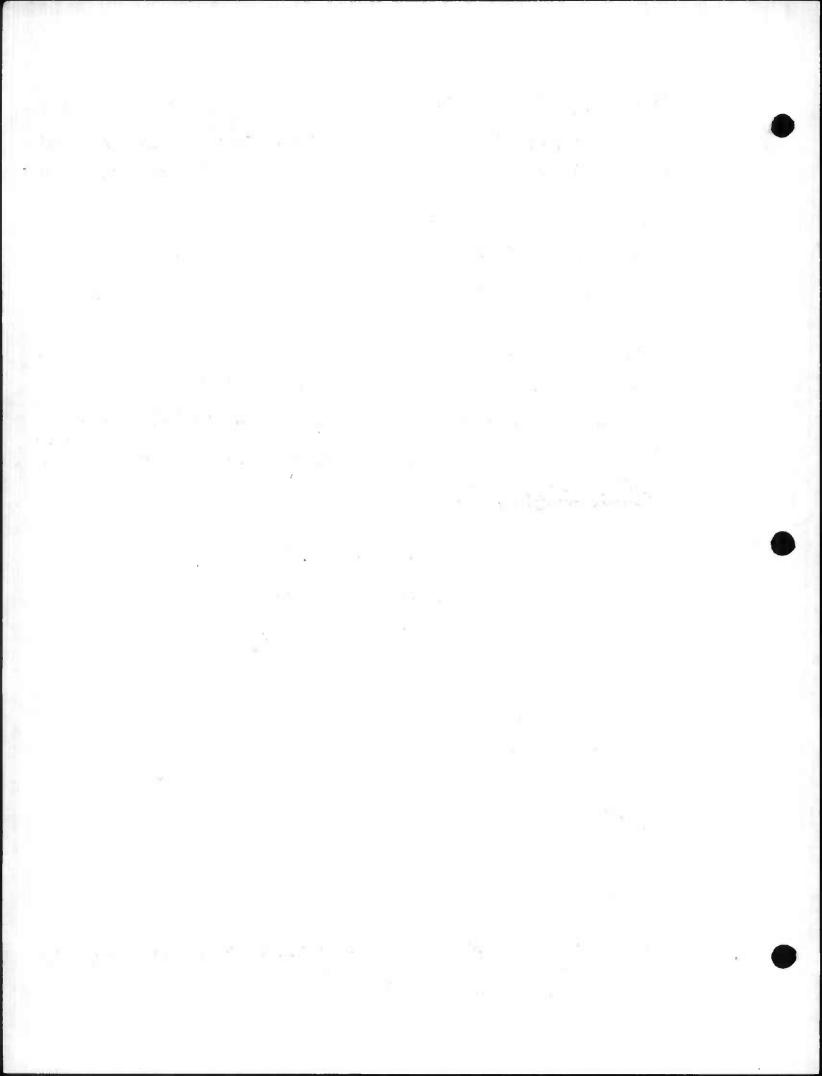
		Certificate of Death	iornai riy	Reg. No.		
Physi	cian	Decedent's Name (First, Middle, Last)	2. Date of De		Year	3. Time of Death
/Med		LARRY D. McBRYDE, JR.	9	11	96	715 Am
Exam	iner	4a. Facility Nama (If not institution, give street and number) 4102 W. Forest fark Ave Balt	cation of Deat		of Death NIA	
Funera Directo		5. Social Security Number  5. Social Security Number  6. Sex 10 M 2 F  7. Age (In yrs. last birthday) Yrs.  10 Months  10 Under 1 Year  10 Under 24 Hrs.  Months  Days  Hours  Min.  Usual Residence of Decedent	8. Date of Bir (Month, Da	th ay, Year) 18, 1988	9. Birthpla Countr	aca (Stata or Foreign
ith the Maryland or 28a-f show	tor	10a. State 10b. County 10c. City, Town or Location			10	d. Insida City Limits
th with the 23e or 28 ust be not	Funeral Director	100. Street and Number 4102 W. Forest Park Ave 21215		10g. Citizan of W	hat County	y?
d 21215-0020  Glied within 72 hours after death with the Maryland Hygiene.  thysiene.  ther then "natural", or Items 23a or 28a-f show out, the Medical Exercises must be notified at	by	3 Widowed 4 Divorced Hyes, Give Yaar or Dates:	ecify Yes or No Rican, etc.)	14. Race Black Specify:	- America c, White, at	
21215-0020 d within 72 hours afficiene. In then "neturel", or the Medical Europe	Completed	15. Decedent's Education (Specify only highast grade completed)  Elemeptary/Secendary (0-12)  College (1-4or 5+)  N ( )	ng	16b. Kind of Bu	hool	istry
I Hygi	Be Co	17 Father's Name (First, Middle, Last)  18. Mother's Nama	(First, Middla			
/lar	ToB	Larry McBryde Sr. Denise	2 M	k Rae		
Maryland nd 2 should be file lith and Mental Hy 27 is marked other r traumatic event		19a. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rura		er, City or Town, Salto,		20de) 21215
Baltimore, Maryland 2121 pemit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: If item 27 is merked other then any injury or other traumetic event, the Mental Hyging or other traumetic event eve		20a. Method of Disposition  1 A Burial 2 Cremation 3 Removal from State  4 Donation 5 Other (Specify)  20b. Place of Disposition (Name of Cemetery, crematory or other place)	Date	20c. Location - O		n, State mcl
Ballti Department any toju		21. Signature of Funeral Service Licensee  Aultra & Ward March & H wee	st m	1.0		
N. Committee		23a. Pent1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac o shock, or haart failure. List only ona cause on each line.	or respiratory a	rrest,	1	Approximata Intarval Between
Physicial /Medica Examine		Immediate Cause (Finel disaase or condition resulting in death)  a. RESPIRATURY CESSATION				Onset and Desth
	ě	Due to (or as a consequence of):			A Part	
cuted	Examiner	Sequentially list conditions  b. If I V EN COPHA OPATHY  Due to (or as a consequence of):	-		1	
8760, ate be axecuted thysician and the burial-transit	EX	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury C. PROGRESSIVE HIV DISEX	LE IT		i	
0 1 0 8	Medical	that initiated evants resulting in death) Last  Due to (or as a consequence of):  Due to (or as a consequence of):	126			
P.O. Box (hat the death certified by the attending detached for use as	Physician/N					
P.O. nat the de d by the detached	nysic	Part II. Other significant conditions contributing to death but not resulting in the undarlying cause given in Part I.				the cause of death?
S, P es that igned t be deta	by P	OBESITY	10	Tes 2UPNO	3 Probe	ibiy 4   Onknown
cord w require	Completed	SETZURE DISURDER	24a. Was perfo	an autopsy ormed?	avai	e autopsy findings lable prior to pletion of cause eath?
of Vital Recoystelen: The law is certificate has to director, page 2.9	e Com	25. Was case referred to medical 28. Place of Death	10			Yes 200 No
ysicle great	To Be	25. Was case referred to medical axaminer?  1			r (Specify)	
JING PI				how Injury occurre		
- P#9 =	Certification:	3 Suicida 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)	28f. Location ( City or To	Street and Numbe wn, State)	or Rural	Route Number,
o the Hospital thin 24 hours the Funeral mpletely filled	edicai C	29a. Certifier (Check only one)  Certifying Phyeician: To the best of my knowledge, deeth occurred at the time, date and place, a 2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred and manner stated.	and due to the ed at the time,	cause(s) and msi date and place, a	nner as sta nd due to t	ted. he cause(s)
() P	×	29b. Signature and title of certifier 29c. License number		29d. Data signed	(Month, D	ay, Year)
		1 feter E Val 039091		9-11-	-96	
C		30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print)  PETER VINE, MO 120 Penn St	Bali	ternore	md	21201
S Regis	tate trar	31. Date filed (Month, Day, Year) SEP1 3 1996				



State of Maryland / Department of Health and Mental Hygiene 96

27338

						Certi	ficate of	Death		Reg. No.	0	_ 1000
	Physici /Medi		1. Decedent's Neme (First, Middle, La	Mcket	the	m			2. Dete of De Month	eeth Day	gyger Lgc	3. Time of Death  9: 12pm
À	Examir	ner	4e. Facility Neme (If not institution, gir	ve street end number)				4b. City, Town, or L	ocation of Dee	th 4c. Coupty	of Deeth	inore
	Funeral Director		218 22 9510		e (In yrs. lest bir 2		If Under 1 Year Months Deys		8. Dete of Bi	rth Y 1924	9. Birthp Coun NORT	plece (State or Foreign http:) H CAROLI
	land ow ff		Usuel Residence of Decedent  10e. Stete 10b. County		10c. City, Tow	n or Locat	tion				1	0d. inside City Limits
	Mary H sho	tor	MD. N/A		BALT	IMO	RE					1∭ Yes 2 □ No
	h with the 23a or 28a	al Director	10e. Street end Number 4120 FERNHII	LL AVENUE			10f. Zlp Code 212	15		10g. Citizen of U.S. O		itry?
21215-0020	72 hours after death with the Maryland natural", or items 23s or 28s-f show steal Examiner must be notified at	by Funeral	11. Maritel Stetus  1 Never Merrled 2 Merried 3 Widowed 4 Divorced	12. Wes Decedent I Armed Forces? 1 Yes 2 X If Yes, Give Yeer or Detes:			s Decedent of these, specify Cub	HIspanic Origin? (Sp an, Mexican, Puerto Specify:	ecify Yes or N Rican, etc.)		ce - Americ ck, White, cy: BLA	etc.
15-0	72 hours natural,	Completed	15. Decedent's E (Specify only highest gr	ducation ade completed)	16a.	Deceden (Give kin	t's Usuei Occup d of work done	pation during most of work ed)	ing	16b. Kind of B	usiness/inc	Justry
212	within ene. then	dmc	Elementery/Secondery (0-12) N/A	College (1-4or 5 N / A	+) BC			ER TECHI		AUTO	MOBI	LE SHOP
Maryland 2	ould be filed Mental Hygi arked other atic event, i	To Be Co	17. Father's Neme (First, Middle, Last HUGH Mc KE'	)				18. Mother's Nem	e (First, Middle	, Meiden Surnar	ne)	
, Mary	and 2 shou alth and M 27 is mar er traumet		19e. Informent's Neme/Reletionship MRS . LILLIAN					tend Number or Run		LTO.,M	D. 2	1215
timore	Pages 1 in nent of He mant: If Nem arry or other		20e. Method of Disposition  1 Buriei 2 Cremetion 3 [ 4 Donetion 5 Other (Speci			y, cremet	ory or other ple	ERY 9/1	Dete 4/96			MD. CO.
Batt	permit. Departri Importa any inju		21. Signature of unerel Service Lice	Lewis	GWYN	IN 22. N	LEWIS	T. GWY	NN FUN	ERAL H	OME	21215 O.,MD,
	Physician /Medical Examiner		23a. Pert1. Emer the disease, or conshock, or heart feilure. List only Immediate Cause (Finel disease or condition resulting in deeth)	e. Gash	onte	h'ng	1Bles	eding	OT TESPITATORY (	silest,	1	Approximate Interval Between Onset and Deeth
Box 68760,	eath certificate be executed attending physician and I for use as the burial-transit	an/Medical Examiner	Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Couse (Disease or injury that Initiated events resulting In death) Last	. Herre	Due to (or es a c	consequer	nce of):	de la constance	Hln	ane		
.O.	0 0 0	Physician/	Pert II. Other significant conditions of	contributing to death bu	it not resulting in	the unde	ortying cause gi	ven in Pert i.	23b. Did	tobacco use co	intribute to	the cause of death?
0	that the led by th detache		Hyperters?	00					1 🗆	Yes 2 No	3 Prot	bebly 40 Unknown
Vital Records,	requires been sign should be	Completed by	Chiose:	Intok	rave				24a. Wes	s an autopsy ormed?	ava	ere autopsy tindings alleble prior to mpietion of cause
Re	e lav	ошо							10	Yes 25 No		death? ]Yes 2□ No
ta	vicient The cartificata rector, pag	BeC	25. Wes case referred to medical examiner?					26. Plece of Deet		1.20	1	7100 20110
of <	Physician: rithis cartific iral director,	2	1 Yes 2 10	Hospitel: 1 Inpatie			3LI DOA			idence 8 DOth		1)
	After funer	tion:	27. Menne of Deeth  Neturel 5 ☐ Pending 2 ☐ Accident Investigetio	28e. Dete of Injur (Month, De)	Year) 28b. 1	Time of njury	28c. Inju	ryet rk? ]Yes 2 □ No	28d. Describe	how injury occur	red	
Division	d or Attending after death. Director: After d in by the fune	Certification:	2 Accident investigetio 3 Suicide 6 Could not be determined	e con Diana at Ini	ry - At home, fe . (Specify)	rm, street				(Street end Numl wn, State)	ber or Rura	l Route Number,
	To the Hospital or Attending Physician: within 24 hours after death.  To the Funeral Director: After this cartific completaly filled in by the funeral director.	edicai C	29e. Certifier Check only one) Certifying Pt 2 Medical Example 1	nysician: To the best of niner: On the basis of end menner ste	examinetion en	, deeth oo d/or invest	curred at the tit tigetion, in my o	me, dete end plece, opinion, deeth occurr	end due to the red at the time,	ceuse(s) end mandete, dete end plece,	anner as st and due to	eted. the cause(s)
	To the within To the comple	×	29b. Signature and title of portifier				29c. Licens			29d. Dete signe	d (Month, I	Day, Year)
	A		Langly	WE	AYMO		ASS	14023al	-9019	Sepkn	ner a	1,1996
	6		30. Name and address of herson with	completed cause of de	eth (Item 23a) (	Type, Prir						
	Sta	te	31. Dete filed (Month, Dey, Year)	9 33 Registre	r's Signettue		03/-1	1,4				
	Registr	ar	DEP 13 1996	and variaba	- June							



State of Maryland / Department of Health and Mental Hygiene

96 27339

4				Certificate of	f Death	R	eg. No.	£ 1000				
Dhuais	·	Decedent's Nama (First, Middle, Last)				2. Date of Dee	th	3. Time of Death				
Physic /Medi		Lorraine M. March				sept.	7 <sup>Day</sup> 199 <sup>6ar</sup>	3:28 p.:				
Exami		4a. Facility Name (If not institution, give street and	num <i>ber)</i>		4b. City, Town, or L		4c. County of Death	1				
		2361 Research Aven			Lansdo	wne	Baltim	ore				
Funeral Director		5. Social Sacurity Numbar  219-12-5007  Usual Residence of Dacedent	7. Age (In yrs. last	t birthday) If Under 1 Yea Months Day		8. Data of Birth (Month, Day Apr.	9. Birth 23, 1924	nplace (State or Foreign untry) md				
Maryland 4 show led at	tor	Md State 10b. County Baltimore		own or Location sdowne				10d. Inside City Limits 1 ☐ Yes 2 A No				
h with the da or 28s at be notifi	Funeral Director	10e. Street and Number 2361 Research Avenu	e	10f. Zip Code 2 1 2 2	7	1	0g. Citizan of What Cou	untry?				
15-0020 72 hours after death with the Maryla "natural", or lierns 23s or 28s-f sho idical Exeminer must be notified at	by	1 Navar Married 2 Marriad 1 ☐ Yes,	ecedant Ever in U,S. Forces? s 2 \overline{M} No Give r Detas:	13. Was Decedent of If Yes, specify Cu	Hispanic Origin? (Sp ban, Maxican, Puerto Specify:	acify Yes or No- Rican, atc.)	14. Race - Amer Black, White Specify:					
21215-0020 swithin: 72 hours at plens. than "natural", or the Medical Exem	Completed	15. Decedent's Education (Specify only highest grade complate Elementary/Secondary (0-12) College 1 2	d) 1 (1-4or 5+)	6a. Dacedent's Usual Occ (Give kind of work don life. DO NOT use ration homemake	e during most of work red)	ing	16b. Kind of Business/l					
land id be file ental Hy ked othe c event,	To Be Co	17. Fathar's Name (First, Middla, Last) Philip Chapman		nomemake	18. Mother's Nam	e (First, Middla, I	,	ne				
Mary nd 2 shou alth and M 27 is mar r traumati	_	19a. Informant's Name/Relationship (Type, Print) Edward A. March Jr.		19b. Mailing Address (Stree 2361 Re	search A			ip Code) e Md 2122				
Pages 1 a sert of Her mt. If Nem ny or othe		20a. Method of Disposition  1	cem	e of Disposition (Name of etery, cramatory or other pi dowridge m	em. Park	9%11	20c. Location - City or T					
permit. Departm Imports any Inju		21. Signature of Funeral Service Licensee	8	22. Name and Add Hubbard 4107 Wi	rass of Facility funeral lkens Av	Home,	Inc.	Md 21229				
Physician /Medical Examiner		23a. Part1. Enter the diseasa, or complications the shock, or heart failure. Listonly one cause of Immediata Cause (Final diseasa or condition resulting in death)	t caused the deeth. It each line.	1				Approximata Intervel Between Onset and Death				
'50, be axecuted sician and burial-transit	Due to (or as a consequence of):  b. Clirali pelso y fuilure											
ntificate	Medical	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Causa (Disease or Injury that Initiated events resulting in death) Last  Due to (or as a consequence of):  Due to (or as a consequence of):  Of Section										
BO)	lan	d	1) m									
that the	by Physician	Part II. Other significant conditions contributing to				23b. Dld to	bacco use contribute	to the cause of death?				
The law requirate has been a page 2 should	Completed b	Deep Ver	in the	rombos	is .	24a. Was a perform	ned?	Vere autopsy findings vallable prior to ompletion of cause f daath?				
r VItal ysicien: Th s certificate director, pag	Be	25. Was casa referred to medical examiner?			26. Place of Deat	h (Check only on	a)					
al this	2			Odipatient 3L DOA	than: 4 Nursing Ho		nce 6 Other (Special	(fy)				
	tlon		e of Injury onth, Day Year)	b. Time of 28c. Injury W	ork?	28d. Dascribe no	w injury occurred					
LIVISION I or Attending after death. Director: After d in by the fune	Certification:	3 Suicide 6 Could not be	ce of Injury - At home ding, etc. (Specify)	, farm, street, factory, office		28f. Location (St. City or Town	reet and Number or Run , Stata)	al Route Number,				
To the Hospital or within 24 hours afte To the Funeral Dir completaly filled in	edical C	29a. Certifler (Check only one)  Certifying Physician: To the and ma	ne best of my knowled basis of examination inner stated.	dga, daath occurrad at tha t and/or invastigation, in my	ime, date and place, opinion, deeth occurr	and dua to the ca ed at the time, da	use(s) and manner as a ate and place, and dua	stated. to the cause(s)				
To the within To the comp	M	29b. Signatura and title of certifier  Furchied &	upuh	44 1	ese number		Bept- Nin					
		30. Neme and address of person who completed ca DEEPAK MERCHANT	use of death (itam 23	a) (Type, Print) CHO	ICE LANG	E CA	ronsville	th 1996. MD ZIZZ8				

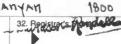
State Registrar

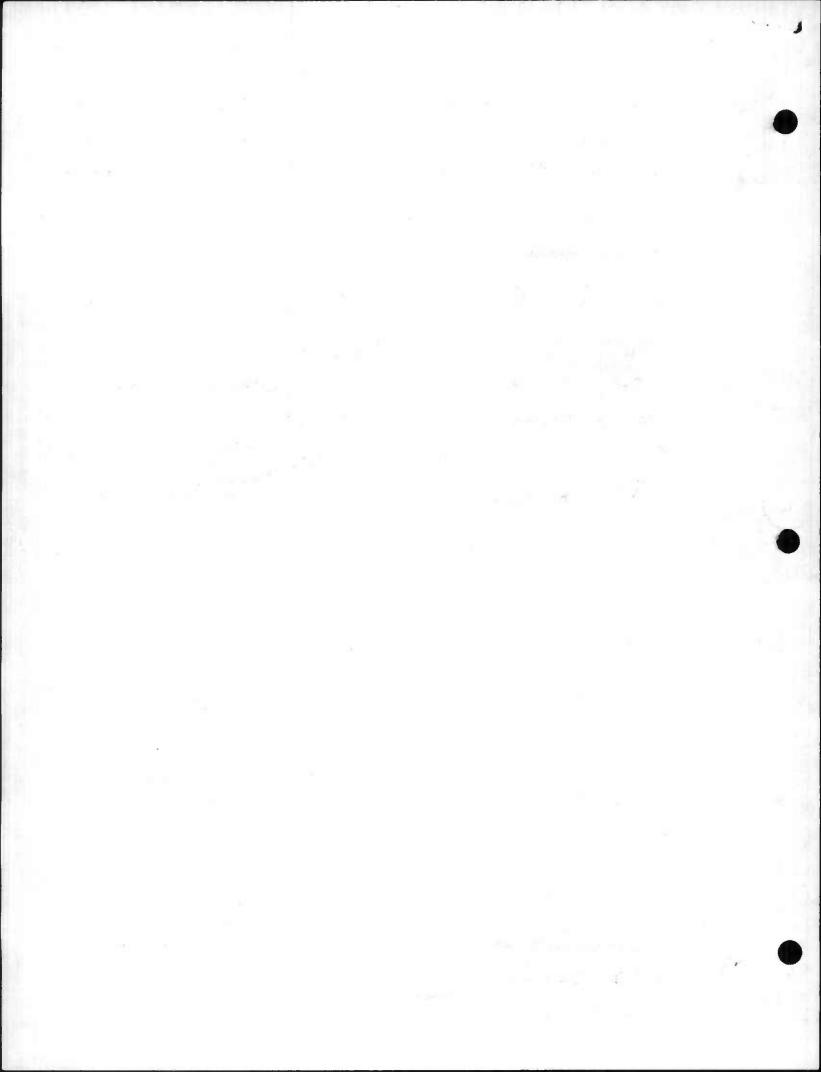
a , i 

State of Maryland / Department of Health and Mental Hygiene 96 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Death Physician Month Year McKenna 8:00 P.M. NE Son Sertember 1996 /Medical 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Overlea LARK MEADOW Court Baltimore If Under 1 Year | If Under 24 Hrs. Months Days Hours Min. 5. Social Security Number 6 Sex 7. Age (In yrs. lest birthday) Birthplece (State or Foreign Country) **Funeral** 12 M 2 F 28 1007 عاما Yrs. Director April Usual Residence of Decedent the Maryland 10e. State 10h County 10c. City, Town or Location 28a-f show 10d. Inside City Limits Baltimore Examiner rount be nutflied Director 1 ☐ Yes 2 ☑ No MATYLAND OVERIEA 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? ò LACK MEADOW Court 21236 USA Herns 23a 12. Was Decedent Ever in U,S. Armed Forces? 1 ☑ Yes 2 ☐ No 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Black, White, etc. 11. Maritei Status filed within 72 hours after 1 Never Married 2 Married 6 Baltimore, Maryland 21215-0020 1 ☐ Yes 2 Ø No Specify: p Specify: 3 Widowed 4 Divorced White 'natural', Completed 15. Decedent's Education (Specify only highest grada completed) 16a. Decedant's Usuai Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) Hygiena. Elementary/Secondary (0-12) College (1-4or 5+) 100 Baltimore City Police Officer permit. Pages 1 and 2 should be file Department of Health and Manial Hy Important: If Item 27 is marked oth any lojury or other traumatic event Spice. 17. Father's Nama (First, Middla, Last) Be 18. Mother's Name (First, Middle, Maiden Surneme) mc Kenna George Catherine 10 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) McKennA MILIAM LAYK MEADOW ET 20a. Method of Disposition 20b. Place of Disposition (Name of cametery, cremetory or other place) 20c. Location - City or Town, Stete September 1 Burial 2 Cremation 3 Removal from State Mary land PArkwood Cemetery BAltimore. 4 Donation 5 Other (Specify) 21. Signature of Funeral Service Licensee 22. Name end Address of Facility Evans Chapel of MAMORIES 8800 Harford Rd Baltimore MD. 21234 23a. Part1. Entar the disease, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Onaet and Death Physician /Medical mediata Cause (Final 10 months Carcinoma of the pharynx disease or condition resulting in death) Examiner Due to (or as a consequence of) Examiner The law requires that the death cartificate be executed the bunal-transit Sequentially list conditions, if any, leading to immediata ceuse. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last Due to (or as e consequence of): P.O. Box 68760. Physician/Medical Due to (or es a consequence of): be datached Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 6 1 Yes 2 No 3 ☐ Probably 4 ☐ Unknown Division of Vital Records. þ paga 2 should Completed 24b. Wara autopsy findings eveileble prior to 24a. Was an autopsy performed? complation of cause of death? this certificata! 1 Yes 2 No 1 ☐ Yes 2 No Physician: 25. Was cesa referred to medical examiner? Be 26. Place of Daath (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospital: 10 1 Yes 2 No 1 ☐ inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 27. Manner of Death 28a. Data of Injury (Month, Dey Year) 28c. Injury at Work? Certification: 28b. Time of 28d. Dascribe how Injury occurred Aftar or Attending 1 Maturai 5 Pending investigation s after death daath. 1 Yes 2 Accident 6 Could not be determined 3 Suicide 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rurel Route Number, City or Town, Stete) 3 4 Homicide To the Hospital of within 24 hours a To the Funeral D completaly filled in 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the ceusa(s) and mannar stated. Medical 29a. Certifier (Check only one) 29b. Signeture and title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) JHH N9692 petramanyan 09,10,96 MD 30. Nama and address of person who complated cause of death (Itam 23a) (Type, Print) Smith Subramanyan Jefferson St. Baltimore

State Registrar 31. Date filed (Month, Dey, Year)

SCP 1 3 1996





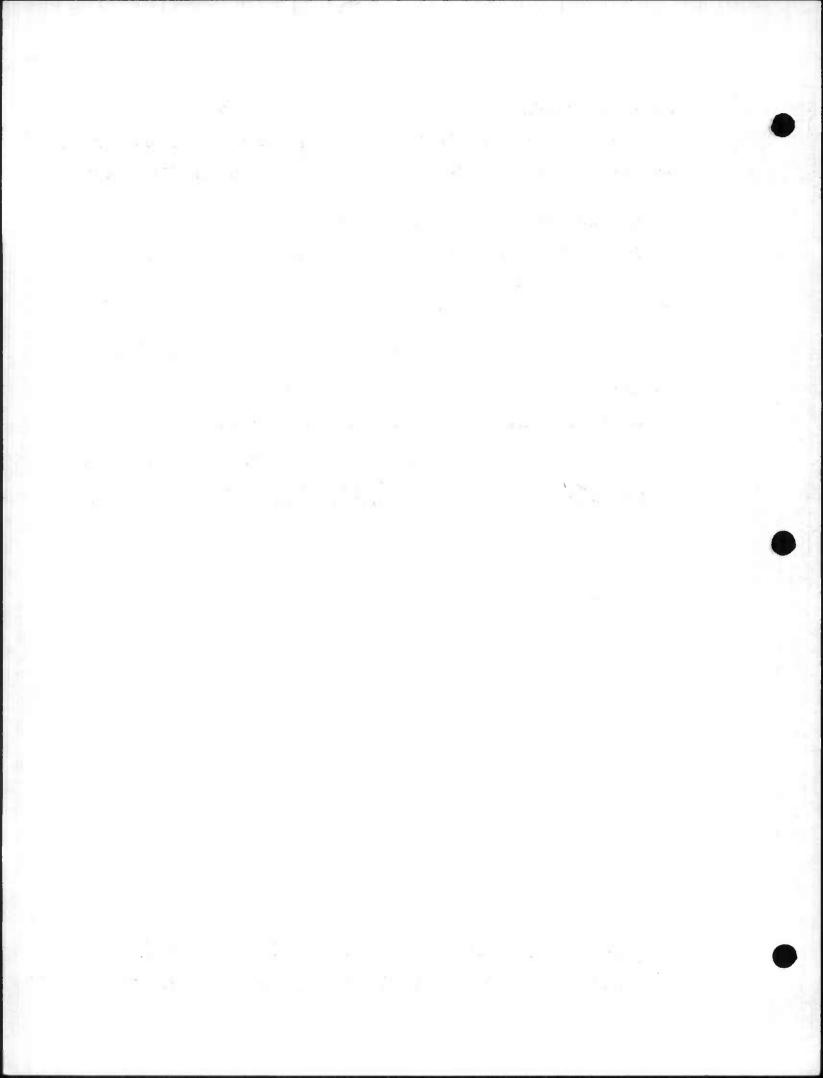
-						C	eniiica	ite of	Death		F	Reg. No.				
	Physic /Medi		TNIVV									Dey O9 - O	Year 6	3. Time to the		
ľ	Exami		4a. Fecility Name (If not institution, gi	va street and nu	mber)	center,	BALTII mp 2	1237		own, or Li	ocation of Death のたと	4c. Count	y of Deeth more			
	Funeral Director		5. Social Security Number 6. 220-46-3147	Sex 1□ M 201 F		n yrs. last birtho	(ay) If Unc	ar 1 Yaar	if Under Hours	24 Hrs. Min.	8. Deta of Birth (Month, Day Aug. 23			ace (Stata or Foreigny) Jland		
Ī	faryland f ahow ed et	5	Usuel Residence of Decedant  10a. Stete 10b. County  Maryland N/A		10	C. City, Town o		timo	h 0				100	ld. Inside City Limit		
	the h	Director	10e. Street end Number					ip Code	ie			10g. Citizen of	Man County	7000		
	s 23a or		4002 Parkside I					21:					U.S.A.			
020	be filed within 72 hours after death with the Maryland thai thygiene.  Id other than "natural", or items 23s or 28s-f show event, the Medical Exerting roust be notified at	by Funeral	11. Marital Status  1 Never Merried 2 Married  3 XWidowed 4 Divorced	12. Was Dec Armed Fe 1  Yas If Yes, Gi Year or D	orces? 2 No ve	r in U,S.		edant of Heecify Cubi	lispanic Or an, Mexica Specify		ecify Yas or No- Rican, etc.)	14. Ra Ble Speci	ca - America eck, Whita, at ty: Wh			
5	72 h	ete	15. Decedent's E (Specify only highest gi	ducation ada completed)		18a. De	ecedent's Us	uel Occup	ation during mos	st of work	ina	16b. Kind of E	Businass/Indu	istry		
21215-0020	ed within giene. er than	Completed	Elementery/Secondery (0-12) 8th grade	College (			iva kind of v la. DO NOT retary					Roofi	ng Com	npany		
pu	d oth	Be	17. Father's Name (First, Middla, Las	t)		7 /					e (First, Middla,					
Maryland		2	Edward			Jackson			Emma		sevine		walder			
a	2 sh and la m		19a. informent's Neme/Reletionship								al Routa Numbe			Coda)		
	s 1 and 2 should f Health and Mer flem 27 is marks other traumatic		John McDermott	(son)		94 20b. Piace of D			Court	s Dr	ive, Bal			21236		
Baltimore,	Page nent o int: If iry or				Stata	cematary,	cramatory o	othar pla	,		Dete 9/12/96	Baltim				
Ball	Departit. Departit Importa		1 \( \text{Surial 2 \subseteq Cramation 3 \subseteq Remove i from State } \) 4 \( \text{Donation 5 \subseteq Other (Specify)} \)  Most Holy Redeemer Cem. \( \text{9/12/96 Baltimore, Mar} \)  21. Signeture of Funarel Service Licensea \( \text{22. Name and Address of Fecility Schimunek Funeral Homes, Inc. } \)  9705 Belair Rd., Baltimore, MD 21236  23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest. \( \text{Approx} \)													
2	Physician /Medical Examiner	94	23a. Pert1. Enter the disease, or conshock, or haert feilure. List only immediate Cause (Final disease or condition resulting in daeth)	one ceuse on (	LLM	ovary	enter the m	per	ng, such es	cardiac	or respiratory ar			Approximate Interval Between Onset and Deeth Z YEAR.		
ox 68760,	n certificate be assouted anding physician and use as the burial-transit	in/Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underfying Causa (Disease or injury that initiated events resulting in deeth) Lest	b		e to (or es a con										
D. B	e death the atte hed for	Physicia	Part ii. Other significant conditions	contributing to d	eath but no	ot resulting in th	e underlying	cause giv	ren in Part	l.	23b. Did to	obacco use co	ontribute to t	the cause of death		
S, P.	ires that the death signed by the atte d be detached for	by Phy									101	** 2 No	3 Probe	ably 4 🗆 Unknow		
Vital Records, P.O.	aw requisite per second	Completed									24e. Wes a		com	re autopsy findings labia prior to pletion of cause eath?		
T		0									1 🗆 Y	as 20 No	10	Yes 2□ No		
<u>=</u>	ysician: The	Be	25. Wes case referred to medical exeminer?						28. Plece	e of Deet	h (Check only o	na)				
	5 00 0	2	1 Yas 2D No	Hospital:	Inpatient	2 ☐ ER/Outpe	itlent 3 1		4 LI NI	ursing Ho	me 5□ Rasid	ence 8 □Ot	her (Specify)			
DIVISION OF	l or Attending Ph after death. Director: After thi I in by the funeral	ation:	27. Manner of Death Netural 5 Pending 2 Accident Investigation	n	of Injury th, Day Ye	28b. Tim fnju		28c. Injur Wor 1 🗌	yet k? Yes 2 ⊡		28d. Describe h	ow injury occu	rred			
	al or Atte	Certification:	3 Suicide 6 Could not be determined	28a. Place	of injury - ng, etc. (S	At home, ferm pecify)	street, facto	ory, office			28f. Location (S City or Tow		ber or Rural I	Routa Number,		
	To the Hospital or within 24 hours afte to the Funeral Dir coholetely filled in	edical (	29a. Certifier (Check only one) Certifying Pl	niner: On the b	best of mesis of axa	y knowledge, do mination and/o	eath occurre r investigatio	d et the tin	ne, date en pinion, des	nd place, ath occurr	and due to the cred at the time, c	ause(s) and m late end place	enner as state	ted. the cause(s)		
	withir to the	Me	29b. Signature and titla of certifier	, .			2	9c. Licans	a number	-	2	29d. Dete sign	ed (Month, Di	ay, Year)		
	4		Danh	no	tro	o , m	D	D 3	026	53		09-	09-9	6		
			30. Neme and eddress of person who FRNKLIN SOWAKE		e of deeth	(Item 23a) (Ty	pe, Print) BAUTI	mor	E, M	D	21237	FRA	was 1	16 KH00, MI		
	Sta	10	31. Date filed (Month, Day, Year)	32. F	egistrar's				·							

State Registrar

## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

					(	Certificate o	f Death		Reg. No.		_ / 0 7 L	
1	Physic	an	1. Decedent's Neme (First, Middle, Last)  2. Dete of Deeth Month Dey						Yeer	3. Time of Death		
	/Medi		KENNETH MARX					Sexteml	~ 10,	1956	15:026-	
(	Exami	ner	4e. Fecility Neme (If not institution, gi	ve street end number)	CO.TOI		4b. City, Town, or				2	
	-							mone	Bac		ue couns	
	Funeral Director			10XM 2□ F	e (In yrs. last birth	rs. last birthdey) Yrs.  If Under 1 Yeer If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) Oct. 21, 1910  No.				9. Birthpled Country New	oe (State or Foreign VORR	
	land		10a. Stete 10b. County		10c. City, Town	or Location				10d	I. Inside City Limits	
	Many Many		Maryland Baltim	070	Wh	ite Marsh					1 ☐ Yes 2 No	
	72 hours after death with the Maryland naturel', or fterns 23a or 28a-f show ited Examinet must be notified at		10e. Street end Number	0.00	Wit	10f. Zip Code	•		10g. Citizen of N	What Country	n	
			11132 Bird Riv	oad		21162		u.s	S.A.			
more, Maryland 21215-0020			11, Meritel Stetus	12. Wes Decedent I Armed Forces?	Ever In U,S.	13. Wes Decedent of It Yes, specify Co	f Hispanic Origin? (S	pecify Yes or N	0- 14. Rec	e - American		
			1 ☐ Never Merried 2 ☐ Married 3 ☑ Widowed 4 ☐ Divorced	1 ☐ Never Merried 2 ☐ Married 1 💆 Yes 2 ☐ No		1 Ves 21 No Specify:			can, etc.)  Bleck, White, etc.  Specify: White			
	72 hours naturel',		15. Decedent's Education (Specify only highest grade completed)  Elamentery/Secondery (0-12)  1.1 + la a rando  College (1-4or 5+)		16a. [	16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired)			16b. Kind of Business/Industry  Self-Employed  Towns the State			
	within ene.				+)							
	Hygie Thert		11 th grade  17. Fether's Neme (First, Middle, Last)			Jeweler				Jewelry Store		
	parmit. Pages 1 and 2 should be filed within Department of Health end Mental Hygiene. Important: if item 27 is marked other than any injury or other tranmetic event, the Medical							Mother's Neme (First, Middle, Meiden Sumeme)  Amelia Smith				
			19e. Informent's Neme/Reletionship		19b	Mailing Address (Stre				State Zin C	ode)	
			Anthony Z. Marx			Ambolin (					200)	
			20e. Method of Disposition		20h Piece of I	Disposition (Neme of	1	Dete	20c. Location -		n, Stete	
			1 ☐ Burlel 2 🛱 Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Speci			cemetery, cremetory or other place) Leen Mount Crematory			Raltimo	Saltimore, Maruland		
Balti			21. Signeture of Funeral Service Lournes 22. Name and Addres					ress of Feoility				
M			Schimunek Funeral Homes, Inc. 9705 Belair Rd., Baltimore, MD 21236									
	Physician /Medical Examiner		23a. Part1. Enter the disaasa, or con	aplications that caused	the daeth. Do no	t enter the mode of d	lying, such es cardie	c or respiretory	errest,	A	pproximete	
			23a. Part1. Enter the disaasa, or complications that caused the daeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or haert failure. List only one cause on each line.  Approximate Interval Between Onset and Deeth									
			Immedieta Ceuse (Finel diseesa or condition	INTERSITIAL PNEUMONITIS					1	MONTH		
			Due to (or es a consequança of):									
68760,	rificate be executed ng physician and as the burial-transit	Examiner		b. AMISI	) ARONE	ONE THEMMY				11	YEAR	
			Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events	Dua to (or as e consequence ot):								
			cause. Enter Underlying Cause (Disease or Injury	· VEMMULAN TACIYCANDIA 142AN						YEARL		
89	ificate g phy as the		resulting In death) Last		Dua to (or as e consequence of):					,,	1 wins	
Box	attendin for use			· AMEMOSCLERATIC CARDIONASC					Lar DIENIE 112		/6.40	
Division of Vital Records, P.O. B	the atte		Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.  23b. Did tobacco use contribute to the cause of dear								ne cause of death?	
	The law requires that the death cer ate has been signed by the attendir page 2 should be detached for use		HYPONATREMIA						1 Yes 2 No 3 Probably 4 Unknown			
			140/11/9 10/11/14									
	mequii							24a. Wes an autopsy performed?		evelle	24b. Were sutopsy findings evelleble prior to	
	has b										eletion of cause ath?	
	To the Hospital or Attending Physicien: The I within 24 hours efter death.  To the Funeral Director: After this certificate he completely filled in by the funeral director, page							10	Yes 20 No	1 🗆 Y	res 2□ No	
			25. Wes case referred to medical examiner?		eeth (Check only one)							
			1 ≅Netural 5 ☐ Pending	(Month, De)	Year) 200. Inj	ury W	/ork? ☐ Yes 2 ☐ No	200. Describe	now injury occur	red		
			3 Sulcide 8 Could not b	28e. Pleca of Injury - At home, ferm, street, fectory, office			28f. Location	8f. Location (Street end Number or Rural Route Number,				
			4 Homicide	building, etc. (Specify)  City or Town, State)								
			29e. Certifier (Check only one)  Certifying Physician: To the best of my knowledga, daath occurred et tha tima, data and place, and due to the causa(s) and mannar as stated.  Description (Check only one)  Contition (Check only one)									
			29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month,						d (Month, De	y, Year)		
	1/		D18642						9/10/81			
	51		30. Name and eddrass of person who complated cause of deeth (Item 23e) (Type, Print)									
	1)		30. Name and eddrass of person who complated cause of deeth (Item 23e) (Type, Print)  - PAMAMEN, MD. 9518-B PHILADELANIA NO. ROCT, MD. 21277									
	Sta		31. Dete filed (Month, Dey, Year)	7	r's Signeture							
	Registr		SEP 1 3 1996	ia Day door	-Randolle							
DH	MH 16 Day 6/0	5			-							

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

ITEMS: 23 PART I, II, 27, PER MEO State of Maryland / Department of Health and Mental Hygiene Q 6

F	"ILM G-739	9/	20/96 t.t		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Cer	tificat	e of	Death		iornarrij	Reg. No.	0 6	1343
١	Physic	an	1. Decedant'a Nama (First, Middla, L	ast)							2. Data of Do		Yaar	3. Tima of Death
	/Medi		KEITH				MEN	DEN	HALL	5	EPTEM	BER 9,	1996	7:46P.M
	Examii	ner	4a. Facility Nama (If not institution, g								cation of Deet		ty of Death	
1			GOOD SAMARITAN  5. Social Security Number 6.			form to be that the state of	If Under	r 1 Vaar	BAL!			N/		
	Funeral Director		241 47 4897	Sax 1□M 2□ F	27	last birthday) Yrs.	Months		Hours	Min.	Month, De AUG. 1	th Year) , 1969	9. Birthplace NORTH	CAROLI
	and		Usuai Rasidance of Decedant  10a. Stata 10b. County		10c Ci	ty, Town or Loc	eation						104	I. Insida City Limits
	the Marylan 28a-f show notfred	Director	MD. N/A			ALTIMO	RE							1 XYes 2 □ No
	23a or 2	rai Dir	10e. Street and Number 2601 OAKLEY	AVENUE			10f. Zip		215			U.S.		7
000	hours after death with the Maryland urei', or thems 23a or 28a-f show at Example must be not fred at	by Funeral	11. Marital Status 1 Navar Married 2 Married 3 Widowed 4 Divorced	12. Was Daceda Armed Force 1 Tas 2f if Yas, Give Yaer or Data	e? ⊈No				lispanic Ori an, Maxican Specify:	gin? (Spo i, Puerto	ecify Yes or No Rican, atc.)	Speci	ace - American ack, Whita, ato ify: BLAC	).
Maryland 21215-0020	within 72 h ane. Ithen "natu is Medical	Completed	15. Decedant's E (Spacify only highast gi	ducation ada complatad) College (1-4d N/A	or 5+)	16a. Decedo (Give k lifa. D			ation during mosi d)	t of work	ing		Businass/Indus	stry
9	ntal Hygie od other	Co	12th 17. Father's Nama (First, Middla, Las			SALE	INPIC	LN	18. Motha	r'a Nama	(First Middle	, Meldan Sume		LOKE
rylan	should be id Mental marked o	To Be	DAVID W. MEI	NDENHALL	1				GLOF	RIA	DURHA	M		
N	d 2 should th and Mer 7 is marke traumatic		19a. Informant's Name/Relationship									er, City or Town		
Baltimore.	es 1 an of Heal iftem 2 r other		MRS. GLORIA CRO 20a. Mathod of Disposition 1 ABurial 2 Cramation 3 (	☐Ramoval from Sta	THER 20b. F	Place of Dispos cematary, cram	ition (Nan atory or o	na of thar plea	Y AVE ERY 9	i	Date		- City or Town	, Stata
=	permit. Pag Department important: It any injury o		4 Donation 5 Other (Special Signature of Principal Service Lice								790	DALLI	MOKE,	MARYLANI
B	Depa impo		Lewis	T Su	ulm			4	517 F	PARK	HEIG	HTS AV	AL HOLE. BA	ME 2121
	Physician /Medical Examiner		23a. Part1. Enter tha disaase, or conshock, or haart fallura. List only Immediata Cause (Final diseasa or condition rasulting in daath)	V	DISEAS	h. Do not anta  E AND CAF  or as a consequ	RDIAC				r raspiratory a	rrest,	in	pproximate itarval Batween inset and Death
	bet ist	nine		b										
50,	icate be asscuted physician and s the bunal-transit	i Examiner	Sequantially list conditions, if eny, leading to immediate causa. Enter Underlying Causa (Disease or Injury		Dua to (o	or as e consequ	ance of):							
c 68760,	는 요ㅎ	Medicai	that initiated events rasulting in daeth) Last		Dua to (o	r as a consequ	ance of):							
Box	that the death ce ed by the attendi detached for use	Physician/		d										
0	the de	iysic	Part II. Other significant conditions	contributing to death	but not ras	ulting in the un-	darlying ca	ausa giv	an in Part I.					e cause of death?
0.	res that iigned b	by Pt	CHRONIC DRUG ABUSE								10	Yes 2 No	3 Probat	oly 4 © Unknown
Records,	requi	Completed b								24a. Was an autopsy performed?  24b. Wara autopsy fin available prior to completion of cau of death?				letion of causa
Re	8 5 6	mo.									10%	Yas 2□No	WSY	
of Vital	ician: The	Bec	25. Was casa refarrad to madical						28. Placa	of Daath	(Check only		Jon	20110
>	G 60 %	To	examinar? 1XXas 2□ No	Hospital: 1 Inpa	tiant 2X	KR/Outpatient	3 DO	A Oth	O.P.			danca 6 🗆 Ot	her (Specify)	
ion o	nding Phath.: After the funeral		27. Mannar of Death 1 Natural 5 Pending 2 Accident invastigation	28a. Date of In (Month, E	ijury Da <i>y Year)</i>	28b. Tima of Injury	M 28	8c. Injun Worl		2		how injury occu		
Division	al or Atter safter des i Director d in by th	Certification:	3 Suicida 6 Could not be determined	28a. Piece of I	njury - At ho atc. (Specify	oma, farm, stree	at, factory,	, office		2	28f. Location ( City or To	Streat and Num vn, Stata)	ber or Rural R	outa Number,
	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After thi completaly filled in by the funeral	edicai C	29a. Cartifiar 1 Certifying Pr (Check only one) 1 Medical Example 1 Certifying Pr (Check only one)	yalcian: To the bes niner: On the basis and mennar:	of axaminal	wiedge, daath o tion and/or inva	occurred a	at tha tim in my o	na, data and pinion, daat	d place, a	and dua to thated at the tima,	causa(s) and m data and place,	nanner as state , and due to th	d. a causa(s)
	To th To th comp		29b. Signeture end titla of certifiar	100			29c.	. Licans	a number			29d. Date signs	ad (Month, Da)	/, Year)

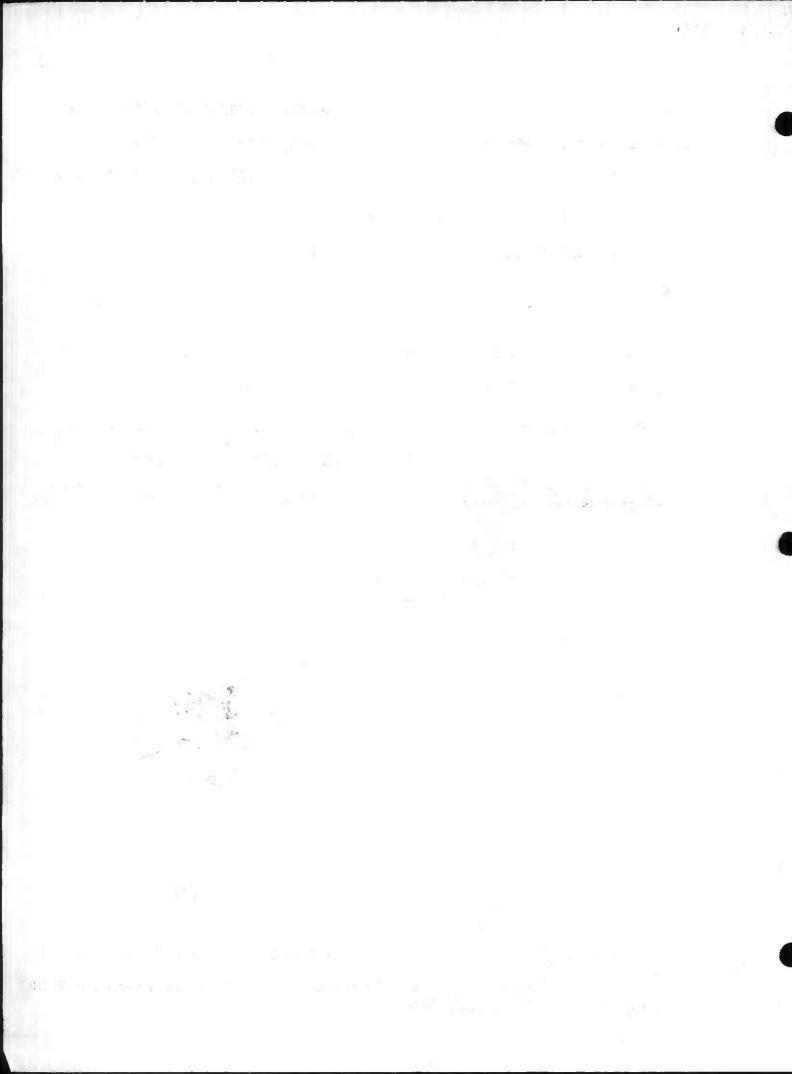
who completed causa of daath (Item 23a) (Type, Print)

State Registrar 31. Date filed (Month, Day, Year) SEP 13 1996

111 Penn Street, Baltimore, Maryland 21201

O.C.M.E.

SEPTEMBER 10,1996



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month SEOT.
4b. City, Town, or Location of Death 4a. Facility Name (If not institution, give street end number) 4c. County of Deeth UNIVERSITY of 5. Social Security Number MARYLAND BAHIMORE NTER If Under 1 ANCER 6 10 If Under 24 Hrs. 7. Age (In yrs. last birthday 8. Date of Birth (Month, Day, ) App. 11 25, 6. Sex 9. Birthplace (State or Foreign 1 M 2 F 213-54-1826 1948 Maryland Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits Baltimore Cit 1 XYes 2 □ No Maryland 10e. Steet and Number 10g. Citizen of What Country? United States of America

14. Race - American Indian,
Bleck, White, etc. ilveRhil HVENUE 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 🛣 No 13. Was Decedent of Hispenic Orlgin? (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status 1 Never Married 2 Married 1 ☐ Yes 2 ☑ If Yes, Give Year or Detes: 1 ☐ Yes 2 No Specify: Black Specify: 3 Widowed 4 Divorced 15. Decedent's Education (Specify only highest grade completed) 16a. Decedant's Usual Occupation (Give kind of work done during most of working life. DO NOT use ratired) 16b. Kind of Business/Industry Eiementary/Secondary (0-12) College (1-4or 5+) Commercial Banking Doerations 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) William Starks Lewis 19a. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 20b. Placa of Disposition (Name of cometery, crematory or other place) Silverhill Me Clain, JR Avenue Baltimore, Maryland 21307 HENRY James 20a. Method of Disposition Date 20c. Location - City of Town, State 1 ■ Burlal 2 Cremation 3 Ramoval from State 9/14/96 Bottimone City, Maryland Woodlawn Cemetery 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Addrass of Facility Magga lear & Imore Henson Mortician Clo Charman - Horry Funeral Home 5245-44 21. Signature of Funeral Service Licenses 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest,

Approximate Approximete Interval Between Onset and Death Immediate Cause (Final disease or condition resulting In death) Due to (or as a consaquence of) Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown 24b. Were autopsy findings available prior to complation of ceuse of death? 24a. Wes an autopsy performed?

**Physician** /Medical Examiner

The law requires that the death certificate be executed

signed by t

cate hes been sig

filled in by the funeral

completely

efter deall Director:

To the Hospital within 24 hours To the Funeral ( the Hospital

þ

Completed

Be

Certification: To

Medical

Box 68760,

P.O.

Records,

**Physician** 

/Medical

Examiner

10a. State

**Funeral** 

Director

28a-f show

ò

Itams 23a

"natural", or

permit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: If Item 27 is marked other than eny Injury or other traument.

Baltimore, Maryland 21215-0020

the Medical Examiner must be notified at

Director

þ

Completed

Be

Sequentially list conditions, if any, laading to Immediate causa. Enter Underlying Cause (Diseasa or injury that initiated evants rasulting in death) Last Physician/Medical

> 1 X Yas 2 □ No 26. Place of Death (Check only ona)

1 ☐ Yes 2 No

25.	examiner	to medica
	1 ☐ Yes	

3 Suicide

29a. Certifier

4 Homicide

27. Manner of Death 1 Natural 5 Pending Investigation 2 ☐ Accident

6 Could not be determined

Hospital: 1 Inpatient 28a. Date of Injury (Month, Day Year)

2 ER/Outpatient 3 DOA 28b. Time of

28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

28c. Injury at Work? 1 ☐ Yes 2 ☐ No

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how Injury occurred

Certifying Physician: To the best of my knowledge, death occurred at tha time, date and place, and due to tha cause(s) and manner as stated.

| Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) (Check only

29b. Signature and title of certifier

29c. License numbe

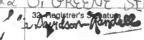
29d. Date signed (Month, Dey, Year)

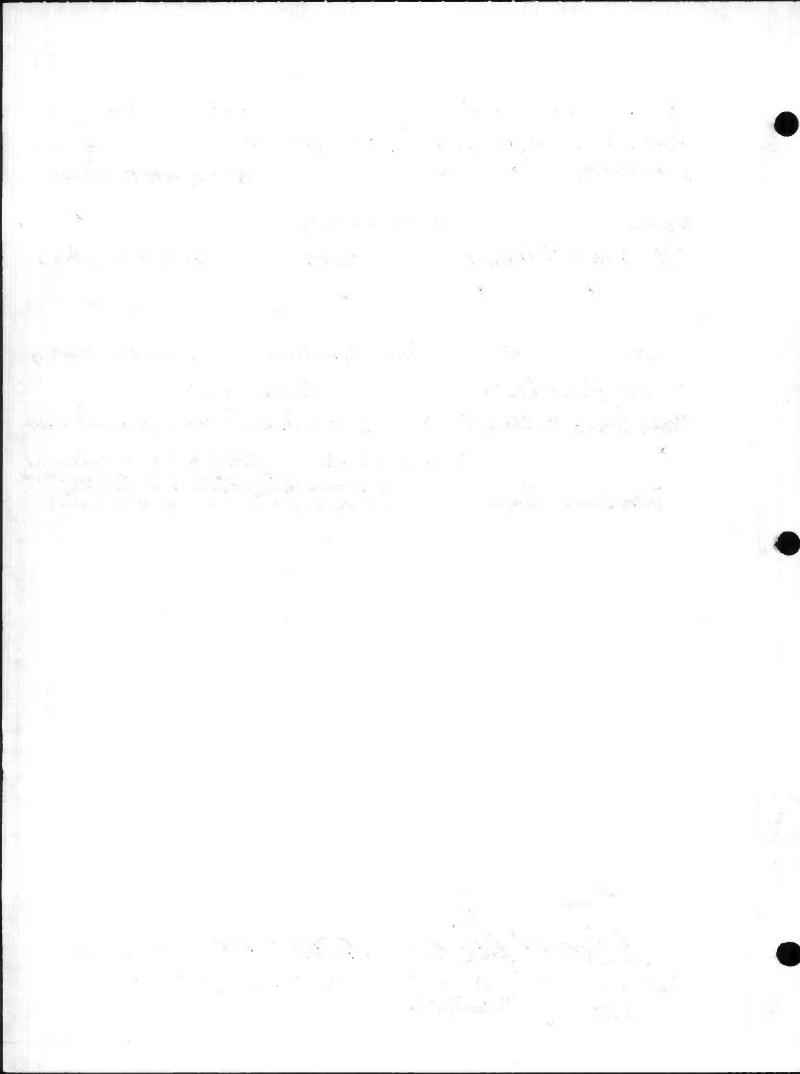
28f. Location (Street and Number or Rural Route Number, City or Town, Stata)

30. Name and address of person with of death (Itam 23a) (Type, Print)

State Registrar

31. Dete filed (Month, Dey, Year) SEP 1 3 1996

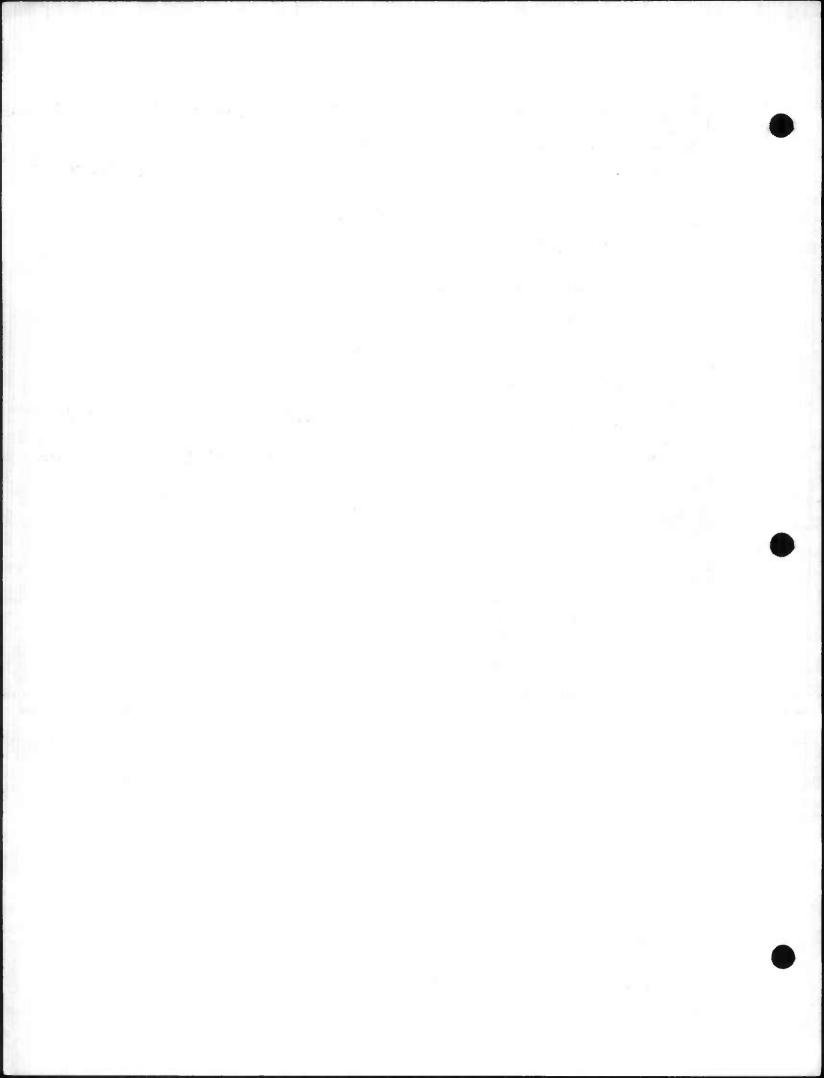




State of Maryland / Department of Health and Mental Hygiene 9 6

27345

					Certifica	te of	Death		Reg. No.		
Physicia /Medic		1. Decedant's Nama (First, Middla, L	ast)	M	orto	on		2. Deta of Dan Month Septem	ath	Yaar 6	3. Tima of Death 9:35
Examin		4a. Fapility Nama, (If not Institution, g	iva street and number)	1 /	pita	0	Balti	more	4c. County	of Deeth	
Funeral Director		229-03-4764	Sex 7. Ag	83 N	rs. If Unda Months	Deys	Hours Min.	8. Data of Birt	13°,1912	9. Birthp VIRG	lece (State or Foraign
death with the Meryland ms 23a or 28a-f show must be notified at	tor	Usual Rasidence of Decedant  10a. Slata 10b. County  MD n/	'a	10c. City, Town	or Location BALTIMO	RE				11	0d. Inside City Limits
th with the Me 23a or 28a-fi	Funeral Director	10e. Street and Number 1612 E. OLIV	ER ST.		10f. Z	p Code		21213	10g. Citizen of V	What Coun	STATES
urs efter at', or ke	þ	11. Marital Status  1 Navar Married 2 Merried 3 Widowed 4 Divorced	12. Was Decedant Armed Forcas? 1  Yes 2  Yes If Yas, Giva A Yaar or Dates:		13. Wes Dece If Yas, spo		dispanic Origin? (S an, Maxican, Puerl Specify:	pecify Yes or No- o Rican, atc.)	14. Red Ble Specify	e - Amaric ek, Whila, a	alc.
within	Completed	15. Decedant's I (Specify only highast g Elamantery/Secondary (0-12) 2 nd	Education rada complatad) Collaga (1-4or	5+)	Decedent's Usu (Give kind of w lifa. DO NOT ( RAILROA	ork dona usa retire	during most of wor	king	16b. Kind of B	AK CO	
Mental H Mental H irked off	To Be C	17. Fathar's Name (First, Middla, Las	MORTON				18. Mother's Nar EST		RRIS		
1 and 2 sho Heelth end em 27 la me		19a. Informant's Name/Ratetionship ANNIE L.	(Type, Print) MORTON	19b.	Malling Addras	s (Stree	LIVER S	T., BLTO	or, City of Town, MARY	State Zip	21213
pemit. Peges 1 and 2 Department of Heelth of Important: If item 27 is any Injury or other tra once.		20a. Mathod of Disposition  1 ☐ Burlal 2 ☐ Cremation 3  4 ☐ Donetion 5 ☐ Othar (Spec	□Ramoval from Steta	20b. Placa of cematary ARBU	Disposition (Na v, crematory or TUS ME	me of other pla MOR I		9-14-9	6 ARBUT		MARYLAND
Depart Import any inj once.		21. Signature of Furural Service Lion	te K2	grne.	22. Nama a	nd Addre	March	-1101	F.N	Sorte	Are.
ing physicia e as the bu	/Medical Examiner	disease or condition resulting in daath)  Sequentially list conditions, if eny, leading to immediate causa. Enter Underlying Cause (Disease or Injury that initiated evants resulting in daath) Lest	//	Dua to (or as a complete of the complete of th	y tops onsequence of	zni	a				
thet the death cered by the attendin	sician	Pert II. Other significant conditions	contributing to death b	ul nol rasulting In	the undarlying	causa gi	van in Part I.	23b. Did t	obacco usa co	ntribute to	the causs of death?
requires that the een signed by th hould be detache	by Physician/	pros	tate	cance	R			10	Y88 2□ No	3 □ Prot	bably / Unknow
The law require ate has been si page 2 should t	Completed	·							en eutopsy med?	eva	ere eutopsy findings allabla prior to mpletion of cause death?
ysician: The last certificate ha	Be Co	25. Was casa rafarred to medical					26. Placa of Dea	1□ \ ath (Check only o		10	Yes 2 No
this ai di	1 Yes 2 No Hospital: 1 Appatient 2 EP/Outpatient 3 DOA Other: 4 Nursing 27. Manner of Death 1 Natural 5 Pending invastigation 2 Accident 6 Could not be								home 5 Residence 8 Other (Specify)  28d. Dascribe how Injury occurred		
To the Hospital or Attending I within 24 hours effer deeth. To the Funeral Director: Affer completely filled in by the funer		3 ☐ Suicide 6 ☐ Could not 4 ☐ Homicide datarmine	28e. Place of Inj building, at	ury - At homa, far c. <i>(Specify)</i>	m, street, facto	ry, office		28f. Location (5 City or Tow	Street and Numb n, Stata)	er or Rura	il Routa Number,
To the Hospital within 24 hours for the Funeral completely filled	ledical	29a. Cartifiar 1 Certifying P (Check only one) 2 Medical Exa	hysicien: To the bast miner: On tha basis of and mannar st	axamination and	deeth occurred /or investigation	et tha ti	ma, deta and place opinion, daath occu	, and due to tha rred at tha tima,	cause(s) end mo date and piece,	end dua to	eted. ) tha causa(s)
with Con	×	29b. Signatura and titla of certifier  30. Nema end addrass of person who	one file	7, HZ			on 105%	78	29d. Deta signe	d (Month, i	Day, Year)
Q		IgOR VORON	etsky	- ga	od S	an	aridan	1 Hosp	sital	7	
Stat Registra	e ar	31. Date filed (Month, Day 1 Yaar) SEP 13 19	96 32. Registr	ar's Signatura a Dawydson	- Rondell						

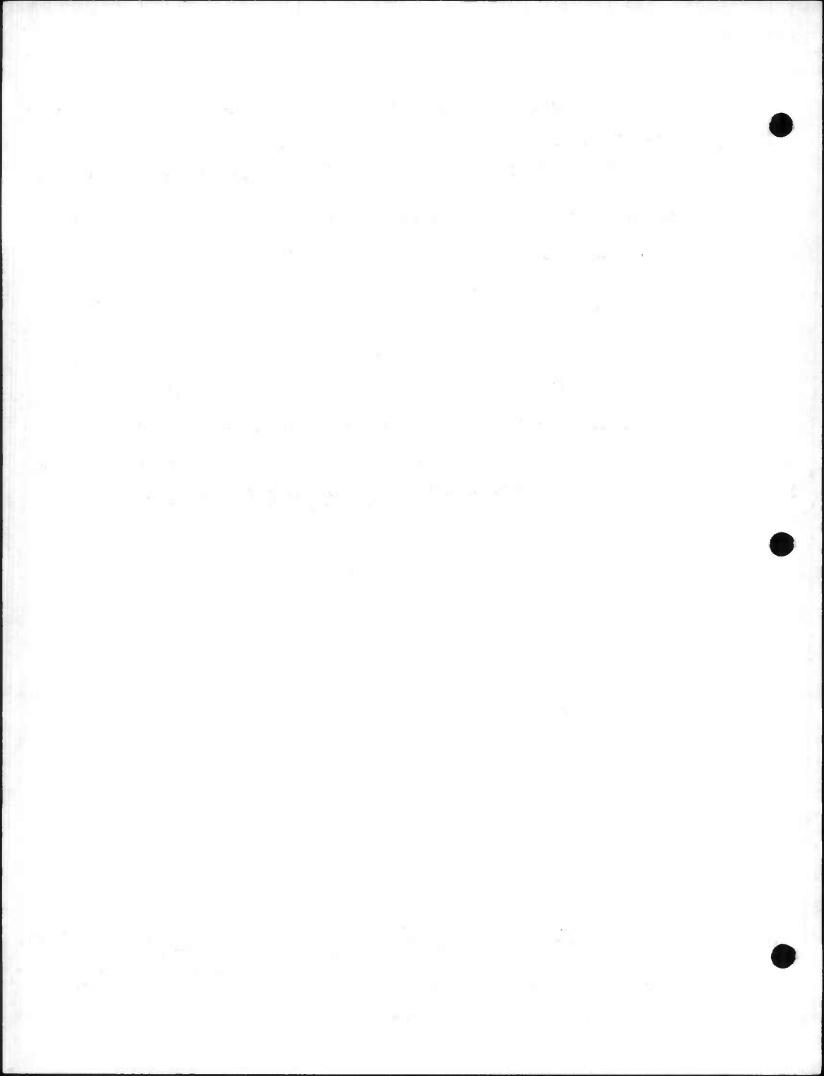


State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Dete of Deeth 3. Time of Death Dey **Physician BERTHA** MAE MARTINEZ Sept. 11, 1996 /Medical 4:50 AM 4a. Facility Nama (If not Institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 4234 Thayer Court, 21225 Baltimore If Under 1 Year Months Deya If Under 24 Hrs. 8. Data of Birth (Month, Day, Year) 5. Social Security Number 7. Aga (In yrs. last birthdey) Birthplace (State or Foraign Country) **Funeral** Months 1□M XXF 220-22-7322 69 Yrs Director Jan 22, 1927 Virginia W .. Usual Rasidance of Decedant 10a. Stata 10b. County 10c. City, Town or Location r than "natural", or Itema 23s or 28s-1 show the Medical Examiner must be notified at 10d. Insida City Limits Maryland N/A Baltimore (Brooklyn) 1 X Yas 2 □ No Director 2 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 4234 Thayer Court 21225 USA Funeral 12. Was Decedent Ever In U,S. Armed Forcas? 13. Wes Decedant of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Maxican, Puarto Rican, atc.) 11. Marital Status 14. Race - Amarican Indien, Black, Whita, etc. 72 hours after 1 ☐ Yes 2 ☑ No If Yas, Giva Yeer or Datas: 1 Never Married 2 Merried 1 ☐ Yas 2 ♥ No ð 3 Widowed 4 Divorced White Completed 15. Decedant's Education (Specify only highest grada complated) 16a. Decedent'a Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 16b. Kind of Businass/Industry filed within Elemantary/Secondery (0-12) College (1-4or 5+) 10 Homemaker Housewife & Mother 17. Fethar's Nama (First, Middla, Last) 18. Mothar's Name (First, Middla, Maiden Surnama) Be should be fi and Mental H Clarence Nay is marked Ida Bell McFadden ပ and 19e. Informant's Name/Ralationship (Type, Print) 19b. Melling Addrass (Street and Number or Rural Routa Number, City or Town, Steta, Zip Code) permit. Pages 1 and 2 st Department of Health and Important: If then 27 is in any injury or other traum once. Mr. Charles Halstead-SON 1304 Clary Court, Belcamp, Maryland filmore, 20a. Mathod of Disposition 20b. Place of Disposition (Nama of cemetary, cramatory or other plece) Data 20c. Location - City or Town, Steta 1 XBurial 2 Cramation 3 Ramoval from Stete 4 ☐ Donation 5 ☐ Othar (Specify) Cedar Hill Cemetery 9/14/1996 Baltimore, Maryland 21 Formative of Funeral Service Licensee Kevin E. Ecker 22. Nama and Addrass of Facility McCully Funeral Home of Brooklyn 237 E. Patapsco Ave., Baltimore, Md. shock, or haart failura. List only one ceusa on aach lina. 21225-1856 Approximata Interval Between Onset and Death **Physician** Immediata Cause (Finel diseesa or condition rasulting in daath) /Medical Carcino Vica Examiner as a consequance of): The law requires that the deeth certificate be executed attanding physician and for use as the burial-transit Sequentially list conditions, if any, leading to immadiata causa. Enter Underlying Causa (Disaase or injury that initiated events rasulting in daath) Last Due to (or as a consequence of) Division of Vital Records, P.O. Box 68760 Physician/Medical Dua to (or as a consequence of): Part II. Other significant conditions contributing to death but not rasulting in the undarlying cause given in Part I. the 23b. Did tobacco use contribute to the cause of death? signed by t 1 ☐ Yes 2 ☐ No 3 ☐ Probably → Unknown þ 24b. Wara autopsy findings available prior to completion of cause of death? 24e. Was an autopsy performed? Completed peen hes certificata 2 No 1 ☐ Yes 1 ☐ Yas 2 ☐ No Hospital or Attending Physician: 25. Was casa raferred to medical axaminar?

1 ☐ Yas 2 No Be 28. Place ot Death (Check only one) Other: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 2 1 Inpatiant 2 ER/Outpatient 3□ DOA this 27. Manner of Death Certification: 28a. Date of Injury (Month, Dey Year) 28b. Time of 28c. Injury at Work? 28d. Dascribe how injury occurred After Natural 5 Panding 1 ∏ Yas 2 ∏ No death. E ☐ Accidant invastigetion Director: 3 ☐ Sulcide 6 Could not be datarmined 28a. Place of Injury - At homa, farm, streat, tectory, office building, etc. (Specify) 28t. Location (Street and Number or Rural Routa Number, City or Town, Steta) 4 Homicide 24 hours af Funeral Di letely filled is 1 Certifying Physician: To the best of my knowledge, daeth occurred at tha tima, date end piece, end dua to the cause(s) and mannar as stated.

2 Medical Examiner: On the basis of axamination and/or invastigetion, in my opinion, death occurred at tha tima, data and placa, and dua to the cause(s) and manner statad. 29a. Cartifier Medical To the I vithin 2 To the I complet 29d. Dete signed (Month, Day, Year) 29b. Signatura and titla of certifie 29c. Licenae number 30015 30. Nema and address of person who completed causa of death (Item 23a) (Type, Print) .NIMMAGADDA Ha 31. Data tiled (Month, Day, Year) 632, Ragistrar's Signatura State SEP 13 1996 which Davidson



27347

State of Maryland /	Dep	artmen	of	Health	and	Mental	Hygiene
	-						

Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time f .....th **Physician** Month Day Clarence Davis McKown 3, Sept. 1996 2:30 AM /Medical 4a. Facility Name (If not Institution, give street end number) 4b. City. Town, or Location of Death 4c. County of Death Examiner 16102 Kenny Court Laurel Prince George's If Under 1 Yeer If Undar 24 Hrs. 5. Social Security Number 7. Age (In yrs. lest birthday) 8. Date of Birth (Month, Dey, Year) Birthplace (State or Foreign Country) **Funeral** Days Months Hours 1 M 2 □ F 280-10-9553 Yrs. Director 92 April 16, 1904 Ohio Usual Residence of Decedent death with the Meryland it. Pages 1 and 2 should be filed within 72 hours after death with the Menylan timent of Huelth and Mental Hygiene.

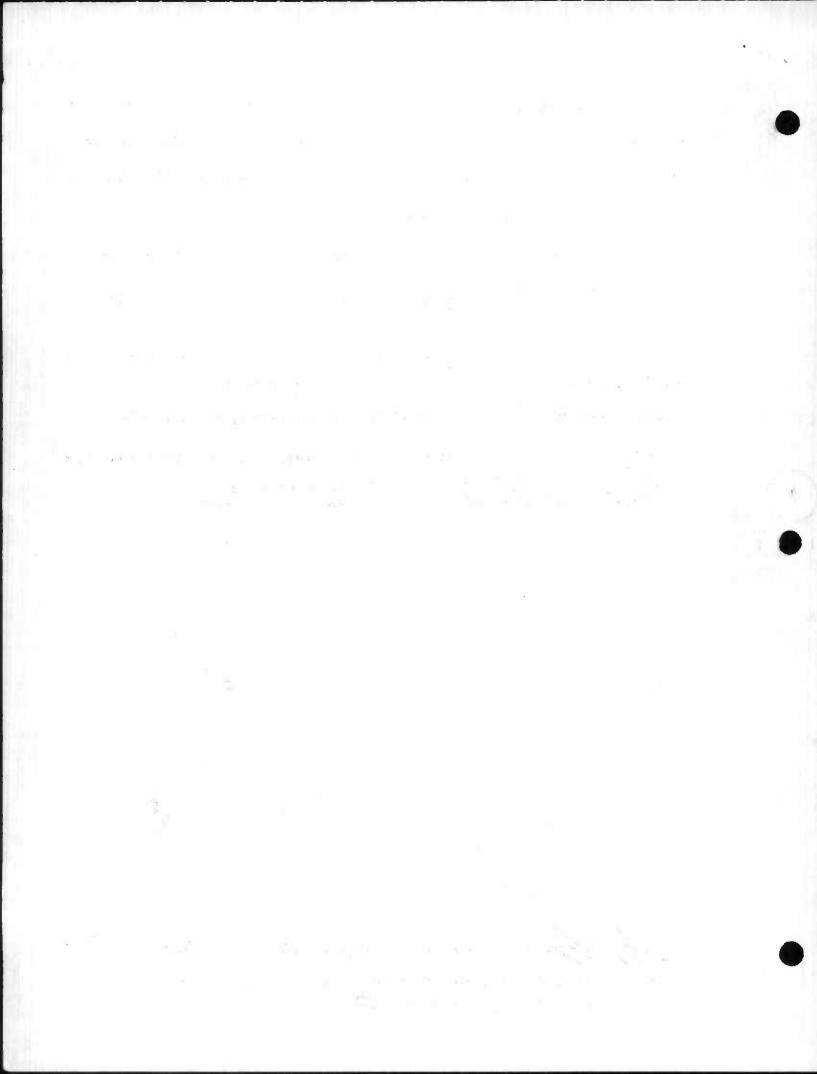
Tanti II fem 27 is marked other than "natural", or frems 23a or 28a-f show nurs or other treumatic event, the Medical Examiner must be notified at 10e State 10b. County 10c. City, Town or Location 10d. Insida City Limits MD Prince George's Laure1 Director 1 ☐ Yes 2€ No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 16102 Kenny Court 20707 United States 12. Was Dacedent Ever In U,S. Armed Forces? 14. Race - American Indien, Bleck, White, etc. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puerto Rican, etc.) 1X Yes 2 No If Yes, Give Year or Dates: 1925-63 1 □ Navar Married 25 NMarried artimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: þ Specify: White 3 ☐ Widowed 4 ☐ Divorcad Completed 16e. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highast grade completed) Elementary/Secondary (0-12) Coilege (1-4or 5+) 12 Army Medical Corps United States Army 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meldan Sumeme) Be Clyde E. McKown Rosemond Davis 2 19a. informant's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Steta, Zip Coda) Rowena McKown/wife 16102 Kenny Court Laurel, Maryland 20707 20e. Method of Disposition 20b. Placa of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, Stata 1 DBurial 2 Cremetion 3 Ramovai from Stete Arlington National Cem. 9/10/96 Arlington, Virginia 4 [Monatio 5 Other (Specify) 21. Signature of Funeral Sarvica Licansea 22. Nama and Address of Fecility Fleck Funeral HOme, Inc. 7601 Sandy Spring Rd. Laurel, MD 20707 23e. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or raspiratory arrast, shock, or heart failura. List only ona ceusa on each line. Approximate Interval Between Onset end Death Physician /Medical Immediete Cause (Finai Congestive Heart Failure diseese or condition resulting in deeth) Examiner Due to (or as e consequença of) Examiner Pneumonia sician end buriel-transit Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Diseese or injury that Initiated events resulting In deeth) Lest Due to (or es e consequence of): physician s the buriel Box 68760 Physician/Medical Due to (or as e consequence of): 98 980 ed by the ettan datached for u Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. P.O. 23b. Did tobacco use contributs to the cause of death? signed by t d be datach 1 ☐ Yes 2 ☐ No 3 Probably 4 Unknown Records, by 24b. Were autopsy findings aveileble prior to 24e. Was en eutopsy performed? Completed peed completion of cause of death? has page 1-XYes 2X No 1 ☐ Yes XX No certificata Division of Vital 25. Was case raferred to medical Be 26. Place of Deeth (Check only one) Other: 4 ☐ Nursing Homa 5 ☐ Residanca 6 ☐ Other (Specify) Hospitei: P PGYes 2□ No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 28a. Date of Injury (Month, Dey Year) 27. Menner of Death 28d. Describe how injury occurred 28b. Tima of Certification: 28c. Injury et Work? al or Attending F aftar death. I Director: After After Naturel 5 Pending 1 ☐ Yas 2 ☐ No investigation 2 Accidant 100 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rurel Route Number, City or Town, Steta) 28e. Placa of Injury - At home, farm, street, fectory, office building, etc. (Specify) in by 4 Homicide To the Hospital within 24 hours a To the Funeral Completely filled Certifying Physician: To the best of my knowledge, death occurred at the time, date and plece, and due to the ceuse(s) end menner as stated.

2 Medical Examiner: On the basis of exeminetion and/or investigation, in my opinion, deeth occurred et the time, date end place, and due to the ceuse(s) cal 29a. Certifier end manner stated. 29b. Signature aga file of certifier 29d. Deta signed (Month, Dey, Year) 29c. Licensa number September 5, 1996 MA-72444 MD, MAJ, M.C.

State Registrar

Gregg S. Meyer, MD, MAJ, M.C. 6825 16th Street, N.W., Washington, DC 20307 31. Date filed (Month, Dey, Year) SEP 13 1996 32. Regulator Supplication

30. Neme and address of person who completed cause of deeth (item 23a) (Type, Print)



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

**Physiclan** /Medical Examiner

1. Decedent's Name (First Middle Last) James

Mc NAMARA

2. Date of Deeth

8. Dete of Birth (Month, Day, Year)

Month

3. Time of Death

4a. Facility Name (If not institution, give street and number) Prince George County Hospital 4b. City, Town, or Location of Deeth

Cheverly

Hours

Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.)

If Under 1 Year | If Under 24 Hrs.

12;22Am September 10, 1996 4c. County of Death

Prince George

**Funeral** Director

ral', or items 23a or 28a-f show Examiner must be notified at

"natural".

Hygiena.

Pagas 1 and 2 should be family of Health and Mental I int: If Itam 27 Is marked of

or other tra

permit. Paga Department of Important: If any Injury or

**Physician** /Medical

Examiner

Physician/Medicai

þ

Completed

Be

Certification: To

Medical

usa as

or Attending Physician: The law requires that the death certificate be axecuted

has

this certificate

Aftar

daath.

24 hours a Funeral C

after death Director:

filled in by

Box 68760,

Division of Vital Records, P.O.

7 is marked other than "nature traumatic event, the Medical

Director

Completed by Funeral

death with the Maryland

filed within 72 hours after

21215-0020

altimore, Maryland

Usual Residence of Decedent 10e. Stete

10b. County Montgomery

10c. City, Town or Location Silver Spring,

Yrs.

Charter House

10d. Inside City Limits 1 Yes 2 No

9. Birthplece (State or Foreign Country)
New York

10e. Street and Number

5. Social Security Number

078-09-1577

Charter House

7. Age (In yrs. last birthday)

10f. Zip Code 20900

Days

10g. Citizen of What Country? USA

Oct.16,1908 New

11. Meritei Status

Never Married 2 Married 3 Widowed 4 Divorced

12. Wes Decedent Ever in U.S. Armed Forces? 1 □ Yes 2 □ No If Yes, Give Year or Dates: WWII

1 Yes 2 No

14. Raca - American Indian, Bleck, White, etc. White Specify:

15. Decadent's Education Elementery/Secondary (0-12)

(Specify only highest grade completed) College (1-4or 5+)

1 M 2 □ F

16a. Decadent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) Nurseryman

16b. Kind of Business/industry Horticulture

17. Father's Name (First, Middle, Last)

Patrick

McNamara

18. Mother's Name (First, Middle, Maiden Surname)

Anna Faherty

19a. Informent's Name/Relationship (Type, Print)

19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)

Anthony Valeo

6905 High Bridge Rd, Bowie, MD 20720 Date

20a. Method of Disposition

1 State | Burial 2 □ Cremation 3 □ Removal from Stete | 4 □ Donation 5 □ Other (Specify)

20b. Place of Disposition (Name of cemetery, crematory or other place) Our Lady of the Fields 9/13 Millersville, MD

20c. Location - City or Town, State

21. Signature of Funeral Service Licensee

22. Name and Address of Facility Hardesty Funeral Home, P.A.

12 Ridgely Ave. Annapolis, MD 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respirate shock, or heart failure. List only one cause on each line.

21401 Approximate Interval Between Onset and Death

Immediate Ceuse (Final disease or condition resulting in deeth)

Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or injury that initieted events resulting in death) Lest

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.

23b. Did tobacco use contribute to the cause of death?

1 ☐ Yes 2 ☐ No

3 Probably 4 Minknown

24a. Was an autopsy

24b. Were autopsy findings avaitable prior to completion of cause of deeth?

1 Yes 26. Place of Deeth (Check only one) 1 □ Yes 2 □ No

25. Wes case referred to medicat examiner? 1 Yes 2 No

27. Manner of Death 1 Vatural 2 Accident

3 ☐ Suicide

4 Homicide

5 Pending investigation 6 Could not be determined

npatient 28a. Dete of Injury (Month, Day)

2 ER/Outpatient 3 DOA 28b. Time of

28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify)

Other: 4 Nursing Home 5 Residence 8 Other (Specify) 28c. Injury at Work?

1 Yes 2 No

28d. Describe how Injury occurred

29a, Certifier (Check only one) Certifying Physician: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) and manner as stated.

2 Madical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) end manner stated.

29b. Signature end title of certified

000

29c, License number

29d. Dete signed (Month, Day, Year)

28f. Location (Street end Number or Rural Route Number, City or Town, State)

will Road; # 220, Bowte-MD

State Registrar

DHMH 16 Rav 6/95

To the Hosp within 24 ho To the Fune completely fi

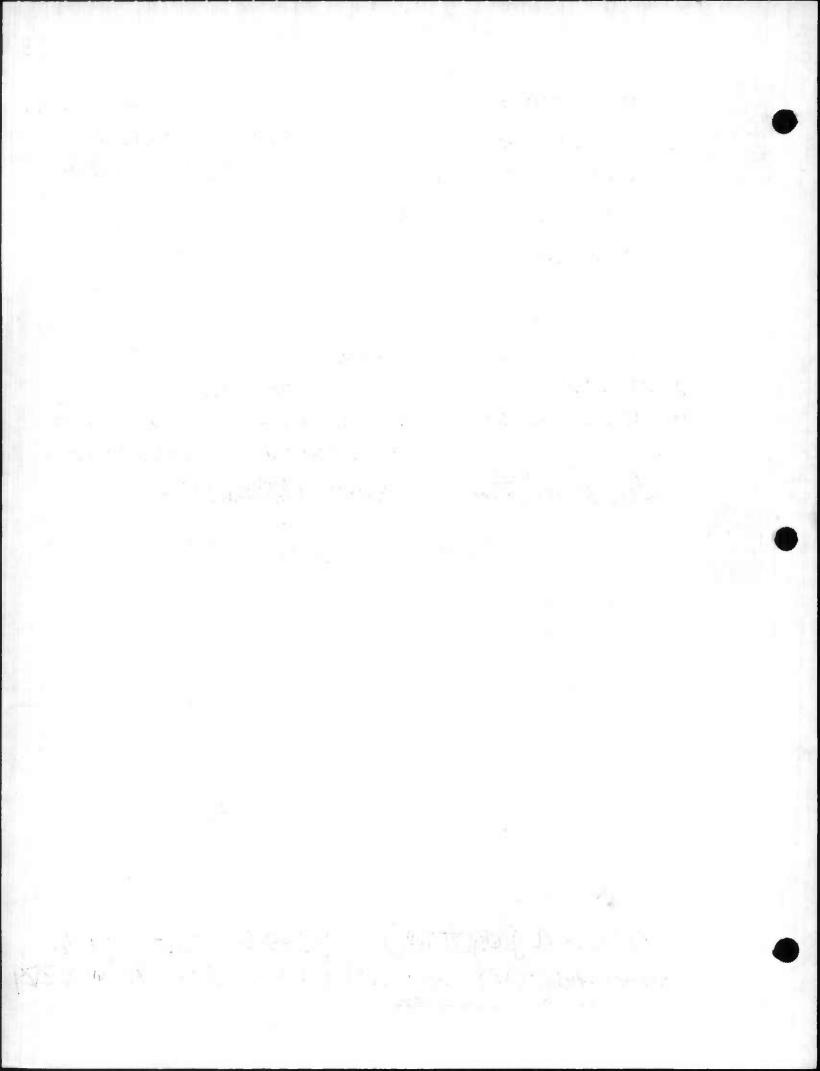
30. Name and address of person who completed cause of death (Item 23a) (Type, Print

PROPERTY OF PROPERTY BEAR AND THE STREET

State of Maryland / Department of Health and Mental Hygiene

27349

PATRICIA MCLENDON  4. Fectily Name (in ori institution, give street and number)  4. Fectily Name (in ori institution, give street and number)  4. Fectily Name (in ori institution, give street and number)  4. Fectily Name (in ori institution, give street and number)  4. Fectily Name (in ori institution, give street and number)  4. Fectily Name (in ori institution, give street and number)  4. Fectily Name (in ori institution, give street and number)  4. Fectily Name (in ori institution, give street and number)  4. Fectily Name (in ori institution, give street and number)  4. Fectily Name (in ori institution, give street and number)  4. County Observation  4. County Observation  5. Social Security Name (in ori institution, give street and number)  4. County Observation  4. Social Security Name (in ori institution, give street and number)  4. County Observation  4. Social Security Name (in ori institution, give street and number)  4. County Observation  4. County Observation  5. Social Security Name (in ori institution, give street and number)  5. Social Security Name (in ori institution, give street and number)  6. Social Security Name (in ori institution, give street and number)  7. Feather and number (in ori institution)  7. Feather and number (in ori institution)  7. Feather Anne (in ori institution)  7. Feather Anne (in ori institution)  7. Feather Anne (in ori institution)  8. County Observation (in ori institution)  8. County Observation (in ori institution)  1. Feather Anne (in ori institution)  1. Feather Anne (in ori institution)  1. Feather Anne (in ori institution)  1. Feather Anne (in ori institution)  1. Feather Anne (in ori institution)  1. Feather Anne (in ori institution)  1. Feather Anne (in ori institution)  1. Feather Anne (in ori institution)  1. Feather Anne (in ori institution)  1. Feather Anne (in ori institution)  1. Feather Anne (in ori institution)  1. Feather Anne (in ori institution)  1. Feather Anne (in ori institution)  1. Feather Anne (in ori institution)  1. Feather Anne (in ori ins						001	timouto o	f Death		Re	g. No.		
PARTICIPA MCLENOUN  4. Facility Name (fine infinition give sincer and rumbar)  (HOME) 1134 ELBANK AVENUE  5. Social Security Number  6. Security Security Number  6. Social Security Number  7. Age (finy) vs. lest chimalay)  10. Usber 17 security 18 BALTIMORE  10. Site 10. Cunty  MD BALTO. CITY  BALTIMORE  10. Site 10. Cunty  MD BALTO. CITY  BALTIMORE  10. Site 10. Cunty  MD BALTO. CITY  BALTIMORE  10. Site 10. Cunty  MD BALTO. CITY  BALTIMORE  10. Site 10. Cunty  MD BALTO. CITY  BALTIMORE  10. Zip Code  10. Zip Code  10. Zip Code  10. Zip Code  10. Zip Code  10. Zip Code  10. Zip Code  10. Zip Code  10. Zip Code  10. Zip Code  10. Site 10. Cunty  MD BALTO. CITY  BALTIMORE  10. Zip Code  10. Zip	cian	_								2. Date of Deatl	h	Veer	3. Time of Counth
(HOME) 1134 ELBANK AVENUE  S. Social Security Number  C. Social Security Nu		_	PATRICIA M	CLENDON									12:30 P
S Social Sociality Number 2   13 M 2 F 7, Age (fir yrs. test biometary):			a. Fecility Name (If not institution, g	ive street and number)						ation of Death	T		
The part of the pa		I.						1			BALT	O. CI	TY
Usual Residence of Decedent   100. City		5								8. Date of Birth (Month, Pay. 2/28/19	Year)	9. Birthpl Count MAR	ece (State or Forei
17. Father's Name (First, Middle, Lest)   ERNEST L. DUNCAN   RUBY L. DUNCAN   RUBY L. DUNCAN   19e. Informati's Name/Relationship (Type, Print)   19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)   A Ruby L. DUNCAN   19e. Informati's Name/Relationship (Type, Print)   19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)   A Ruby L. DUNCAN   19e. Informati's Name/Relationship (Type, Print)   19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)   A Ruby L. DUNCAN   19e. Informati's Name/Relationship (Type, Print)   19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)   A Ruby L. DUNCAN   19e. Informati's Name (First, Middle, Meiden Survanne)   19e. Middle, Meiden Survanne)   19e. Middle, Meiden Survanne, State, Street and Number or Rural Route Number, City or Town, State, Zip Code)   19e. Middle, Meiden Survanne, State, Street and Number or Rural Route Number, City or Town, State, Zip Code)   19e. Middle, Meiden Survanne, State, Street and Number or Rural Route Number, City or Town, State, Zip Code)   19e. Middle, Meiden Survanne, State, Street and Number or Rural Route Number, City or Town, State, Zip Code)   19e. Number, City or Town, State, Zip Code)   19e. Number of City or Town, State, Zip Code)   19e. Number of City or Town, State, Zip Code)   19e. Number of City or Town, State, Zip Code)   19e. Number of City or Town, State, Zip Code)   19e. Number of City or Town, State, Zip Code)   19e. Number of City or Town, State, Zip Code)   19e. Number of City or Town, State, Zip Code)   19e. Number of City or Town, State, Zip Code)   19e. Number of City or Town, State, Zip Code)   19e. Number of City or Town, State, Zip Code)   19e. Number of City or Town, State, Zip Code)   19e. Number of City or Town, State, Zip Code)   19e. Number of City or Town, State, Zip Code)   19e. Number of City or Town, State, Zip Code)   19e. Number of City or Town, State		-	Jsual Residence of Decedent										
17. Father's Name (First, Middle, Last)   18. Mother's Name (First, Middle, Meiden Sumame)   18. Mother's Name (First, Middle, Meiden Sumame)   19. Meiling Address (Street and Number or Plural Route Number, City or Town, State, Zip Code)   19. Mother's Name (First, Middle, Meiden Sumame)   19. Meiling Address (Street and Number or Plural Route Number, City or Town, State, Zip Code)   19. Mother's Name (First, Middle, Meiden Sumame)   19. Meiling Address (Street and Number or Plural Route Number, City or Town, State, Zip Code)   19. Mother's Name (First, Middle, Meiden Sumame)   19. Meiling Address (Street and Number or Plural Route Number, City or Town, State, Zip Code)   19. Mother's Name (First, Middle, Meiden Sumame)   19. Meiling Address (Street and Number or Plural Route Number, City or Town, State, Zip Code)   19. Mother's Name (First, Middle, Meiden Sumame)   19. Meiling Address (Street and Number or Plural Route Number, City or Town, State, Zip Code)   19. Mother's Name (First, Middle, Meiden Sumame)   19. Meiling Address (Street and Number or Plural Route Number, City or Town, State, Zip Code)   19. Mother's Name (First, Middle, Meiden Sumame)   19. Meiling Address (Street and Number or Plural Route Number, City or Town, State, Zip Code)   19. Mother's Number of Plural Route Number, City or Town, State, Zip Code)   19. Mother's Number of Plural Route Number, City or Town, State, Zip Code)   19. Mother's Number of Plural Route Number, City or Town, State, Zip Code)   19. Meiling Address of Facility   19. Mother's Number of Plural Route Number, City or Town, State, Zip Code)   19. Mother's Number of Plural Route Number of Plural Route Number of Plural Route Number of Plural Route Number of Plural Route Number of Plural Route Number of Plural Route Number of Plural Route Number of Plural Route Number of Plural Route Number of Plural Route Number of Plural Route Number of Plural Route Number of Plural Route Number of Plural Route Number of Plural Route Number of Plural Route Number of Plural Route Number	-			0.7.7.1								10	d. Inside City Limi
17. Father's Name (First, Middle, Maidden Summen)  18. Mother's Name (First, Middle, Maidden Summen)  19. Informant's Name/Relationship (Type, Print)  19. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)  MICHELLE DUNCAN (DAUGHTER)  20. Method of Disposition 1 Surial 2 © Cremation 3 Removal from State 4 Conetion 5 (Other (Specify)  21. Signeture of Euneral Service Learness  MOUNT Z10N CEMETERY 9/14/96  LANSDOWNE, MARYL.  22. Name and Address of Facility ESTEP BROTHERS FUNERAL HOME P. A. 1300 EUTAW PLACE BALTO. MD 21217  230. Part I. Enter the classase of completations that obtained the death. Do not enter the mode of dying, such as cardiac or respiratory errest.  Immediate Cause (Final death)  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  d.  Part II. Other alignificant conditions contributing to death but not resulting in the underlying cause given in Pert I.  1   Yes   2   Ye	octo			CITY	BALI	IMOR							1 ¥ Yes 2□N
17. Father's Name (First, Middle, Last)  18. Mother's Name (First, Middle, Melder Summen)  RUBY L. DUNCAN  19e. Informatr's Name Relationship (Type, Print)  19c. Melinod of Disposition 18 Burla 2 □ Cremation 3 □ Removal from State 18 Burla 2 □ Cremation 3 □ Removal from State 19 December 2 □ Cremation 3 □ Removal from State 19 December 2 □ Cremation 5 □ Removal from State 19 December 2 □ Cremation 5 □ Removal from State 19 December 2 □ Cremation 5 □ Removal from State 19 December 2 □ Cremation 5 □ Removal from State 19 December 2 □ Cremation 5 □ Removal from State 19 December 2 □ Cremation 5 □ Removal from State 10 December 2 □ Cremation 5 □ Removal from State 10 December 2 □ Cremation 5 □ Removal from State 10 December 2 □ Cremation 5 □ Removal from State 10 December 3 □ Cremation 5 □ Removal from State 10 December 3 □ Cremation 6 □ Cremation 5 □ Removal from State 10 December 3 □ Cremation 6 □ Cre	D I	1					10f. Zip Code					What Count	ry?
17. Father's Name (First, Middle, Last)  18. Mother's Name (First, Middle, Melder Summen)  RUBY L. DUNCAN  19e. Informant's Name Relationship (Type, Print)  MICHELLE DUNCAN (DAUGHTER)  20e. Method of Disposition 18 Burlat 2   Cremation 3   Removal from State 4   Donetion 5   Cother (Specify)  21. Signeture of Funeral Same & Cother (Specify)  22. Name and Address of Facility ESTEP BROTHERS FUNERAL HOME P. A. 1300 EUTAW PLACE BALTO. MD 21217  23e. Part. Enter the desease of conficients on that passed the death. Do not enter the mode of dying, such as cardiac or respiratory errest.  18. Was case (Final death)  19. Method of Disposition 18. Burlat 2   Cremation 3   Removal from State 4   Donetion 5   Cother (Specify)  20th Place of Disposition (Name of 2nd Frint) 20th Part II. Other alignificant conditions on the death but not resulting in the underlying cause given in Pert I.  19. Mother's Name (First, Middle, Melder Summen)  19. Method of Disposition and Address of Fire and Number or Rural Route Number, City or Town, State, Zip Code) 20th Part II. Other alignificant conditions of Date of Disposition (Name of 2nd Frint) 20th Part II. Other alignificant conditions on the death but not resulting in the underlying cause given in Pert I.  20th Part II. Other alignificant conditions contributing to death but not resulting in the underlying cause given in Pert I.  20th Part II. Other alignificant conditions contributing to death but not resulting in the underlying cause given in Pert I.  20th Part II. Other alignificant conditions contributing to death but not resulting in the underlying cause given in Pert I.  20th Part II. Other alignificant conditions contributing to death but not resulting in the underlying cause given in Pert I.  20th Part II. Other alignificant conditions contributing to death but not resulting in the underlying cause given in Pert I.  20th Part II. Other alignificant conditions contributing to death but not resulting in the underlying cause given in Pert I.  20th Part II. Other alignificant condi	ral	<u> </u>					2	1239					
17. Father's Name (First, Middle, Last)  ERNEST L. DUNCAN  19e. Informant's Name/First Informatic Name/Fielationship (Type, Print)  MICHELLE DUNCAN (DAUGHTER)  20e. Method of Disposition 18 Sturiet 2 © Cramation 3 © Hemoval from State 4 © Donetton 5 © Other (Specify)  21. Signeture of Tuneral Service Location - City or Town, State, Zip Code) A content of Color of Town, State 4 © Donetton 5 © Other (Specify)  22. Name and Address of Facility 23. Part I. Enter the disease or complications that details have details on the resulting in death)  23. Part I. Enter the disease or complications that details have detailed been death. Do not enter the mode of dying, such as cardiac or respiratory errest, infancial Charles and Color of the Color of Col	Į,	, 1		Armed Forces?		13. 1	Was Decedent of If Yes, specify Co	i Hispanic Or iban, Maxica	rigin? (Spec in, Puerto R	tican, etc.)			
17. Father's Name (First, Middle, Last)   18. Mother's Name (First, Middle, Meiden Sumame)				If Yes, Give ^	40		1□Yes 2X N	o Specify	*		Specif	y: BLA	CK
17. Father's Name (First, Middle, Last)  ERNEST L. DUNCAN  MICHELLE DUNCAN (DAUGHTER)  Souther 12 Coremation 3 Period Name (First, Middle, Maiden Sumame)  MICHELLE DUNCAN (DAUGHTER)  Souther 12 Coremation 3 Period Name (First, Middle, Maiden Sumame)  All Sturies 12 Coremation 3 Period Name (First, Middle, Maiden Sumame)  20a. Method of Olipposition  18 Sturies 12 Coremation 3 Period Name of City or Town, State 20c. Location - City or Town, State 4 Donation 5 City or Town, State 4 Donation 5 City or Town, State 20c. Location - City or Town, State 4 Donation 5 City or Town, State 20c. Location - City or Town, State 4 Donation 5 City or Town, State 20c. Location - City or Town, State 4 Donation 5 City or Town, State 20c. Location - City or Tow	Pe	-	15. Decedent's E	Education	16	a. Deced	dent's Usual Occ	upetion		1	6b. Kind of B	usiness/ind	ustry
17. Father's Name (First, Middle, Last)   18. Mother's Name (First, Middle, Meiden Sumame)	Die	-	(Specify only highest g	rade completed)		(Give life. L	kind of work dor DO NOT use reti	e during mos red)	st of workin	g			
19. Mother's Name (First, Middle, Asi)   19. Mother's Name (First, Middle, Meliden Surname)	E			Ollege (1-467 :	)+)		HOMEMAKI	-D			HO	ME	
ERNEST L. DUNCAN  Be Informant's Name/Felationship (Type, Print)  MICHELLE DUNCAN (DAUGHTER)  20a. Method of Disposition 18 Burlet 2   Cramation 3   Removal from State 4   Donetton 5   Other (Specify)  21. Signeture of Fundament Sensition (Name of Cambel Pack) 22. Name and Address of Facility ESTEP BROTHERS FUNERAL HOME P. A. 1300 EUTAW PLACE BALTO. MD 21217  23e. Part I. Enter the disease, or complications that and sed the death. Do not enter the mode of dying, such as cardiac or respiratory errest, interval disease or condition resulting in death)  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert I.  Due to (or as a consequence of):  25. Was case referred for medical examiner in the probability of the print and address of injury the performed?  25. Was case referred for medical examiner in Pert I.  Due to (or as a consequence of):  25. Was case referred for medical examiner in Pert I.  Due to (or as a consequence of):  26. Place of Death (Check only one)  10 Yes 2 No.  11 Yes 2 No.  12 Yes 2 No.  12 Yes 2 No.  13 Probably de examiner in Pert I.  14 Yes 2 No.  15 Place of Death (Check only one)  16 Yes 2 No.  17 Yes 2 No.  18 Place of Death (Check only one)			7. Father's Name (First, Middle, Las	it)			HUPILITANI	18. Moth	er's Name	(First, Middle, M	le <i>iden Sum</i> an	ne)	
19b. Informant's Name/Relationship (Type, Print)   19b. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)   19b. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)   19b. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)   19b. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)   19b. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)   19b. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)   19b. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)   19b. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)   19b. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)   19b. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)   19b. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)   19b. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)   19b. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)   19b. Melling Address (Street and Number or Rural Route Address (Street and Number or Rural Route Address (Street and Number, City or Town, State, Zip Code)   19b. Melling Address (Street and Number or Rural Route Address (Street and Number, City or Town, State, Zip Code Indiana, Indian	0		ERNEST L. DUNCAN					RII	BY I	DUNCAN			
MICHELLE DUNCAN (DAUGHTER)  20a. Method of Disposition 18 Burlet 2   Determining 3   General From State 4   Determining 5   Determining 6   De		1			19	9b. Meilin	ng Address (Stre	et end Numb	er or Rural	Route Number,	City or Town,	State, Zip	Code) APT
20s. Method of Disposition (Name of Date 20s. Location - City or Town, State 20s. Place of Disposition (Name of MOUNT Z10N CEMETERY 9/14/96 LANSDOWNE, MARYL, 21. Signeture of European State 22. Name and Address of Facility ESTEP BROTHERS FUNERAL HOME P.A. 1300 EUTAW PLACE BALTO. MD 21217  23s. Part. Enter the disease, or complications that obtained the death. Do not enter the mode of dying, such as cardiac or respiratory errest, interval fineses or condition resulting in death)  Due to (or as a consequence of):    Due to (or as a consequence of):	1	M	MICHELLE DUNCAN (	DAUGHTER)	(	5619	ENGLISH						
23e. Part I. Enter the disease or complications that objected the death. Do not enter the mode of dying, such as cardiac or respiratory errest, thierval chast only one cause or each line.  23e. Part I. Enter the disease or complications that objected the death. Do not enter the mode of dying, such as cardiac or respiratory errest, there is all only one cause or each line.  23e. Part II. Enter the disease or complications that objected the death. Do not enter the mode of dying, such as cardiac or respiratory errest, there is all only one cause of the cardiac or respiratory errest.  23e. Part II. Enter the disease or complications that objected the death. Do not enter the mode of dying, such as cardiac or respiratory errest, there is all only one cause of the cardiac or respiratory errest.  23e. Part II. Other elgolitions, if any, leading to immediate cause. Enter Underlying cause given in Pert I.  23e. Did tobacco use contribute to the cause of the cause		2		Demouel from State	20b. Placa cemet	of Dispo ery, cren	sifion (Name of matory or other p	lace)		Date 2	Oc. Location	City or Tov	vn, State
23e. Psrt1. Enter the disease or complications that oblised the death. Do not enter the mode of dying, such as cardiac or respiratory errest, there all ones of such line.  23e. Psrt1. Enter the disease or complications that oblised the death. Do not enter the mode of dying, such as cardiac or respiratory errest, there all ones of the cause of each line.  23e. Psrt1. Enter the disease or complications that oblised the death. Do not enter the mode of dying, such as cardiac or respiratory errest, there all ones of the cause of each line.  23e. Psrt1. Enter the disease or complications that oblised the death. Do not enter the mode of dying, such as cardiac or respiratory errest, there all ones of the cause of each line.  25e. Quentially list conditions, if any, leading to immediate cause. Enter Underlying that infliated events resulting in death) Last  25e. Due to (or as a consequence of):  25e. Due to (or as a consequence of):  25e. Due to (or as a consequence of):  25e. Due to (or as a consequence of):  25e. Due to (or as a consequence of):  25e. Due to (or as a consequence of):  25e. Due to (or as a consequence of):  26e. Due to (or as a consequence of):  27e. Due to (or as a consequence of):  28e. Place of Death (Check only one)  28e. Place of Death (Check only one)  28e. Place of Death (Check only one)					MOUNT	T ZI	ON CEME	TERY 9,	/14/9	6 I	LANSDO	WNE, MA	ARYLAND
23e. Part I. Enter the disease or complications that parised the death. Do not enter the mode of dying, such as cardiac or respiratory errest, thierval characteristics of the cause or each line.  23e. Part I. Enter the disease or complications that parised the death. Do not enter the mode of dying, such as cardiac or respiratory errest, thierval characteristics of the cause of each line.  23e. Part II. Other algorithms disease or condition resulting in death)  25e. Due to (or as a consequence of):  25e. Due to (or as a consequence of):  25e. Due to (or as a consequence of):  25e. Due to (or as a consequence of):  25e. Due to (or as a consequence of):  25e. Due to (or as a consequence of):  25e. Due to (or as a consequence of):  25e. Due to (or as a consequence of):  25e. Due to (or as a consequence of):  25e. Due to (or as a consequence of):  25e. Due to (or as a consequence of):  25e. Due to (or as a consequence of):  26e. Due to (or as a consequence of):  27e. Due to (or as a consequence of):  28e. Place of Death (Check only one)  29e. Place of Death (Check only one)  29e. Place of Death (Check only one)  29e. Place of Death (Check only one)	ġ	2	21. Signeture of Funeral Service Lice	ensee 9.0	,	22	Name and Add	ress of Facili	ity	DAL HOM			
23e. Perf. Enter the disease of complications that policed the death. Do not enter the mode of dying, such as cardiac or respiretory errest, inflavoral inflavoral such as a consequence of the property of the conditions of death of the conditions of the conditions of death of the conditions of the co	ž.		That M	1 bles		1	300 FIIT	OTHERS AW PLA	CF BA	KAL HUM	21217		
Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.  23b. Did tobacco use contribute to the cause of the cause given in Pert I.  1   Yes   2   No   3   Probably   4    24a. Was en europsy performed?  24b. Were auropsy available pricompletion of death?  1   Yes   2   No   1   Yes   2    25. Was case referred to medical examiner?  1   Yes   2   No   1   Yes   2    26. Place of Death (Check only one)  Hospital:   1   Inpatient   2   ER/Outpatient   3   DOA   Other:   4   Nursing Home   5   Residence   6   Other (Specify)			Sequentially list conditions, I any, leading to immediate ause. Enter Underlying Bause (Disease or injury	C	Due to (or as a	a conseq	quenca of):						
24a. Was en europsy performed?  24b. Were auropsy available pricompletion of death?  1	00	1.6	hat Initiated events		Due to (or as a	consequ							
24a. Was en europsy performed?  24b. Were autopsy performed?  1	₹	ı	esulting in deeth) Last	d									
25. Was case referred to medical examiner?  1  Yes 2  No	Physiclan/M	6	esulting in deeth) Last	d	ut not resulting	in the un		given in Pert	I.	a contra	1		
25. Was case referred fo medical examiner?  1	by Physician/M	P	esulting in deeth) Last	d	ut not resulting	in the ur		given in Pert	l.	1 ☐ Ye	e 2 No	3 ☐ Probe	ably 4 Unkno
P 1 Yes 20 No Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify)	by Physician/M	P	esulting in deeth) Last	d	ut not resulting	in the ur		given in Pert	I.	1 ☐ Ye	e 2 No	3 Prob	ably 4 Unkno
1 Inpatient 2 EMOutpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)	Completed by Physician/M	P	esulting in deeth) Last	d	ut not resulting	in the ur		given in Pert	I	1 ☐ Ye	e 200No	3 Probe	ably 4 Unkno re autopsy findings lable prior to pletion of cause eath?
	Be Completed by Physician/M	P	esulting in deeth) Last  Fart II. Other eignificant conditions  5. Was case referred to medical examiner?	dcontributing to death bi	ut not resulting	in the ur	nderlying cause	26. Place		1 Ve	eufopsy ed?	3 Probe	ably 4 Unkno re autopsy findings lable prior to pletion of cause eath?
28a. Date of Injury 1 Dending (Month, Day Year) 28b. Time of Injury 28b. Time of Injury 28b. Time of Injury 28b. Describe how injury occurred Work?	To Be Completed by Physician/M	P -	esulting in deeth) Last  Fart II. Other eignificant conditions  5. Was case referred to medical examiner?  1 \( \text{Yes} \) 2 \( \text{No} \) No	dcontributing to death bi	nt 2□ER/C	Outpation	ndertying cause state of the s	26. Place hther: 4 □ No	e of Death ursing Hom	1 Ve  24a. Was en perform  1 Ve:  (Check only one	europsy ed?	3 Proba	ably 4 Unkno re autopsy findings lable prior to pletion of cause eath?  Yes 2 No
2 Accident investigation 3 Sulcide 6 Could not be determined 4 Homicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)  28e. Place of Injury - At home, farm, street, factory, office City or Town, State)	To Be Completed by Physician/M	P -	sesulting in deeth) Last  art II. Other eignificant conditions  5. Was case referred to medical examiner?  1	d	nt 2□ER/C ry 28b.	Outpatien.	ndertying cause	26. Place bither: 4 □ No	e of Death ursing Hom 28	1 Ve  24a. Was en perform  1 Ve:  (Check only one	europsy ed?	3 Proba	ably 4 Unkno re autopsy findings lable prior to pletion of cause eath?  Yes 2 No
	To Be Completed by Physician/M	P -	5. Was case referred to medical examiner?  1 Yes 2 No 7. Menner of Death 1 Natural 5 Pending Investigatic 3 Suicide 6 Could not t	d	nt 2□ER/C Ty Year) 28b.	Outpatien Time of Injury	nderlying cause	26. Place 26. Place 26. Place 4 Note ork? Yes 2	e of Death ursing Hom 28	1 Ye  24a. Was en perform  1 Ye  (Check only one e 5 Resider and Describe horizontal)	eutopsy ed?  s 2 No  nca 6 Oth w injury occur	3 Proba  24b. Wei avai com of di 1 Deer (Specify), red	ably 4 Unkno
(Check only one)  (Check only one)  (Check only one)  (Check only one)  (Check only one)  (Check only one)  (Check only one)	Certification: To Be Completed by Physician/M	2	5. Was case referred to medical examiner?  1 Yes 2 No 7. Menner of Death 1 Natural 5 Pending Investigatic 3 Suicide 6 Could not be determined	Hospital: 1 Inpatie  28a. Date of Inju (Month, Da)  28e. Place of Inju building, etc	nt 2 ER/C	Outpation Time of Injury farm, stre	nderlying cause	26. Place bither: 4 □ No ury et ork? □ Yes 2 □	e of Death ursing Hom 28	24a. Was en perform  1 Yes  (Check only one e 5 Resider ad. Describe how city or Town.	eutopsy ed?  s 2 No  nca 6 Oth w injury occur  set and Numb State)	3 Probe 24b. Wer avaion of d 1 Deer (Specify, red	e autopsy findings lable prior to pletion of cause sath?  Yes 2 No
29b. Signeture and title of certifier 29d. Dete signed (Month, Day, Yeer	Certification: To Be Completed by Physician/M	2	5. Was case referred to medical examiner?  1	Hospital: 1 Inpatie  28a. Date of Inju (Month, Da)  28e. Place of Inju building, etc.	nt 2 ER/C  Y Year) 28b.  ury - At home, . (Specify)  of my knowledge examination a	Outpatien Time of Injury farm, stre	nderlying cause	26. Place  htther: 4 \( \) No  tury et ork?  Yes 2 \( \)	e of Death ursing Hom 28	1 Yes  24a. Was en perform  1 Yes  (Check only one  e 5 Resider  3d. Describe house  City or Town,	eufopsy ed?  s 2 1 No  noa 6 Oth w injury occur  eet and Numb	3 Proba 24b. Wei avai com of d 1 D aer (Specify, red	ably 4 Unkno re autopsy findings lable prior to pletion of cause eath?  Yes 2 No  Route Number,
(Marles (L) Magarton 1) NISSY6 Sont 9 1991	edical Certification: To Be Completed by Physician/M	2	5. Was case referred fo medical examiner? 1	Hospital: 1 Inpatie  28a. Date of Inju (Month, Da)  28e. Place of Inju building, etc.	nt 2 ER/C  Y Year) 28b.  ury - At home, . (Specify)  of my knowledge examination a	Outpatien Time of Injury farm, stre	ndertying cause	26. Place  26. Place  ury et ork?  Yes 2  e  time, dete en opinion, dee	e of Death ursing Hom 28	1 ☐ Ye  24a. Was en perform  1 ☐ Ye:  (Check only one e 5 Resider ad. Describe hor City or Town, and due to the card at the time, da	eufopsy ed?  s 2 1000  noa 6 Oth winjury occur  eet and Numb State)  use(s) and ma	3 Proba  24b. Wer available of d  1 D  ner (Specify) red  per or Rural anner as sta	ably 4 Unkno re autopsy findings lable prior to pletion of cause eath?  Yes 2 No  Route Number,  ted. the cause(s)
30. Name end, address of person who completed cause of death (Item 23e) (Type, Print)	edical Certification: To Be Completed by Physician/M	2	5. Was case referred fo medical examiner? 1	Hospital: 1 Inpatie  28a. Date of Inju (Month, Da)  28e. Place of Inju building, etc.	nt 2 ER/C  Y Year) 28b.  ury - At home, . (Specify)  of my knowledge examination a	Outpatien Time of Injury farm, stre	ndertying cause	26. Place  26. Place  ury et ork?  Yes 2  e  time, dete en opinion, dee	e of Death ursing Hom 28	1 ☐ Ye  24a. Was en perform  1 ☐ Ye:  (Check only one e 5 Resider ad. Describe hor City or Town, and due to the card at the time, da	eufopsy ed?  s 2 1000  noa 6 Oth winjury occur  eet and Numb State)  use(s) and ma	3 Proba  24b. Wer available of d  1 D  ner (Specify) red  per or Rural anner as sta	ably 4 Unkno re autopsy findings lable prior to pletion of cause eath?  Yes 2 No  Route Number,  ted. the cause(s)



# Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

27350

					Cer	tificate o	of Death		Reg. I	No.			
Dhua	ialan	1. Decedent's Nama (First, Middla	, Last)					2. Date of Month		Day	Year	3. Tima of [	Death
Phys /Me	dical	MARGARET	MARY		N	EUWILL	ER	Septe			1996	12:18	pm
	niner	4a. Facility Name (If not institution	give streat and numb	er)				, or Location of D	eath	4c. County	of Death		*
		Stella Maris	Hospice				N/A			В	altimo	re	
Funer	al	5. Social Security Number		Age (In yrs. last I	birthday)	if Under 1 Ye Months Day			Birth Day, Yea	ar)	9. Birthpie	aca (Stata or	Foreign
Direct	or	212-09-9969	1□ M 2只F	76	Yrs.	WOTHING Day	ys riouis i	May			Mary		
P .		Usuai Rasidance of Decedant											
72 hours after death with the Maryland natural, or Items 23a or 28a-1 show		10a. Stata 10b. County		10c. City, To	wn or Lo	cation					10	d. Inside City	112
Me de	5	Maryland N	/A	В	alti	more						1 Yes	2 No
th th	Director	10e. Street and Number				10f. Zip Code	В		10g.	Citizen of	What Countr	ry?	
23a	7		venue				21213			U.	S.A.		
dea me	Funeral	11. Maritai Status	12. Was Decede	ent Evar in U,S.	13. V	Vas Decedent o	of Hispanic Origin	? (Specify Yes or Puarto Rican, atc.)	No-		e - Amarica		
n 72 hours after death with the Marylan *netural; or frems 23a or 28a-f show Futcal Examinat must be notified at	Ē	1 Nevar Married 2 Marri	Armed Force	Mo No				ruanto mican, atc.,			ck, Whita, a		
E E	2	3 ☐ Widowed 4 ☐ Divorcad	If Yas, Giva Yaar or Data	a:		□Yes 21X N	No Specify:			Specif	Whi:	te	
72 h	Completed	15. Decedant		16	a. Deced	ent's Uaual Oc	cupation	Lunding	16b.	Kind of B	usiness/Indu	uatry	
e • 🖷	a di	(Specify only highes Elamentary/Secondary (0-12)	Coilege (1-4	or 5+)	lifa. L	OO NOT usa ret	ne during most of ired)	working					
77 75 10 10 10	Į,	12th grade			Hom	emaker				Own	Home		
0 = 0 >	Be		.ast)				18. Mothar'a	Nama (First, Mic	die, Maid	en Sumar	ne)		
	101	Martin	Haves				Berth	na	I	Einsc	hutz		
FEE		19a. Informant's Name/Relationsh	ip (Type, Print)	15	9b. Mailin	g Address (Stre		or Rural Route Nu		-		Code)	
27 le		William Neuwil	ler (Husba	nd)	2733	Brenda	n Avenue	e, Balti	nore	Mar	vland	21213	
E E E		20a. Method of Disposition		20h Piace	of Dispos	sition (Nama of		Date	_		City or Tow		
permit. Pages Department of I Important: If ite any injury or or		1 ☐ Burial 2 ☐ Cramation 4 ☐ Donation 5 ☐ Other (Sp		110		natory or other		J- 0 12	ъ.	1.1		. 1	,
in the state of	_	21. Signature of Funaral Prvice L		Garde			h Cemete	ry 9-13	ва	ltime	ore, M	iarylai	nd
Dep	Duce	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	6/1/		S	chimune	k Funera	al Home					
		- Loch	an					, Balti		Mar	yland	21213	
		23a. Part Chier the disease, or of heart failure. List of	complications that caused in the cause on a	sed the death. Do h lina.	o not ente	ar tha moda of o	dyling, auch aa ca	rdiac or respirator	y arrast,			Approximata Intarvai Batw	reen
Physicia					d .	:001	2					Onset and De	eath
/Medic: Examine	_	Immediate Causa (Final diseasa or condition	. W	NG		NCE					1	rowth	0
		resulting in death)		Dua to (or as	a conseq	uence of):					1		
sit S	Examiner		b. ——								ł i		
and	Xan	Sequentially list conditions,		Dua to (or as	a conseq	uence of):							
cian	<u>e</u>		G.										
centricate be executed iding physician and ise as the burial-transit	0	that initiated evanta rasulting in death) Last		Dua to (or as a	consequ	uance of):							
certificate be executed iding physician and isse as the burlal-transit	VMedical										į		
- 5 -	an Jan										1		
0 0 0	Physiciar	Part II. Other significant condition	s contributing to death	h but not rasulting	in the ur	ndarlying causa	given in Part I.	23b. [	old tobac	co use co	ntribute to	the cause of	f death?
that the sed by the detach	E	BRAN M	TASTA	585				1	X Yes	2□ No	3 Probe	ably 4 U	Inknowi
5 5 8	2		7 73) 11	راحات				/					
v requires been sign should be									as an au		avai	ra autopsy fin ilable prior to	
A 40 00	Die							_   '			com	pletion of ca eath?	use
0 - 6	Completed							1	☐ Yas	2 No	10	Yas 2□N	No.
certificate	Be	25. Was casa rafarred to medical					26 Place of	Death (Check or		-/<			
	To B	axaminer?	Hospital:	atiant 2 ER/0	Jutnatian	3□ DOA	Other	ng Homa 5 🗆 F		eX7O#	er (Specific	HOSE	OTCI
w this		27, Mannar of Death	28a. Data of I	njury 28b	. Tima of		njury at Vork?	28d. Dascri				позг	101
r death. ector: After by the funer	15	Natural 5 Pending		Day Year)	Injury		Vork? □Yas 2□No						
after death.  Director: A  J in by the fu	fica	3 Suicide 6 Could n	ot be	Injury - At homa,	farm, atre	et, factory, offic	ce	28f. Locatio	n (Street	and Numi	ber or Rural	Route Numb	oer.
Dire.	Certification:	4 Homicida		etc. (Specify)	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Town, St.				
within 24 hours after death.  To the Funeral Director: After completely filled in by the fune		29a. Cartifler 1 Certifying	Phyalclan: To tha be	st of my knowled	na deeth	occurred at the	time date and n	iace and due to	the course	(e) and m	anner ee ste	ted	
24 hours Funeral	edicai		xaminer: On the beside	of axamination a	ind/or inv	astigation, in m	y opinion, daath o	occurred at the tir	na, data a	and placa,	and due to 1	tha cause(s)	
within To the comple	Mec		and manner	mateu.		290 1 ins	anse number		294	Date sinne	ed (Month, D	lav Yeer)	
2 1 2 8		1 2 2 000	OC	0 (0		1	257 1	2	230.1	910	10.		
11		Trienagel	- oral	well	2	シ	7364	>		1/4	146		
X		30. Name and address of person w	no complated causa o	of death (Itam 23a	) (Type, I	Print)				1	6		
U		DR. KENDALL FA	ULKNER 23	300 DULA	NEY Y	VALLEY 1	RD. TOW	SON, MD	2120	4			
5	State	31. Data filed (Month, Day, Year)	32. Regi	strar's Signatura									

DHMH 16 Rev 6/95

Registrar

SEP 1 3 1996

Physic /Medi		Decedent's Neme (First, Mid     Mary Ellen				NADO			Death		2. Dete of De Month Septen	nber 9,	, Yeer 199	3. Time of De 11:03
Exami	ner	4e. Fecility Neme (If not institute Franklin			ital			4		wn, or Loo SSVi	cation of Deat	70.000	ty of Deeth	
uneral lirector		5. Sociel Security Number 219–01–6511	6. Sex 1 ☐ M		(In yrs. lest bi	rthdey) Yrs.	If Under Months		If Under	24 Hrs. Min.	8. Dete of Bir Jan. 18	th 1, 1914		iplece (Stete or Fo intry) yland
r show	or	Usuel Residence of Decedent  10e. State  Md.  10b. Coun Balt	imore		10c. City, Tov	m or Loca		ssex	ζ					10d. Inside City L
3a or 28a- at be notifi	i Director	10e. Street end Number 529 Back	River	Neck Re	oad		10f. Zip	Code	21221	l		10g. Citlzen of	Whet Cou	
el', or items 23a or 28a-f show Examere nant be notified at	by Funeral	11. Maritel Stetus  1 Never Merried 2 X Ma 3 Widowed 4 Divorce	rried 1	Ves Decedent E Armed Forces? Yes 20 N Yes, Give Yeer or Detes:			es Deced Yes, spec		ispanic Origin, Mexican	gin? (Spe , Puerto i	cify Yes or No Rican, etc.)		ace - Amer eck, White ify: Wh	
"natu	Completed	(Specify only high Elementery/Secondary (0-12)	- T	n n <i>pleted)</i> Coll <b>eg</b> e (1-4or 5-			nt's Usue ind of word O NOT us Cewif		etion during most 1)	of workir	ng	16b. Kind of E	Business/li	ndustry
Day Street	To Be Co	10th 17. Fether's Neme (First, Middle George	o, Last) Stock			11003	CMIT		18. Mothe	r's Name		, Meiden Sume		
If item 27 is merked othe er other traumatic event,	⊢	19e. Informent's Name/Reletion		Print)		529	Bac	k Ri	iver N		Route Numb	er, City or Town Baltimor		
Important: If item 27 is any injury ar other tra- otice.		20e. Method of Disposition  1 🔀 Burial 2 □ Cremetion  4 □ Donetion 5 □ Other (	Specify)	vel from State	20b. Plece of cemete	anis	laus	Cer	netery	-	Dete .3/96	20c. Location Balti	•	
impo any is sonse		21. Signeture of Funerel Service  23a. Pert1. Enter the disease, ehock, or heart failure. List	/	Onnul	Illy the death. Do	0	onne	11v	Funer Ave. g, such es	ral E	lome of	Essex Md. 21	1221	Approximete Intervel Between
sician edical iminer		Immediate Cause (Final disease or condition resulting in deeth)	1	Coronar										Onset end Deet  10 years
Jsit	Examiner		b	Insulin	depend			etes	5					12 years
ysiclan and ha bunal-transit	cal Exar	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events	c	Hyperte								1		12-15 ye
attending phy I for usa as the	an/Medi	thet initiated events resulting in deeth) Last	d		oue to (or es e	conseque	ince or):							
ed by tha att datached fo	Physician/Med	Pert II. Other significant condit	ions contribut	ing to death bu	t not resulting l	n the und	erlying ce	use give	en in Pert I.			tobacco use co		o the cause of de
been sign should be	Completed by									24e. Wes	en autopsy ormed?	C	/ere eutopsy findir vellable prior to empletion of cause death?	
8 CI	mo:	25. Wes cese referred to medic	al						26 Place	of Dooth	(Check only o		1	☐ Yes 2☐ No
ata has paga 2			Hospit	el:	t 2 ER/O	Itpetient	3 <b>₹</b> ₹0/	Othe	nur:			dence 6 Dot	her (Speci	(fv)
is certificata has director, paga 2	o Be	exeminer? 1 ☐ Yes 2 No	'				- "							**
ata has paga 2	To Be	1 ☐ Yes 2 ☐ No  27. Menner of Deeth 1 ☐ Neturel 5 ☐ Pendi	ng igation	e. Dete of Injury (Month, Dey		Time of njury	M 28	ic. injun Work	ret ⟨? Yes 2 □ N		8d. Describe I	how injury occu	rred	

State Registrar Dr. Arturo Norico 9000
31. Dete filed (Month, Day Year)
SEP 13 1996
32. Regis

30. Neme and eddress of person who completed cause of death (Item 23e) (Type, Print)

29b. Signeture end-title of certifier

9000 Franklin Square Drive Baltimore, MD
32 Registrar & Standarde

29c. License number

D08057

29d. Dete signed (Month, Dey, Year)

September 11, 1996

DHMH 16 Rev 6/95

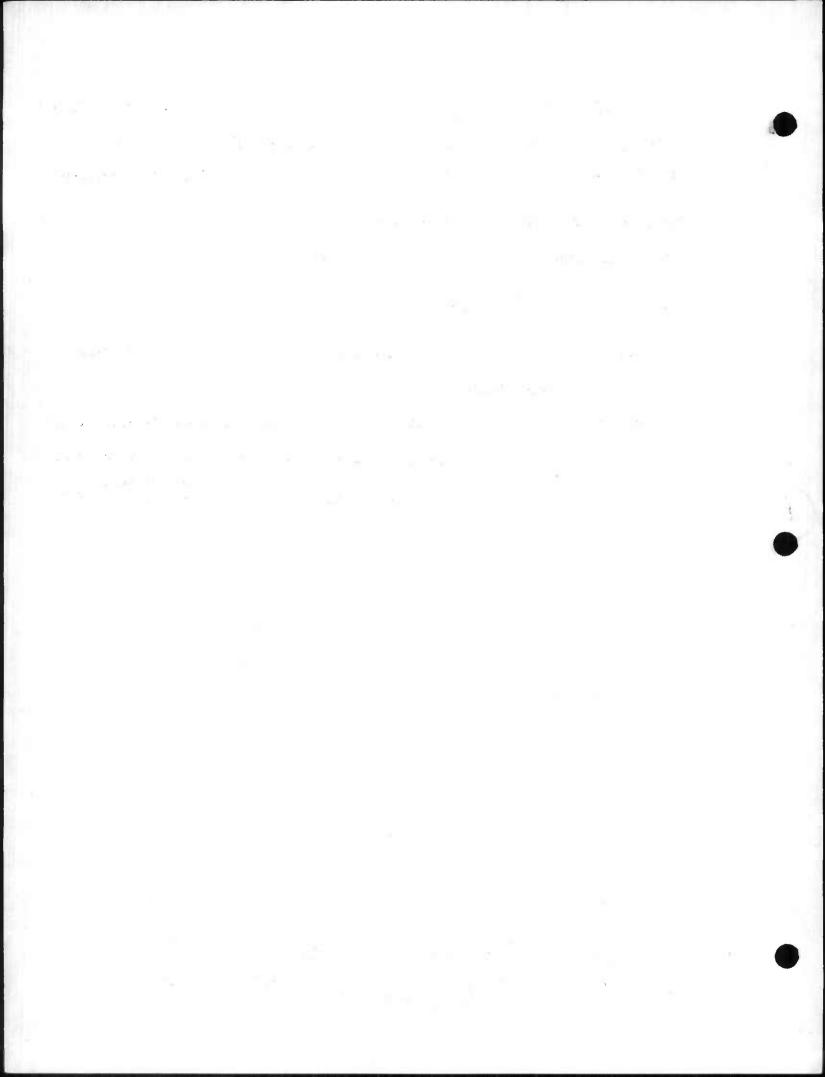
6 - 4 Programme of the state of the s 

				Otato or mi	arylar		Certifica		Death		Reg. No.			
	Physici	ion	Decedent'a Neme (First, Middle, Le	ast)						2. Data of De Month	ath Day	Veer	3. Time of Death	h
	/Medi		KUDOLPH F	OB	TUS					09	17	96	08:12	
) 	Examir	ner	4a. Facility Nama (If not institution, gi	The second second second					4b. City, Town, or	Location of Deet	4c. Co	unty of Death	1	1.7
			BALTIMORE VET	ERANS F	OSP !	TAL	-		BAUTIN	10RE		N/A		
	Funeral				a (In yrs.	last birth	(ay) If Und	ar 1 Year s Davs	If Under 24 Hrs Hours Min.		h V Year)	9. Birth	piace (Stata or Fore	eign
	Director		213 03 3063	1⊠M 2□F	84	Yr	s.	Juyo	Tiours (Mar.	Nov. 1	2, 191	1 Ma	aryland	
	p ,		Usuet Rasidence of Decedent  10a. State 10b. County		10- 04	T	- 1							
	ehov det	<b>.</b>					or Location						10d. Inside City Lim	
	N e W	octo	Maryland Anne Ar	rundel	Ba	ltin	ore						1 ☐ Yas 2 🔯 I	No
	\$ 6 E	Director	10e. Street and Number				10f. 2	Zip Code				of What Cou	intry?	
	23a	rai	114 - 9th Avenu					212	25		Ü	ı.s.		
	be filed within 72 hours after death with the Menyland tal Hyglene. Id other than "naturel", or items 23s or 28s-f show orther than "naturel", or items 23s or 28s-f show event, the Medical Examiner must be notified at	Funeral	11. Merital Stetus	12. Was Decedent Armed Forces?	Ever in U	S.	13. Was Dec	cedent of h	Hispanic Origin? (S en, Mexican, Puar	Specify Yas or No to Rican, etc.)	- 14.	Rece - Amer Black, White		
50	or H		1 ☐ Navar Married 2 ☐ Married	1⊠ Yas 2 ☐ f	No			2 2 No		,			White	
00	nour.	d by	3 ☑ Widowed 4 □ Divorced	Yeer or Dates:	W.W.	II						ouny.	mile	
5	neth Mine	Completed	15. Decedent's E (Specify only highest gr	ducation ade co <i>mpleted)</i>		16a. D	ecedent's Us Give kind of I	vork done	pation during most of wo d)	rking	16b. Kind	of Buainess/I	nduatry	
12	Pan Sith	d E	Elementery/Secondary (0-12)	Coilega (1-4or 5	5+)				d)		colf	emplo	bov	
12	her t		7th 17. Father's Name (First, Middle, Last	1			arpen	cer	40 14-11-1-1-11				yeu	
and	2 should be filed with end Mental Hygiene. ie marked other than aumatic event, tre N	Be			L					me (First, Middle,		name)		
Ž	2 should end Mer ie marke aumetic	L C		Leon Obzu	C	T				nces Mit				
Maryland 21215-0020			19e. Informant's Name/Reletionship	Type, Print)		1			and Number or R				nd 21230	
	is 1 and il Health fem 27 other tr		Monette Obzut  20a. Mathod of Disposition		20h E		isposition (A		own Road	Date		on - City or T		
altimore,	00-5		1 ③ Buriel 2 ☐ Cremation 3 ☐	Removal from State	C	emetery,	cremetory o	r other pla		100				Бл
Ħ	tmont tant: Il qury o		4 □ Donation 5 □ Other (Special	• •	GI	en H			ial Pk.	9/14/90	Gren	Durinte	e, Marylar	IU
gal	parmit. Pag Department Important: I any Injury o		21. Signeture V Funeral Sarvice Lice	nsee		1	22. Name	and Addre	ess of Fecility	Gonce 1				
7	TOTEO		Saran M.	Somice	euc	R)	4001	Ritch	nie Highw	vay Bal	timore	, Md.	21225	
W			23a! Part1. Enter the disease, or com shock, or heart failure.	ations that caused ne cause on each iii	the deat	h. Do not	enter the m	ode of dyl	ng, such es cardia	c or respiratory a	reat,		Approximate Interval Between	
	Physician												Onset and Death	
1	/Medical Examiner		Immediate Cause (Final disease or condition	Spir	VAL	CORI	> CON	IPRES	SION				6 DAYS	3
		-	resulting in death)				nsequence o							
	p ₹	Examiner		b COMP	RESS	ION	FRAC	TUR	F AT T	= LEVER	OF SPI	NE	6 DAYS	
	and Ftran	хал	Sequentially list conditions,		Due to (o	rasaco	nsequence o	f):						
68760,	ificate be executed g physician and es the buriel-transit		Sequentially list conditions, if any, leading to immediate cause. Entar Underlying Cause (Disaase or injury that initieted avents	C										
87	ohysi the t	edical	thet initieted avents resulting in death) Lest		Due to (o	r as e cor	sequence o	f):				į		
	ing F	100	L	d										
Вох	eeth cer ettendin for use	Physician/N		u										
o	e de the de the de	sic	Part II. Other significant conditions of	contributing to death b	ut not res	uiting In t	he underlying	cause gi	ven in Pert i.	23b. Did	obacco una	contributa	to the cause of dea	ith?
P.0	T 70									1□	Yes 2 1	lo 3 Pr	obably 4 Unknown	own
S,	res tha signed I be de	by											,	
oro	been s	etec								24a. Was perfo	an autopsy med?	24b. V	Vere autopsy finding vailable prior to completion of cause	16
Records,	has b	Completed									,	0	f death?	
=	The ate h	Co								10	res 20 N	lo 1	☐ Yas 2D No	
Vital	Physician: The I this certificate har ral director, page	Be	25. Wes case referred to medical examiner?						28. Piece of De	ath (Check only o	ne)			
of		2	1 ☐ Yes 2 DVNo	Hospitei:		ER/Outpo	atlent 3 I	DOA Ott	ner: 4 Nursing H	Home 5 Rasi	dence 8 🗆	Other (Spec	ify)	
n	fing Ph After th funeral	Ë	27. Manner of Deeth  1 Neturei 5 □ Pending	28a. Date of injui	y Year)	28b. Tim Inju		28c. Inju	ry et rk?	28d. Describe	now injury or	ccurred		
Sio	Attending r deeth. octor: Aftel by the fune	cati	2 ☐ Accident Investigatio				М	10	Yes 2 □ No					
Division	f or Attending after deeth. Director: After 3 in by the fune	Certification:	3 Sulcida 6 Could not b	e 28e. Plece of Inju- building, etc	ury - At ho	ome, farm	, street, fact	ory, office		28f. Location (	Street and N vn, Stete)	umber or Ru	ral Routa Number,	
0	Mospital or Att													
	Hospital 24 hours Funeral stely filled	edical	29e. Certifier 1 Certifying Pt	yalclan: To the best on the best of the best of	of my kno	wledge, d	leath occurre	d at the ti	me, date and piece	e, end due to the	ceuse(s) end	d manner as	atated.	
			one)	and manner ste	ted.	say IVA/ V				arrow at the time,				
	2 200	Σ	29b. Signature end title of certifier	0 1/1			2	9c. Licens	se number		29d. Date si	gned (Month	, Day, Year)	
	( #	)	Shana 8	· Weiss	M.	D.		PI	0231		9/1	1/96	)	
	(")	/	30. Name end address of person who	completed cause of d	eeth (ttem	23a) (Ty	/pe, Print)				2			
	_		SHANA WETSS	10 N. G.	REE	VE	SI	ISA	LTIMORE	, MD	dia	101		
	Sta		SEP 13 1996	72 Beauto	on A spanis	antiforth	No.	la.						

DHMH 16 Rev 6/95

Registrar

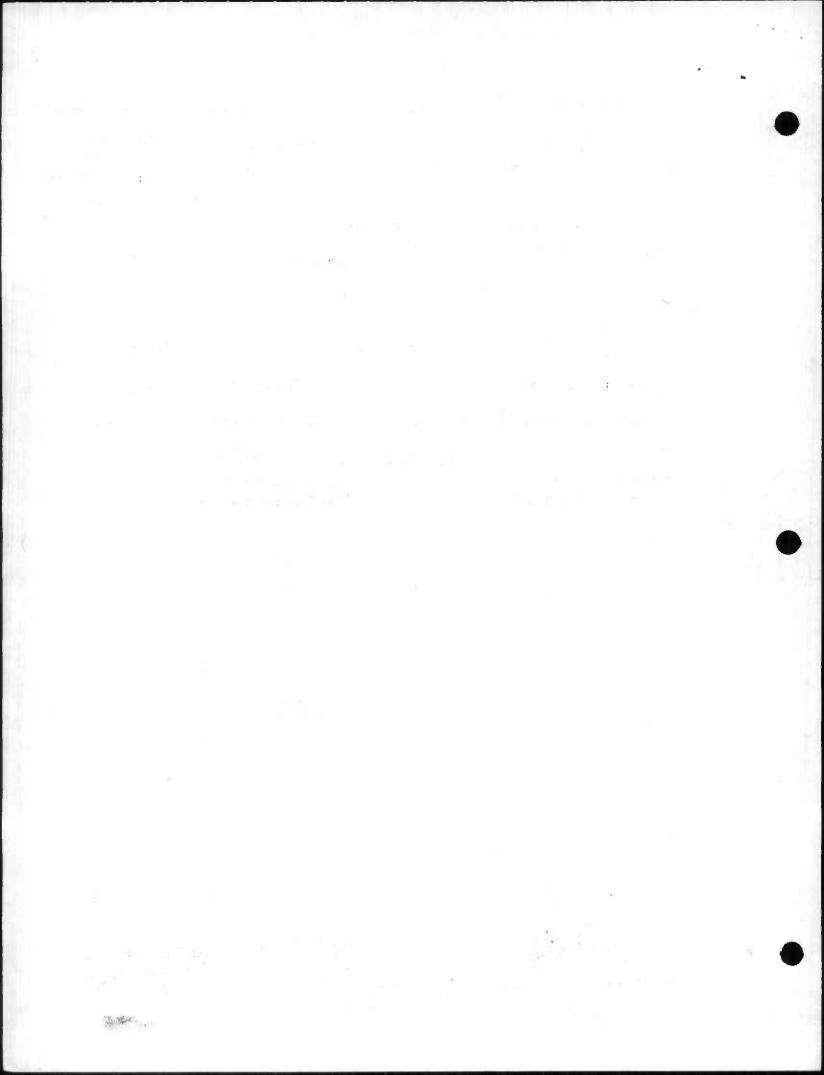
Division of Vital Records, P.O. Box 68760,



State of Maryland / Department of Health and Mental Hygiene

96 27353

	16.				Ce	rtificat	e of	Death		Re	g. No.		
Physician		1. Decedent's Neme (First, Middle, La	,	70	1 -					2. Dete of Deet		Yeer	3. Time of Death
/Medical	1	Frances			etz	٩		41. Oh. T.		September	8	1996	12:30 p.m.
Examiner	r	4e. Facility Neme (If not Institution, given 8418 Kingshid		n <i>ber)</i>				4b. City, 10	own, or L	ocation of Deeth		y of Deeth	144
<sub>c</sub> Funeral		5. Sociel Security Number 6. S	Sex	7. Age (In yrs. last I	oirthday)					8. Dete of Birth (Month, Dey,			Hece (State or Foreign
Director		210 11 0121	1□ M 2 <b>)3</b> (F	73	Yrs.	Months	Deys	Hours	Min.	JANUARY 21	1923	Coun	Maryland
M W	-	Usual Residence of Decedent  10e. Stete 10b. County		10c. City, To	wn or Lo	cation						10	Od. Inside City Limits
Hygiene. ther than 'natural', or tiems 23e or 28e-f show ont, the Medical Examiner must be notified at a Completed by Funeral Director	5	MARYLAD BALLI	More	6	ARK	علات	S						1 ☐ Yes 2 No
or 28a-f s be notified		10e. Street end Number	1			10f. Zip	Code			10	g. Citizen of		try?
Examiner must be notified at by Funeral Director	2	8418 Kingshi 11. Maritel Stetus		edent Ever in U.S.	10	Mon Doon	21	1234	lala? (Ca	anaife Man an Na		ISA	an ta dian
Fun	5	1 Never Married 2 Married	Armed Fo	rces? 2 2 No						ecify Yes or No- Rican, etc.)		ce - America ock, White, o	
E by		3 ☑ Widowed 4 ☐ Divorced	If Yes, Giv Yeer or D			1□ Yes	2 No	Specify:			Specil	r. Whi	95.
t, the Medical Exe		15. Decadent's E (Specify only highest gre	ducation ede com <i>pleted)</i>	16	(Give	dent's Usue kind of wor	rk done	duning mos	st of work	ing	8b. Kind of B	lusiness/Ind	lustry
omo	2	Elementary/Secondery (0-12)	College (1	-4or 5+)		DO NOTUS K KEE		90)			Hosp	latin	
event, the Menor want		17. Fether's Neme (First, Middle, Last					1	18. Moth	er's Nem	e (First, Middle, N	leiden Sumer	ne)	
To B			nKel	-					920	France		nch	
other traumetic event, the Mexical		19e. Intorment's Neme/Relationship (  Janet Lamen		wahter				dmuN bne t		Bloomfield	-		Code)
or other trau	-	20e. Method of Disposition	-	20b. Pleca	of Dispo	sition (Nen	ne of				Oc. Location		
JO ÁJI		1  Burial 2  Cremetion 3   4  Donetion 5  Other (Specif		State		temer	-	metery		2, 1996	BAlt	more	
eny injury or		21. Schretum of Euperel Serviol Linux	HEE6					ess of Fecili		nemari	25		
= a		Now &	mont		8	008	He	RFOR	DI	- QAO	MARI	KVILL	2
10000		23e. Pert1. Enter the diseese, or comshock, or heert teilure. List only	one ceusicon e	used the deeth. Do ech line.	not ent	er the mod	e of dy	ing, such es	cardiac	or respiretory erre	st,		Approximete Intervel Between Onset end Deeth
cian Iical		Immediate Cause (Final	1		1	2	0.0	1	AV	REST			Inno
iner	ш	diseese or condition resulting in deeth)	θ	Due to (or es	consen	A.	1/1			2)			I IAIL AND
sit			b. ———			steel	5	M	K				IMMed
s the buriel-transit		Sequentially list conditions, if eny, leading to immediate		Due to (or es	conseq	uence of):						1	
		cause. Enter Underlying Ceuse (Diseese or Injury thet Initieted events resulting in death) Lest	C	Due to (or es e	conseq	uenca ot):						1	
of for use as the but iclan/Medical		resulting in death) Lest	d	•		,							
for us			U										
eche hys	.   '	Pert II. Other significant conditions o	ontributing to de	ath but not resulting	In the u	nderlying ca	ause gi	yen in Pert I	-				the cause of death?
d be det			- (-	) n rece		114		ul	5		8 20 140	3 P P 10 D	abiy 4 E Olikilowii
should should										24e. Wes en	eutopsy ed?	eve	re eutopsy findings pilable prior to
N Q	-											ot d	npletion of cause deeth?
or, page	-	25. Wes case referred to medical								1 □ Ye		1 🗆	Yes 2 No
To Be	1	exeminer?	Hospitel:	npatient 2 ER/C	utnetien	t 3 DO	A Ot	her:		h (Check only one me 5 Resider		ne (Enneih)	,
	2	27. Menner of Deeth  T Naturel 5 ☐ Pending	28e. Dete		Time of		Bc. Inju Wo		namy rio	28d. Describe hor			/
catio		2 Accident investigation 3 Suicide 6 Could not be				М	1	Yes 2□	No				
Certification:		4 Homicide determined	286. Piece	ot Injury - At home, t g, etc. (Specify)	erm, str	et, tactory	, office			28t. Location (Str. City or Town,	set and Numi Stete)	ber or Rurai	Route Number,
	1	29a. Certifier TA Certifying Ph	yelclan: To the	pest of my knowledg	e, deeth	occurred e	et the ti	me, dete en	d plece,	end due to the car	use(s) end ma	anner es ste	eted.
Pedical	L	one) 2 Medical Exam	end menn	sis ot exeminetion e	nd/or inv	estigetlon,	In my	opinion, dee	th occurr	ed et the time, da	te end plece,	end due to	the ceuse(s)
completely filled	1	29b. Signeture end title of dentile	00			29c.	Licen	se number	65	29	d. Dete signe	d (Month, E	Jay, Yeer)
1/	-	O Name and oddings of		of door to get	(T.	Y	75	07	01	3:	mira	BER 9	1998
	3	30. Name and address of person who	Self ense	or deeth (Item 23a)	37	rint	Co	la	1:	8 75	NO	m	
State	3	31. Dete filed (Month, Dey, Year)		pistrar's Signature	7	David Se			1				
Registrar		SFP131	996	a wand	sor-V	a product							



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

29d. Data signed (Month, Day, Year)

September 6, 1996

27354

						Certificate o	i Death	Re	g. No.		
	Dhusisi		1. Decedent's Nama (First, Middla, La	ist)				2. Data of Death Month	h Day	Year	3. Tima of Death
	Physici /Medi		MARION MILDR	ED PETTY				Septemb		1996	11:45 AM
	Examir		4a. Facility Nama (If not Institution, gite Saint Agnes Hos	The state of the s	)		4b. City, Town, or L Baltimor	ocation of Deeth	4c. County N/A		
	Funeral Director			Sex 7. Ag	ge (In yrs. las 75	Yrs. If Under 1 Yes Months Day		8. Deta of Birth (Month, Day, Oct 27,	Year) 1920	9. Birthple Counti Penn	aca (State or Foreign ry) Sylvania
	pu .		Usual Rasidance of Decedent  10a. Stete 10b. County		100 City	Town or Location				140	Ad facility O'th Alberta
	ahon a	2		380			nsdowne)			10	od. fnslda City Llmits  1 ☐ Yes 2XXXIII
	De N	ect	Maryland Baltimo	71 6	Бо				0- Chi(1)	M-10-11	
	th with 23a or	Funeral Director	2404 Tionesta	Road		10f. Zip Code	21227	10	Og. Citizen of V	Vnat Count	ŠA
	deep E	ner	11. Marital Status	12. Wes Dacedant Armed Forcas		13. Wes Decedent of	f Hispanic Origin? (Spuban, Maxican, Puarto	ecity Yas or No-		e - Amarica k, Whita, a	
020	filed within 72 hours after death with the Maryland Hygiene. ther than "naturel", or items 23a or 23e-f show ent, the Medical Exemples must be notified at	by	1 ☐ Nevar Married 2 ☐ Married 3 ☑ Widowed 4 ☐ Divorced	1 ☐ Yas 2 ☒ If Yes, Giva Yeer or Detes:		1 ☐ Yas 2 ☒ N		, rindari, oto.,	Specify		hite
5-0	72 h	eted	15. Decedant's E (Specify only highest gr	ducetion ada completed)		16a. Decedant's Usual Occ	cupation na during most of work	sina	16b. Kind of Bu	usiness/Indu	ustry
2121	od within 72 ho giene. er then "natur , the Medical	Completed	Elementary/Secondery (0-12)	College (1-4or +2	5+)	(Giva kind of work doi lifa. DO NOT use ret lurse	ired)		Privat	e Dut	У
Maryland 21215-0020	8 4 5 9	To Be (	17. Fathar's Nama (First, Middie, Last James L. Ja	cques			18. Mother's Nem	e (First, Middla, M d Hui	Maiden Sumam ffsmith		
Man,	CENL	ľ	19a. Informant's Neme/Ralationship Atty. Philip A.			19b. Mailing Addrass (Stre 10 Country					Code) 21228
timore,	2022		20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Speci		20b. Plac cen Ceda	ce of Disposition (Nama of latary, crematory or other p ar Hill Ceme	tery 9/10		Baltimo		wn, State lary land
Ā	permit. Pag Department Important: I any Injury o page.		21. Signeture of Funaral Seorts Un	nsee		MCCully	trass of Facility Funeral Hol	me of Bro	ooklyn	Md	21225-185
			23a. Part1. Enter the disease, of conshock, or heart failura. List only	plicetions that cause one cause on each li	d tha death. ine.	Do not entar the mode of o	atapsco Av lying, such as cardiac	or respiratory erre	ost,		Approximate intervel Between Onset and Death
	/Medical		Immediate Cause (Finel disease or condition	C	CARDTAC	CARRHYTHMIA					Hours
	Examiner		resulting In death)	θ	111	is a consequanca of):					Hours
	D #	iner	_	. 0	ORONA	RY ATHEROSCLI	EROSTS				Years
	certificate be executed nding physician and use as the burial-transit	Examiner	Sequentially list conditions, if eny, laading to immediate cause. Enter Underlying Cause (Disaasa or Injury	D		s a consequence of):					Tears
260	siclar buri		Cause, Entar Underlying Cause (Disaasa or Injury that initiated evants	C	Dun to for						
68760,	ficat g phy as the	n/Medical	rasuiting in death) Last		Dua to (or a	s a consequance of):					
XO	ndin use			d						-	
.00	death	Physicia	Part II. Other eignificant conditions of	contributing to death b	out not rasuiti	ng in the underlying cause	givan in Pert I.	23b. Did to	bacco use co	ntribute to	the cause of death
0.	that the de ned by the a detached (	h						1 🗆 Ye	2 No	3 Prob	ably ¥ Unknow
	8 55	by	Status Post Rep	air of Abd	ominal	Aortic Aneu	rysm				
Records,	been shoul	Completed	Status Post Core	onary Arte	гу Вуг	ass Grafts		24a. Wes ar perform		avai	ra autopsy findings ilable prior to appletion of causa leeth?
m m	5 - 0 - 0	E O	Carcinoma of Ri	oht Breas	t. Sta	tus Post Mas	tectomy	1 v Ye	s 2 No	**	Yes 2□ No
	icien: T certificat rector, p	Be C	25. Was casa rafarred to medical	gire break	, ,			th (Check only on		Α	
4	0 6	10	axaminar? 1 ☐ Yas 2 ☑ No	Hospitel: 1 □Xnpati	ant 2 EF	NOutpetient 3□ DOA	Othar: 4 Nursing H	ome 5 Rasida	nca 8 🗆 Oth	ar (Specify)	)
	The une		27. Manner of Death  1 ▼Natural 5 □ Panding 2 □ Accident invastigatio	28a. Data of fnju (Month, Da	ay Year) 2	8b. Time of Injury M 1	juryat Vork? □ Yas 2 □ No	28d. Dascribe ho	w Injury occur	red	
Division	무를	Certification:	3 Suicide 6 Could not be datarmined	286. Place of In	jury - At hom c. (Specify)	e, ferm, streat, fectory, office	>e	28f. Location (St. City or Town	reet and Numb I, Steta)	er or Rural	Routa Number,
	Hospital     24 hours     Funeral letely filled	dical C	29a. Cartifiar 1 Certifying Pr	yefcfan: To tha best niner: On tha basis o and manner st	f examination	edge, death occurred at the n end/or invastigation, in m	tima, dete and place y opinion, daath occur	and dua to the ca red at tha tima, de	use(s) end ma ata and place,	annar as ste and due to	ited. the cause(s)

State Registrar

30. Name and address of person who complated causa of death (Item 23e) (Type, Print)

Dr. J. Ross Slemmer St. Agnes Hospital 900 Caton Avenue Baltimore, MD 21229

29c. Licanse number

D48054

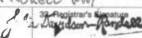


### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 27355

	Decedent's Name	e (First, Middle, L	ast)					2	. Dete of Dee			3. Time of Death
ian cal	JERRY	L1	EE	PREST	ON				Month SEPT.	Dey 6, 1	996	1240 Pi
ner	4e. Fecility Neme (II	f not institution, gl	ve street end num	ber)			4b. City, Tow	n, or Loca	tion of Death			1210 11
	1628 D	OOLITTI	LE ROAD				ESSEX			BA	LTIM	ORE
	5. Social Security N 220-50	-258/	Sex 7	Age (In yrs. le		Under 1 Year onths Deys		4 Hrs. 8 Min.	Date of Birth (Month, De)	y, Year) 30, 1950	9. Birthe	olece (State or Foreintry)
	Usuel Residenca of 10a. Stete	10b. County		10c. City,	Town or Locatio	n				/	1	Od. Inside City Limi
to	Mirelan	RAL	Limites	E	SSEK							10 165 2 N
rec	10e. Street and Nun	nber	1/20/00	-		Of. Zip Code				10g. Citizen of	Whet Cour	ntry?
ai D	1618	DOOL	TTLE 1	CORD		21	221	/		11.5	B	
<b>Funeral Director</b>	11. Marital Status		12. Was Deced	lent Ever in U,S	. 13. Wes I		Hispenic Orig	in? (Speci Puerto Ri	fy Yes or No-	14. Rec	ca - Americ	
by Fi		ed 2 Married	1 Yes 2	No 176	8 -	es 2 No				Specif	-1	- L
g pa	3 Widowed		Yeer or Dat	les: 1970	100 Decedentia	Havel Occur			T		DIG	CK
Completed	(Speci	15. Decedent's E ify only highest gr	ede completed)		16e. Decedent's (Give kind life. DO N	of work done OT use retire	petion during most ( ed)	of working		16b. Kind of B	/	
mo	Elementary/Secon	ndery (0-12)	College (1-	4or 5+)	1	301EN	7		1	nain	TEM	ance
Bec	17. Fether's Name (	First, Middle, Lee	7) /.		1-11/3		18 Mother	s Neme (	First, Middle,	Maiden Suman	(e)	1
ToE	LERAY	1 A.	PIESTEY	7		<	10	rox	by E	· D	An 18	015
	19a. Informant's Na	me/Relationship	(Type, Print)		19b. Meiling Ad	dress (Stree	t end Number	or Rurel F	Route Numbe	r. City or Town	, Stete, Zip	Code) 2/2/
	Borot	ky //	0A15		901 B	5691	AN	the "	FIRE	Solfin	S/E, 1	Red
	20e. Method of Disp		Removel from St		ce of Disposition	n (Neme/of y or other pla	196)	N	Dete	20c. Location	- City or To	own, State
		5 ☐Other (Speci		DU	laney	VA/18	E4 Me.	n bon	7-11	11/1	VONIC	in Not
	21. Signeture of Fur	nerel Service Ligh	9600		22/ Nar	ne and Addre	ess of Fecility	CAI	4 TIKA	2- HAS	VIS	
	Lee	ay Ha	reis		Rox	Sma	is a	TO ST	LOA	(2)		
	23a. Pert1 Inter the shock or heer	e disease, or com	plications that cau	ised the death								
1		t failure. List only	one cause on ee	ch line.	Do not enler the	mode of dyl	ng, such as c	ardiec or r	espiratory err	resi,		Approximate Interval Between
			one ceuse on ee	ch line.	Do not enter the	mode of dyl	ng, such as c	ardiec or r	espiratory err	resi,		Approximate Interval Between Onset end Deeth
	Immediete Cause (F disease or condition resulting in deeth)	Finel			Do not enler the			ardiac or r	espiratory err	resi,		Interval Between
er	Immediete Cause (F	Finel		C PANCREA		FATTY I		ardiec or r	espiratory em	resi,		Interval Between
miner	Immediete Cause (f disease or condition resulting in deeth)	Finel 7		C PANCREA	ATITIS AND	FATTY (		ardiec or r	espiratory err	resi,		Interval Between
Examiner	Immediete Cause (f disease or condition resulting in deeth)	Finel 7		C PANCREA	ATITIS AND	FATTY (		ardiec or r	espiratory err	resi,		Interval Between
	Immediate Cause (fidisesse or condition resulting in death)  Sequentially list con if any, leading to Imcause. Enter Under Cause (Disease or I that initiated events	Finel 7  Inditions, mediate riying injury		Due to (or a	ATITIS AND as a consequence as a consequence	FATTY   e of):		ardiec or r	espirátory em	resi,		Interval Between
edicai	Immediete Cause (f disease or condition resulting in deeth)	Finel 7  Inditions, mediate riying injury		Due to (or a	ATITIS AND	FATTY   e of):		ardiec or r	espirátory em	resi,		Interval Between
edicai	Immediate Cause (fidisesse or condition resulting in death)  Sequentially list con if any, leading to Imcause. Enter Under Cause (Disease or I that initiated events	Finel 7  Inditions, mediate riying injury		Due to (or a	ATITIS AND as e consequence as e consequence	FATTY   e of):		ardiec or r	espirátory em	resi,		Interval Between
edicai	Immediate Cause (fidisesse or condition resulting in death)  Sequentially list con if any, leading to Imcause. Enter Under Cause (Disease or I that initiated events	Finel of the state	e	Due to (or e	ATITIS AND as e consequence as e consequence as a consequence	FATTY (e of):	LIVER	ardiec or r			ntributa to	Interval Between
edicai	Immediate Cause (I disease or condition resulting in death)  Sequentially list con if eny, leading to Im- cause. Enter Under Cause (Disease or I that initiated events resulting in death) L	Finel of the state	e	Due to (or e	ATITIS AND as e consequence as e consequence as a consequence	FATTY (e of):	LIVER	ardiec or r		obacco usa co		Interval Between Onset end Deeth
by Physician/Medical	Immediate Cause (I disease or condition resulting in death)  Sequentially list con if eny, leading to Im- cause. Enter Under Cause (Disease or I that initiated events resulting in death) L	Finel of the state	e	Due to (or e	ATITIS AND as e consequence as e consequence as a consequence	FATTY (e of):	LIVER	ardiec or r	23b. Dld to	obacco usa co		Interval Between Onset and Deeth
by Physician/Medical	Immediate Cause (I disease or condition resulting in death)  Sequentially list con if eny, leading to Im- cause. Enter Under Cause (Disease or I that initiated events resulting in death) L	Finel of the state	e	Due to (or e	ATITIS AND as e consequence as e consequence as a consequence	FATTY (e of):	LIVER	ardiec or r	23b. Dld to	obacco use co /se 2 No	3 ☐ Prot	o the cause of death  bebly 4 Unknown
by Physician/Medical	Immediate Cause (I disease or condition resulting in death)  Sequentially list con if eny, leading to Im- cause. Enter Under Cause (Disease or I that initiated events resulting in death) L	Finel of the state	e	Due to (or e	ATITIS AND as e consequence as e consequence as a consequence	FATTY (e of):	LIVER	ardiec or r	23b. Did to 1	obacco use co /se 2 No	3 Prot	Onset and Deeth  Onset end Deeth  Othe cause of death  bably 4 Unknown
by Physician/Medical	Immediate Cause (I disease or condition resulting in death)  Sequentially list con if eny, leading to Im- cause. Enter Under Cause (Disease or I that initiated events resulting in death) L	Finel of the state	e	Due to (or e	ATITIS AND as e consequence as e consequence as a consequence	FATTY (e of):	LIVER	ardiec or r	23b. Did to 1	obacco use co Yee 2 No an autopsy med?	3 Prot	o the cause of deatlebeby 4 Unknown under eutopsy findings alleble prior to mpletion of cause
Be Completed by Physician/Medical	Immediate Cause (I disease or condition resulting in death)  Sequentially list con if any, leading to improve the cause. Enter Under Cause (Disease or I that initiated events resulting in death) L.  Pert II. Other significations.	riditions, mediate mediate myling injury lest	eCHRONI b c d	Due to (or e	ATITIS AND as e consequence as e consequence as a consequence	FATTY I e of): e of): e of): ving cause given	LIVER ven in Part I.	of Deeth (C	23b. Did to 1 V  24e. Was a perform	obacco use co fee 2 No an autopsy med? fes 2 No	3 Prot	o the cause of death  o the cause of death  o the cause of death  o the cause of death  o the cause of death  o the cause of death  o the cause of death  o the cause of death  o the cause of death  o the cause of death  o the cause of death  o the cause of death  o the cause of death  o the cause of death  o the cause of death  o the cause of death  o the cause of death
To Be Completed by Physician/Medical	Immediate Cause (Indisease or condition resulting in death)  Sequentially list con if any, leading to improve the cause. Enter Under Cause (Disease or Intel Inteleted events resulting in death) L.  Pert II. Other significations.	nditions, mediate mediate friping injury lest cant conditions of the medical No.	e. CHRONI  b	Due to (or e	as a consequence as a c	FATTY I e of): e of): e of): ving cause gh	ven In Part I.	of Deeth (C	23b. Did to 1  Y  24e. Was a perform 1 Y  Check only on	obacco use co fee 2 No an autopsy med? es 2 No re) ence 8 Oth	3 Prot	o the cause of death  o the cause of death  o the cause of death  o the cause of death  o the cause of death  o the cause of death  o the cause of death  o the cause of death  o the cause of death  o the cause of death  o the cause of death  o the cause of death  o the cause of death  o the cause of death  o the cause of death  o the cause of death  o the cause of death
To Be Completed by Physician/Medical	Immediate Cause (foliasese or condition resulting in death)  Sequentially list con if any, leading to Imcause. Enter Under Cause (Disease or I that initiated events resulting in death) L.  Pert II. Other algniffer and the cause in the condition of the cause (Disease or I that initiated events resulting in death) L.  25. Wes case referre any iner?  127. Menner of Death  128 Neturel	nditions, medicie frying injury est cant conditions of the medical No.	eCHRONI b c d contributing to deal	Due to (or e	ATITIS AND as a consequence as a consequ	FATTY I e of): e of): e of): ving cause gin DOA Ott	28. Piece coner: 4 Nurs	of Deeth (Ciling Home	23b. Did to 1  Y  24e. Was a perform 1 Y  Check only on	obacco use co fee 2 No an autopsy med? fes 2 No	3 Prot	o the cause of death  o the cause of death  o the cause of death  o the cause of death  o the cause of death  o the cause of death  o the cause of death  o the cause of death  o the cause of death  o the cause of death  o the cause of death  o the cause of death  o the cause of death  o the cause of death  o the cause of death  o the cause of death  o the cause of death
To Be Completed by Physician/Medical	Immediate Cause (Indisease or condition resulting in death)  Sequentially list con if any, leading to improve the cause. Enter Under Cause (Disease or Intel Intelected events resulting in death) L.  Pert II. Other signification of the cause (Disease or Intel Intelected events resulting in death) L.  Pert II. Other signification of the cause (Disease or Intelected events resulting in death) L.  25. Wes case referred examiner?  15. Wes case referred examiner?  16. Wes case referred examiner?  17. Menner of Death  17. Menner of Death  17. Accident  3 Sulcide	ed to medical  solutions and the solution of t	b c d contributing to deal	Due to (or e	ATITIS AND as a consequence as a consequ	FATTY I e of): e of): e of):  JOOA Ott 28c. Injur Wo	ven In Part I.	of Deeth (Ging Home	23b. Did to 1 Ye  24e. Was a perfon 1 Ye  Check only or  Xe Reside	obacco use co 'ee 2 No an autopsy med?  es 2 No ane) ence 8 Oth ow Injury occur	3 Prot	o the cause of death  the cause of death  the cause of death  the cause of death  the cause of death  the cause of death  the cause of death  the cause of death  the cause of death  the cause of death  the cause of death  the cause of death  the cause of death  the cause of death  the cause of death  the cause of death  the cause of death
To Be Completed by Physician/Medical	Immediate Cause (f disease or condition resulting in death)  Sequentially list con if any, leading to Imcause. Enter Under Cause (Disease or I that initiated events resulting in death) L.  Pert II. Other significations of Death and I. Other significations of Death and I. Other significations of I. Other significations of I. Other significations of I. Other significations of I. Other significations of I. Other significations of I. Other significations of I. Other significations of I. Other significations of I. Other significations of I. Other significant of I. Other significan	ed to medical No	e. CHRONI  b	Due to (or e	ATITIS AND as a consequence as a consequ	FATTY I e of): e of): e of):  JOOA Ott 28c. Injur Wo	28. Piece coner: 4 Nurs	of Deeth (Ging Home	23b. Did to 1 Ye  24e. Was a perfon 1 Ye  Check only or  Xe Reside	obacco use co fee 2 No an autopsy med?  es 2 No ne) ence 8 Oth ow Injury occur	3 Prot	o the cause of death  o the cause of death  o the cause of death  o the cause of death  o the cause of death  o the cause of death  o the cause of death  o the cause of death  o the cause of death  o the cause of death  o the cause of death  o the cause of death  o the cause of death  o the cause of death  o the cause of death  o the cause of death  o the cause of death
Certification: To Be Completed by Physician/Medical	Immediate Cause (Indicesses or condition resulting in death)  Sequentially list con if eny, leading to Imcause. Enter Under Cause (Disease or Intel initiated events resulting in death) L.  Pert II. Other algniffs  25. Wes case referre examiner?  15. Wes case referre examiner?  27. Menner of Death  1 0 Neturel  2	ed to medical  solutions, mediate rying injury lest  cant conditions of the conditio	b	Due to (or e  Due to (or e  Due to (or e  Due to (or e  th but not result  Deatlent 2 Elinjury Dey Year)  Injury - At hom, etc. (Specify)	ATITIS AND as a consequence as a consequ	FATTY I e of): e of): e of):  DOA Ott 28c. Injur Wo 1 octory, office	ven in Part I.  28. Piece coner: 4   Nurs	of Deeth (Ching Home 286)	23b. Did to 1 Y 24e. Was a perform 1 Y Check only or X Reside 1. Describe ho	obacco use co ve 2 No an autopsy med?  es 2 No ane) ence 8 Oth ow Injury occur treet and Num1 n, State)	3 Protestant Specify Protestant	o the cause of death  o the cause of death  o the cause of death  o the cause of death  o the cause of death  o the cause of death  o the cause of death  o the cause of death  or a eutopsy findings alleble prior to  mpletion of cause death?  of cause death?
Certification: To Be Completed by Physician/Medical	Immediate Cause (Indicesses or condition resulting in death)  Sequentially list con if eny, leading to Imcause. Enter Under Cause (Disease or Intel initiated events resulting in death) L.  Pert II. Other algniffs  25. Wes case referre examiner?  15. Wes case referre examiner?  27. Menner of Death  1 0 Neturel  2	ed to medical  solutions, mediate rying injury lest  cant conditions of the conditio	e. CHRONI  b	Due to (or end of the but not result to but not result to long of the but not result to but not result to but not result to linjury. Dey Year)  Injury Dey Year)  Injury - At home, etc. (Specify)	ATITIS AND as a consequence as a consequ	FATTY I e of): e of): e of):  DOA Ott 28c. Injur Wo 1 octory, office	ven in Part I.  28. Piece coner: 4   Nurs	of Deeth (Ching Home 286)	23b. Did to 1 Y 24e. Was a perform 1 Y Check only or X Reside 1. Describe ho	obacco use co ve 2 No an autopsy med?  es 2 No ane) ence 8 Oth ow Injury occur treet and Num1 n, State)	3 Protestant Specify Protestant	o the cause of death  o the cause of death  o the cause of death  o the cause of death  o the cause of death  o the cause of death  o the cause of death  o the cause of death  or a eutopsy findings alleble prior to  mpletion of cause death?  of cause death?
o Be Completed by Physician/Medical	Immediate Cause (Indisease or condition resulting in death)  Sequentially list confirm, leading to improve the cause. Enter Under Cause (Disease or Intel initiated events resulting in death) L.  Pert II. Other signification of the cause (Disease or Intel initiated events resulting in death) L.  Pert II. Other signification of the cause (Disease or Intel Inte	ed to medical  Solutions and to medical  od to medical  od to medical  od to medical  od to medical  od to medical  od to medical  od to medical  od to medical	b	Due to (or end of the but not result to but not result to long of the but not result to but not result to but not result to linjury. Dey Year)  Injury Dey Year)  Injury - At home, etc. (Specify)	ATITIS AND as a consequence as a consequ	FATTY I e of): e of): e of): e of): control of the tire of the tir	28. Piece oner: 4 Nurs y et rk? Yes 2 No	of Deeth (Ching Home 286)	23b. Did to 1 Y  24e. Was a perform  1 Y  Check only or  X Reside  1. Location (Si City or Town	obacco use co fee 2 No an autopsy med?  es 2 No ne) ence 8 Oth ow injury occur treet end Numil n, Stete)  ause(s) and me lete and placa,	24b. We avi coi of 1 d	o the cause of death  o the cause of death  o the cause of death  o the cause of death  o the cause of death  o the cause of death  o the cause of death  or e eutopsy findings alleble prior to  mpletion of cause death?  O Yes 2 No  No  No  No  No  No  No  No  No  No
edical Certification: To Be Completed by Physician/Medical	Immediate Cause (f disease or condition resulting in death)  Sequentially list con if any, leading to Imcause. Enter Under Cause (Disease or I that initiated events resulting in death) L  Pert II. Other signification of Death I Di Neturel 2 Accident 3 Suicide 4 Homicide  29a. Certifier (Check only one)	ed to medical  Solutions and to medical  od to medical  od to medical  od to medical  od to medical  od to medical  od to medical  od to medical  od to medical	b	Due to (or end of the but not result to but not result to long of the but not result to but not result to but not result to linjury. Dey Year)  Injury Dey Year)  Injury - At home, etc. (Specify)	ATITIS AND as a consequence as a consequ	FATTY I e of): e of): e of): e of): control of the tire of the tir	ven in Part I.  28. Piece coner: 4 \( \text{Nurs} \) vet fk? Yes 2 \( \text{Not} \) when in Part I.	of Deeth (Ching Home 286)	23b. Did to 1 Y  24e. Was a perform  1 Y  Check only or  X Reside  1. Location (Si City or Town	obacco use co re 2 No an autopsy med?  es 2 No ne) ence 8 Oth ow injury occur treet end Num! treet end n Aum! ause(s) and me lete and placa,	3 Protein 24b, We ave con of the control of the con	o the cause of death  o the cause of death  o the cause of death  o the cause of death  o the cause of death  o the cause of death  o the cause of death  o the cause of death  o the cause of death  o the cause of death  o the cause of death  o the cause of death  o the cause of death  o the cause of death

Registrar

SEP 13 1996



the market water

REG. NO

2. DATE OF OEATH

7. DATE OF BIRTH

Page 6 may be retained by the hospital or attending	tor, page 5 should be detached for use as the	
5 may be	tor, page	
Page .	e funeral directs	
after death. P	N PER	w
hours after	Red in by th	Or namoval
12 Juillow 6	mpletely fills	cremation
executac	90 pg	to burial, c
Cate by	physician a	ne prior
death certificat	attending phys	al Hydiei
t the dea	The at	and Ment
11	5	맆

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

BE 0

31. DATE FILED (Month, Day, Year)

3 1996

FOR STATE REGISTRAR

4. SOCIAL SECURITY NUMBER

1. DECEDENT'S NAME (First, Middle, Last)

ARCE

5. SEX

16-6/8 81 Feb. 16,1915 permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Allegis Nursing Home Glen Burnie RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION Maryland Anne Arundel Glen Burnie 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE burial-transit 7355 Furnace Branch Road 21060 11. MARITAL STATUS UNKNOWN
1 Never Married 2 Married PORCES? 1 XYES 2 NO
1 FYES, GIVE WAR OR DATES 13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 TES 2 NO Specify BY 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high COMPLET Elementary/Secondary (0-12) College (1-4 or 5+) 9th Painter Self Employed 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) To Benjamin John Reckline Elizabeth Mary Flora BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 7855 Crilley Drive Mary Blank 99 20a. METHOD OF DISPOSITION
1 
Burlel 2 
Cremation 3 
Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of must DATE Metro Crematory, Inc. 9/10 4 Donation 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY George J. Gonce Funeral Home P.A. 4001 Ritchie Hwy. medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final å disease or condition\_ resulting in death) event. traumatic CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR A CONSEQUENCE OF cause. Enter UNDERLYING CAUSE (Disease or Injury other that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST Injury, or PART II. Other significant conditione contributing to deeth but not resulting in the underlying cause given in Part i. MEDICAL 24s. WAS AN AUTOPSY MEWI 1 - YES 2 pt. of Health a shows any OR ATTENDING PHYSICIAN, The law requires the DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: has by Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Certificate h HOSPITAL: 1 YES 2 1 Inpatient 2 ER/Outpatient 3 DOA Nursing Home 5 - Residence 8 - Other (Specify) b 2 27. MANNER OF TRATH 28a. DATE OF INJURY (Month, Day, Year) with 1 marked, 28c. JNJURY AT 28d, DESCRIBE HOW INJURY OCCURED Natural 2 Accident M BY 1 YES 2 NO After death 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) Buicide - 60 ETED. DIRECTOR: / 4 | Homicide 500 COMPL best of my knowledge, death occurred at the time, data and placa, and due to the cause(a) and manner as stated. HOSPITAL FUNERAL within 72 h = TO THE HOSPITA
TO THE FUNERAL
DE filed within 72
IMPORTANT: II stigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated.

ESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

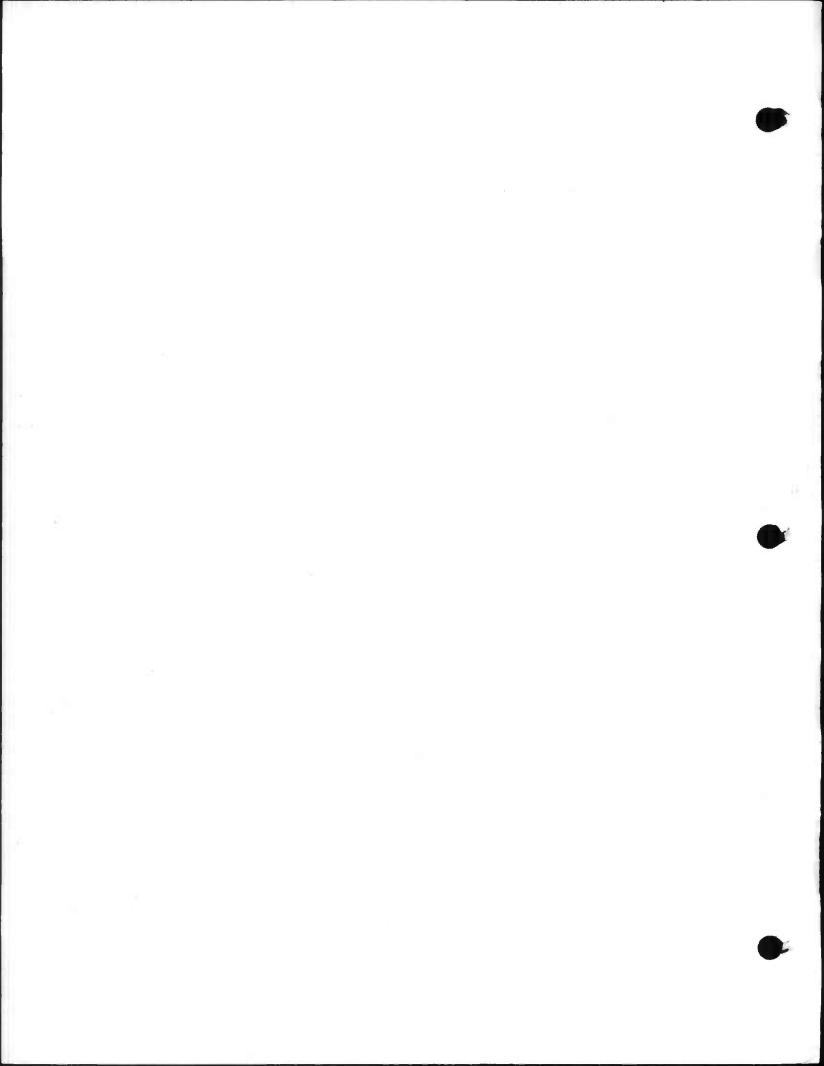
IF UNDER 1 YEAR

IF UNDER 24 HRS.

29C. LICENSE NUMBER

3. TIME OF OEATH 8. BIRTHPLACE (State or Foreign Maryland 9c. COUNTY OF DEATH Anne Arundel 10d. INSIDE CITY 1 YES 2 X NO 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 14. RACE — American Indian, Black, White, etc. Specify: White 21060 Glen Burnie, Maryland 20c. LOCATION - City or Town, State Baltimore, Maryland Baltimore, Md. 21225 Approximata interval Batween Onset and Death 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 | YES 2 | NO

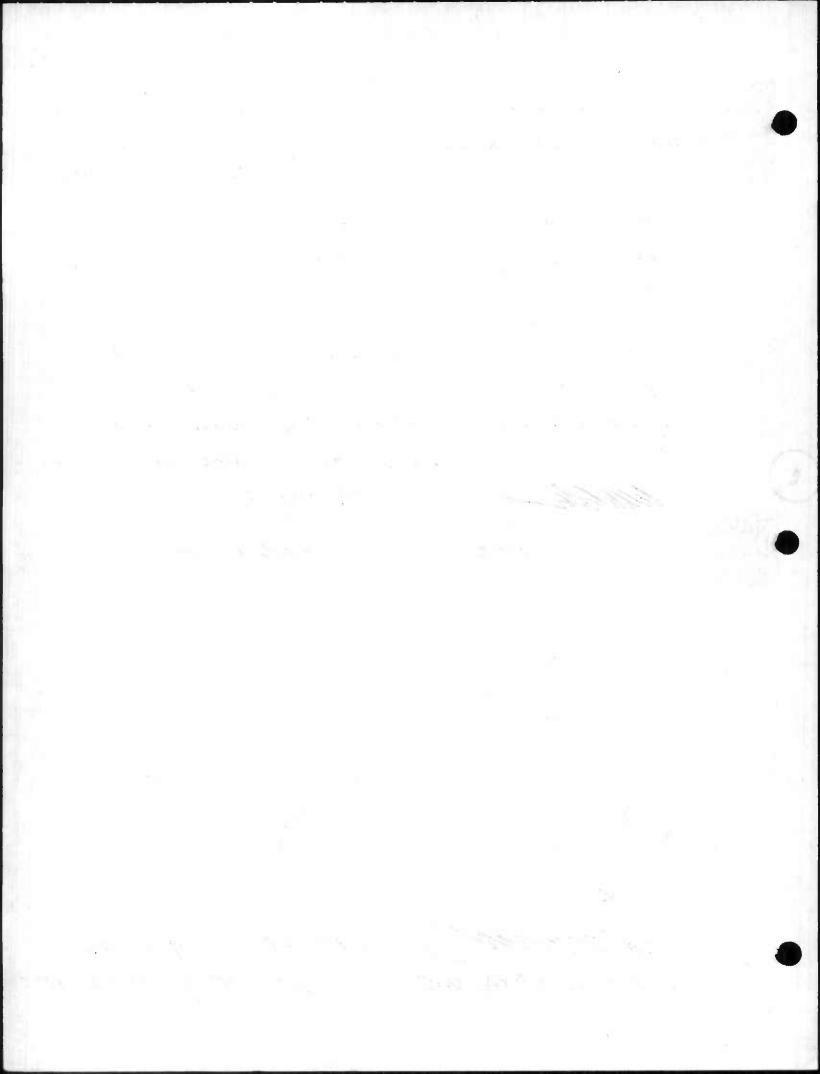
DHMH-18 Rev 1/89



### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Marvland / Department of Health and Mental Hygiene

		1. Decedent's Name (First, Middle, Las.				of D		2. Dete of De		Verr	3. Time of Deeth
Physic /Med		Lula Jane R	lusso					Sept.	11, 199	96	11:10 P.M
Exami		4e. Fecility Name (If not institution, give				4b	. City, Town, or I	ocation of Death	4c. County	of Deeth	
	,	Genesis Elder Car					Towson			timore	
Funeral Director		5. Sociel Security Number 6. Se 217-58-8819  Usual Residence of Decedent	1.4	n yrs. lest birth		Year Days	If Under 24 Hrs. Hours Min.	8. Dete of Birt (Month, De June 25	, 1916	9. Birthple Counts Mari	ace (Stete or Foreign Hand
dand dand		10a. State 10b. County	10	Oc. City, Town	or Location					10	d. Inside City Limits
death with the Maryland ms 23a or 28a-f show rmat be notified at	ţō	Maryland Baltimo	re	1	Baltimore	2					1 ☐ Yes 2 💆 No
or 28.	Director	10e. Street and Number			10f. Zip Co	ode			10g. Citizen of	What Count	ry?
23a		4524 Wishal Drive			2	1236	6		U.5	S.A.	
er des	Funeral	11. Marital Status	12. Was Decedent Eve Armed Forces?	or in U,S.	13. Was Decedent If Yes, specify	t of His Cuben	panic Origin? (S , Mexicen, Puert	pecify Yes or No o Rican, etc.)	14. Rad Bla	ce - Americe	
", or	by F	1 ☐ Never Married 2 ☐ Merried 3 ☑ Widowed 4 ☐ Divorced	1 ☐ Yes 2 No If Yes, Give Year or Dates:		1 ☐ Yes 2 💢	No	Specify:		Specif	y: Wh	ite
2 hou	P	15. Decedent's Edu	ucation	16a. [	Decedent's Usuai O	Occupat	ion		16b. Kind of B	usiness/Indi	ustry
be filed within 72 hours after (al Hygiene. d other than "natural", or ite event, its Mosicia Examine	Completed	(Specify only highest grad	de completed)  College (1-4or 5+)	- (	Give kind of work a life. DO NOT use r	done du retired)	iring most of wor	king			
ygien t	Co	11th grade			Homemake	er			Own	1 Home	2
d oth	Be	17. Father's Name (First, Middle, Last)				1		ne (First, Middle,		ne)	
2 should and Men is marke sumatic	10	Edgar McKelvey  19a. Informant's Name/Reletionship (7)		401	Market Address of		Minn				
and 2 seath an 27 is referenced		Theresa J. Lynch			Mailing Address (S 24 Wishad						Code)
Health Inm 27 other tr		20a. Method of Disposition	2	20h Place of I	Disposition (Name	of		Date	20c. Location -	City or Tow	vn, State
Pages tent of mt. If Ib iry or o		1 N Burial 2 ☐ Cremation 3 ☐ F 4 ☐ Donetion 5 ☐ Other (Specify)			oly Rede			9/14/96	Raltima	nno M	lanuland
name. Paper I and 2 should be filed within 72 hours after death with the Marylan Department of Health and Mental Hygiene. Important If Item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other treumatic event, the Modical Examinet must be notified an once.		21. Signature of Funeral Service Licens			22. Name and A	Address	of Facility			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	wigitunu
SOLES		Willafille			Schimur	nek	Funeral	Homes, Baltimor	Inc.	21236	
100		23a. Part1. Enter the diseese, or compleshock, or heart failure. List only of	licetions thet caused the ne cause on each line.	deeth. Do no	t enter the mode o	f dylng,	such es cardlec	or respiratory er	rest,		Approximate Interval Between
Physician /Medical											
Examiner		Immediate Cause (Finel disease or condition resulting in deeth)	e. ATHER		EPOTT &	= K	teans	POSE	035		Onset and Deeth
Examiner	niner	disease or condition				e k	teans	Piss	085		
Examiner	I Examiner	disease or condition resulting in deeth)	Due	e to (or as e co		EX	te ATV	PISE	85		
Examiner  he burial-transit		disease or condition	Due b Due	e to (or as e co	nsequence of):	E R	KEAN	PSE	285		
tificate be executed growing physician and es the burial-transit	Medical	disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events	Due  Due	e to (or as e co	nsequence of):	EX	HEBOV	PS'E	35		
tificate be executed in physician and es the burial-transit	Medical	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	Due  Due	e to (or as e co	nsequence of): nsequence of):			PSE	35		
tificate be executed go physician and es the burial-transit	Medical	disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last  Part ff. Other significant conditions conditions.	Due c  Due d	e to (or as e co	nsequence of): nsequence of):			23b. Dld t	obacco uae co	ntribute to 1	the cause of death?
tificate be executed in physician and es the burial-transit	Physician/Medical	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	Due c  Due d	e to (or as e co	nsequence of): nsequence of):			23b. Dld t		ntribute to 1	eno Wedl
Examiner  Obhysiclan and es the burial-transit	by Physician/Medical	disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last  Part ff. Other significant conditions conditions.	Due c  Due d	e to (or as e co	nsequence of): nsequence of):			23b. Did t	obacco uae co ∕es 2□ No an autopsy	ntribute to 1 3 Probe	the cause of death?  ably 4 Unknown
requires that the death certificate be executed to been signed by the ettending physician and should be detached for use as the burial-transit	by Physician/Medical	disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last  Part ff. Other significant conditions conditions.	Due c  Due d	e to (or as e co	nsequence of): nsequence of):			23b. Did t	obacco uae co ∕es 2□ No	ntribute to 1 3 Probe	the cause of death?
The law requires that the death certificate be executed to all the law been signed by the ettending physician and page 2 should be detached for use as the bunishtransit of	Physician/Medical	disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last  Part ff. Other significant conditions conditions.	Due c  Due d	e to (or as e co	nsequence of): nsequence of):			23b. Did t	obacco uae co ∕es 2□ No an autopsy med?	ntribute to 1 3 □ Probe  24b. Wer avail	the cause of death?  ably 4 Unknown  e autopsy findings lable prior to peletion of ceuse
The law requires that the death certificate be executed to a signed by the ettending physician and page 2 should be detached for use as the burishtransit of	Be Completed by Physician/Medical	disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last  Part ff. Other significant conditions con  CAS CAC CONDITION 1	Due c  Due d  atributing to death but no	e to (or as e co	nsequence of): nsequence of):	se given	n in Part I.	23b. Did t 1 1 1	obacco uae co (es 2□ No an autopsy med?	ntribute to 1 3 □ Probe  24b. Wer avail	the cause of death?  ably 4 Unknown  e autopsy findings lable prior to pletion of ceuse eath?
Physician: The law requires that the death certificate be executed to this certificate has been signed by the ettending physician and all director, page 2 should be detached for use as the bunishtransit of	To Be Completed by Physician/Medical	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last  Part ff. Other significant conditions cond	Due  c. Due  d	e to (or as a co	nsequence of):  nsequence of):  nsequence of):  he underlying ceus  atient 3 DOA	ee given	in Part I.  26. Piece of Dea	23b. Dld t 1 1 1 24a. Was a perfor 1 1 Y th (Check only or	obacco uae co  /es 2 No  an autopsy med?  fes 2 No  ne)  ence 6 Oth	ntribute to 1 3 Probe  24b. Wer avail common de 1	the cause of deeth?  ably 4 Unknown  e autopsy findings labte prior to place prior to peath?  Yes 2 No
fing Physician: The law requires that the death certificate be executed Xn.  After this certificate has been signed by the ettending physician and funeral director, page 2 should be detached for use as the bunial-transit	To Be Completed by Physician/Medical	Sequentially list conditions, if any, leading to Immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last  Part ff. Other significant conditions cond	Due  c. Due  d	e to (or as e co	insequence of): Insequence of of): Insequence o	other Injury & Work?	26. Piece of Dea	23b. Dld t 1 1 1 24a. Was a performance of the thickness	obacco uae co  /es 2 No  an autopsy med?  fes 2 No  ne)  ence 6 Oth	ntribute to 1 3 Probe  24b. Wer avail common de 1	the cause of deeth?  ably 4 Unknown  e autopsy findings labte prior to place prior to peath?  Yes 2 No
or Attending Physician: The law requires that the death certificate be executed the death cardificate be executed the death of the functor. After this certificate has been signed by the ettending physician and in by the funeral director, page 2 should be detached for use as the burial-transit of	To Be Completed by Physician/Medical	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last  Part ff. Other significant conditions con  CAS CAC CONDITION 1  25. Was cese referred to medical examiner?  1 Yes 2 2 0 6  27. Manner of Death	Due  c. Due  d	e to (or as a co	insequence of): Insequence of)	Other Injury & Work?	o in Part I.  26. Plece of Dea	23b. Dld t 1 1 1 24a. Was a perfor 1 1 Y th (Check only or	obacco use co	ntribute to 1 3 Probe  24b. Wer avail com of de 1   er (Specify) red	the cause of death?  ably 4 Unknown  e autopsy findings lable prior to pletion of ceuse eath?  Yes 2 \square No
Hospital or Attending Physician: The law requires that the death certificate be executed to hours after deeth.  Funeral Director: After this certificate has been signed by the ettending physician and tell filled in by the funeral director, page 2 should be detached for use es the burist-transit	Certification: To Be Completed by Physician/Medical	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last  Part ff. Other significant conditions conditions conditions conditions are summar?  25. Was cese referred to medical examiner?  1	Due  c. Due  d	e to (or as a co	insequence of):  Insequ	Other Injury & Work? 1 Yes	26. Plece of Deat  4. Nijrsing H	23b. Did to 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	obacco use co /es 2 No an autopsy med?  /es 2 No ence 6 Oth ow injury occur.  //rest end Numb //rest end Numb //rest end numb //rest end numb	ntribute to 1 3 Probe  24b. Wer avail com of de 1 □	the cause of death?  ably 4 Unknown  e autopsy findings lable prior to pletion of ceuse seath?  Yes 2 No  Route Number,
Hospital or Attending Physician: The law requires that the death certificate be executed to the fours after deeth.  Funeral Director: After this certificate has been signed by the ettending physician and leading funeral director, page 2 should be detached for use as the burish-transit	To Be Completed by Physician/Medical	Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last  Part ff. Other eignificant conditions cond	Due  c. Due  d	e to (or as a co	atient 3 DOA ne of 28c. In, street, factory, of the investigation, in incomparison in the investigation, in incomparison in the investigation, in incomparison in the investigation, in incomparison in the investigation, in incomparison in the investigation, in incomparison in the investigation, in incomparison in the investigation, in incomparison in the investigation, in incomparison in the investigation, in incomparison in the investigation, in incomparison in the investigation in the i	Other Injury e Work? 1 Ye my opin	26. Plece of Deal  41 Avrsing H at as 2 □ No	23b. Dld t 1 1 Y 24a. Was a performance of the control of the cont	obacco use co /es 2 No an autopsy med?  /es 2 No ence 6 Oth ow injury occur.  //rest end Numb //rest end Numb //rest end numb //rest end numb	ntribute to 1 3 Probe  24b. Wer available come of de 1	the cause of death?  ably 4 Unknown  e autopsy findings lable prior to pletion of ceuse eath?  Yes 2 No  Route Number,  ted. the cause(s)
Attending Physician: The law requires that the death certificate be executed in a redeeth.  Sector: After this certificate has been signed by the ettending physician and by the funeral director, page 2 should be detached for use es the burist-transit	edical Certification: To Be Completed by Physician/Medical	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last  Part ff. Other significant conditions cond	Due  c. Due  d	e to (or as a co	insequence of):  Insequence of of):  Inseq	Other Injury & Yes	26. Plece of Dea 4 Norsing Hat at the search of the search of the search occur.	23b. Did t  1 1 1  24a. Was a performent of the control of the con	obacco use co  /es 2 No  an autopsy med?  fes 2 Otto  ne) ence 6 Otto ow injury occur  irrest and Numb m, State)  ause(s) and me fate and place, 29d. Date signer	ntribute to 1 3 Probe  24b. Wer avail common de 1  er (Specify) red  per or Rural in and due to to to de (Month, De common de	the cause of death?  ably 4 Unknown  e autopsy findings lable prior to pletion of ceuse eath?  Yes 2 No  Route Number,  ted. the cause(s)  ey, Yeer)
Hospital or Attending Physician: The law requires that the death certificate be executed to hours after deeth.  Funeral Director: After this certificate has been signed by the ettending physician and tell filled in by the funeral director, page 2 should be detached for use es the burist-transit	edical Certification: To Be Completed by Physician/Medical	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last  Part ff. Other significant conditions cond	Due  c. Due  d	e to (or as a co	insequence of):  Insequence of of):  Inseq	Other Injury & Yes	26. Plece of Dea 4 Norsing Hat at the search of the search of the search occur.	23b. Did t  1 1 1  24a. Was a performent of the control of the con	obacco use co  /es 2 No  an autopsy med?  fes 2 Otto  ne) ence 6 Otto ow injury occur  irrest and Numb m, State)  ause(s) and me fate and place, 29d. Date signer	ntribute to 1 3 Probe  24b. Wer avail common de 1  er (Specify) red  per or Rural in and due to to to de (Month, De common de	the cause of death?  ably 4 Unknown  e autopsy findings lable prior to pletion of ceuse eath?  Yes 2 No  Route Number,  ted. the cause(s)

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

36

27358

					Cer	tificate o	f Death	R	eg. No.			
		1. Decedent's Nema (First, Middle, Le	st)					2. Data of Dear	th	3. Time of Death		
Physician	-	WILLIAM O.	RIEHL					SEPTEMB	ER 8, 1996			
/Medica Examine	-	4a. Fecility Neme (If not institution, giv					4b. City, Town, or		4c. County of Dea			
Examine	١.								4222	100 1		
	4	Harbor Hospital 5. Social Sacurity Number 6. S	Center	a Alauma k	est birthday)	If Undar 1 Ya	Baltimo ar If Under 24 Hrs.	re	N/A			
Funeral			8 (111 yrs. 16	Yrs.	Months Dey		8. Dete of Birth	1928Mary	thplece (State or Foreign			
Director	ŀ	Usual Rasidence of Decedent	X <sup>™</sup> 2 <sup>™</sup> F 6	0	110			UAIV. ZI	, 1320mar	/ I allu		
pue	-	10a. Stete 10b. County		10c. City	, Town or Lo	cation				10d. Inside City Limits		
ahov shov	۱									1√2 Yas 2 No		
28a-4 sho notified at		Maryland N/A		Ba	ltimor	9				X 185 20140		
or 28a-f s	5	10e. Street and Number				10f. Zip Code	9	1	0g. Citizen of Whet C	ountry?		
		4813 Pennington	Avenue			2122	6		U.S.A.			
r Isema 23. diner.must	2	11. Maritel Status	Ever in U,S	S. 13. V	Vas Decedent o	of Hispanic Origin? (S uben, Maxican, Puert	pecity Yas or No-	14. Race - Am				
		1 Never Married 2 Merried	lo		_		o ricen, etc./	Bleck, Whi	le, etc.			
	2	3√ Widowed 4 Divorced	1V Yes 2 N If Yas, Give Yaar or Datas:	1946		☐ Yes 2√ N	lo Specify:		Specify:	White		
ygiene. ver than "natur it, the Medical	2	15. Decedent's Ed	ducation		16a. Deced	ent's Usuel Occ	cupation		16b. Kind of Businass	Industry		
E D	2	(Specify only highast gre Elementery/Secondary (0-12)			(Giva i	kind of work don OO NOT use reti	ne during most of wor ired)	rking				
		6 th.	College (1-4or 5	+)	Twuck	Driver		- 34	Liquor St	tore		
all the		17. Father's Neme (First, Middle, Last)	)		TIUCK	DITAGE		ne (First, Middle, I	Meiden Sumame)			
ad off		Milton D Dichl					Mina A	. Wisner				
marked off	-	Milton R. Riehl  19e. Informent's Neme/Reletionship (	Time (Print)		10h Mailin	a Address (Ctar			, City or Town, Stete,	7-0-71		
2 2												
2 4	r	Mr. Otto M. Dawson	n (Son)	00- 01		Penning Sition (Name of			MD, 21226			
# 15 0 #		20a. Method of Disposition  X□ Buriel 2 □ Cremation 3 □	Removel from State	20b. Pl	ece of Dispos metery, crem	etory or other p	olece)	Deta	20c. Location - City or	Town, Stete		
E E	-	4 □ Donetion 5 □ Other (Specific		Lou	idon Pa	ark Ceme	etarv	9/12/96	Baltimore,	Maryland		
NE S		21. Signature of Funeral Service Licer	1900		22.	Nema and Add	drass of Fecility			1230		
8558		100	. () .		M	ccully	Funeral Ho	ome of Br	ooklyn			
	+	23a. Part1. Enter the disease	plications that caused	the deeth	Do not ante	37 E. P	atapsco Av	e. Balti	more, MD.	21225-1856		
	1	23a. Part 1. Entar tha disease, or conshock, or heart fellure. List only	one ceuse on each lin	e.	. Do not gint	(1.0 17.000 01 0	iying, door as oardia.	or respiretory en	651,	Intervel Between Onset and Death		
nysician Medical	-	Immediate Cause (Final								A A		
kaminer		disease or condition resulting in deeth)	· CARDU	o pi	ilmo	MARY	ALRE	17.		onling		
		Control Constraint		Dua to (or	es e conseq	uance of):						
in and fel-transit			b. Myo	CANO	DAL	INPAR	etan.			several your		
and I-trar	7	Sequentially list conditions,								(Alic		
ician and buriel-trans		Sequentially list conditions, if eny, laading to immediate cause. Enter Underlying Cause (Disease or Injury	c HISTOR	40	FC	MONIC	ATRIAL	FIBRIL	LATION	SEVERAL YEAR		
physicia as the bur adical	2	that initieted events rasulting in deeth) Last		ue to (or	es a consequ	ience of):				1		
ding is			AN 161	ul	o Sc	LGGOTO	c GARD	10 WAR	CulAR	OFFRED VEA		
		_	u. v.						DISGASE	1		
igned by the etten be detached for u by Physician	2	Part II. Other significant conditions of	ontributing to death bu	t not resul	lting In the un	darlying causa	givan in Pert I.	23b. Dld to	bacco use contribut	s to the cause of death?		
tach the								1 D Y	es 2□ No 3□ F	robably 4 Unknow		
ped s		7,2000 1, PUT	MORAL	NA-	scul	DR D	156038			X		
n sig		S/P FGM - 1/6	STIBIO	- By	PASS	SURGE	Ry. (0512	24a. Wes a		Were autopsy findings		
page 2 should		SEVENT PENI SIP FEM - PE SEVENE	DERR	688	ION		/	perform	med?	svallable prior to completion of cause		
has ge 2									1	of death?		
								1 🗆 Ye	es 200 No	1 Yes 20 No		
Be Be		25. Was case rafarred to medical axeminer?	Managhat		,	т.		ath (Check only on	ie) 2			
To direct	٠,	1 Yas 200 No	Hospitel: 1 Inpatier		2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify)							
fler t		27. Manner of Deeth  JoNaturel 5 □ Panding	28e. Deta of Injun (Month, Day	Year)	28b. Time of Injury	28c. fn	ow Injury occurred					
Te f	3	2 ☐ Accident Investigation	14014	5-	NONE	3_M 1	☐ Yes 20 No	- NONE.				
To the Funeral Director: completely filled in by the Medical Certifical		3 Sulcide 6 Could not be determined	28a. Plece of Inju building, etc.	ry - At hor	ma, ferm, stre	et, fectory, offic	ю	28f. Location (Street and Number or Rural Route Number, City or Town, Stete)				
at Director: After led in by the funera	3		bunding, etc.	. (Opecity)	NO.	NE			NG.			
y filli		29e. Cartifier Certifying Ph	yelcian: To the best of	f my know	dedga, deeth	occurred et tha	tima, date end plece	end due to the ca	ause(s) and mannar a	s steted.		
he Funer pletely fill edical		(Check only 2 Medical Examone)	niner: On the basis of end mennar stat	exe <i>m</i> ineti	on and/or inv	estigetion, in my	y opinion, death occu	rred et the time, de	ete end place, end du	e to the cause(s)		
Completely filled in		29b. Signature end title of oprtifiar				29c. Lica	nsa number	2	9d. Dete signed (Mon	th, Day, Year)		
		DA 1 +1	/ ^	20		n	26191		alia	191		
$\wedge$	-	· num	in '	رالا		- لا	-0/11		7/10	110		
(1)		30. Neme end address of person who of Pr. A. S. I.R. (THARA M.) 31. Data filed (Month, Day, Year)	completed causa of de	eth (Item:	23e) (Type, F	191900,	SOUTH HY	movers	TREGT			
1		Or Date filed (March 2)	7 1414-201-11	7	رصد		BOLTIMOI	CE, MD	2/225			
State		31. Data filed (Month, Day, Year)	32. Registre	r's Signet	ure							

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene 96

96 27359

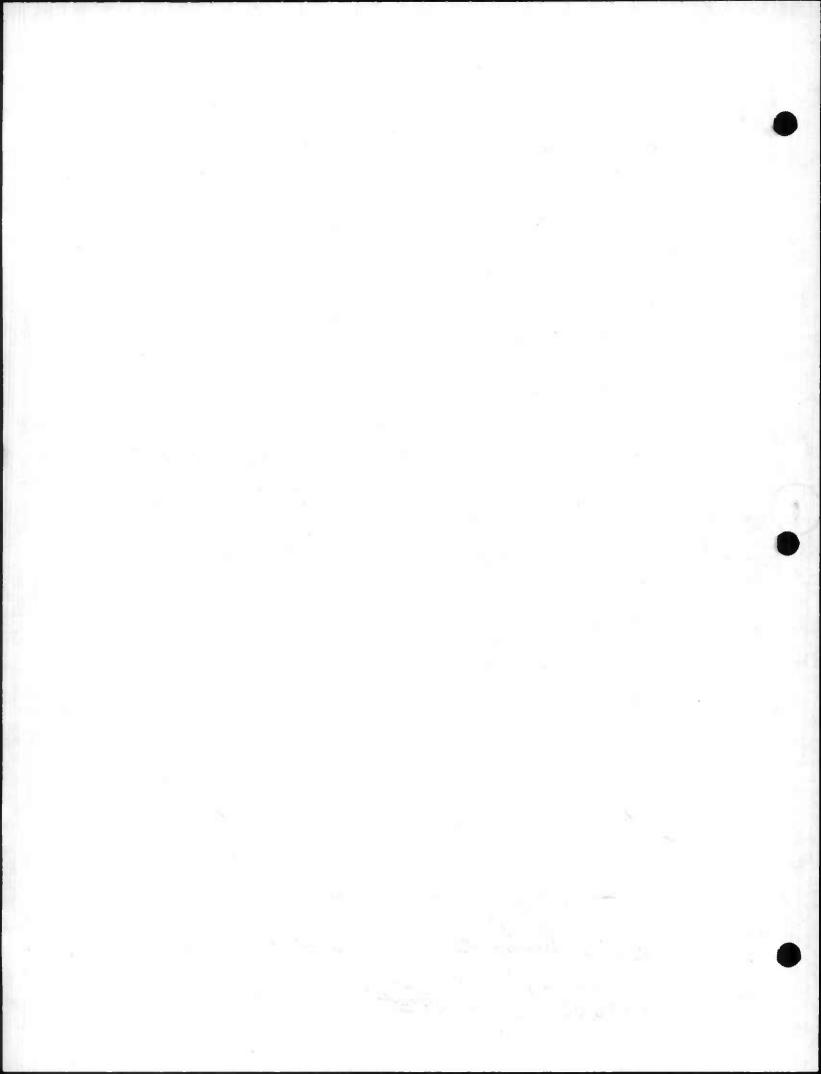
						Cert	ificate of	f Death		F	Reg. No.		W In		
Dhuaisia		1. Decedent's Neme (First, Midd	1							2. Data of Dea Month	_	,			of Death
Physicia /Medica		James A Re	gister,	SR.						09	O9		Year	4:	25 PM
Examine	_	4e. Facility Nama (If not institution	District Contracts	umber)		,		4b. City, To	own, or Loc	cation of Death	4c.	County	of Death		
		University of	Maryland	Medica	315	syste	m.		imor	e.		Ci	ty		
Funeral		5. Sociel Security Number 214 - 38 - 1923	6. Sax M 2□ F	7. Age (In yn	s. iest bir	thday)	If Under 1 Year Months Day		24 Hrs. Min.	8. Dete of Birtl (Month, Da)			9. Birthpiad Country		
Director		Usuei Residence of Decedant		)	6					09-0	1-4	0 1	Maryl	Lan	d
natural, or items 23a or 28a-f show deal Examiner must be notified at		10a. Stata 10b. County	,	10c. C	City, Tow	n or Loca	ation						10d	l. inside	City Limit
e pa	to	Md. Anne	Arundel		Pasa	ader	na							1 🗆 Y	as 210N
r 28a	100	10e. Street and Number					10f. Zlp Code				10g. Citi:	zen of W	/het Country	n	
230	3	2917 Dunga	ate Road	3			2	1122			U	SA			
= 5	ner	11. Meritel Stetus	12. Was Dec	cedant Ever in	U,S.	13. W	as Dacedant of Yes, specify Cu	Hispanic Or	igin? (Spe	cify Yas or No-			- Amarican		
al', or he Examine	by Funeral Director	1 Navar Marriad 2 Mar 3 Widowed 4 Divorced	ried 1 □ Yas	2⊠No iiva		1	Yas 2∭ N			rican, atc.)		Specify:	k, Whita, ato	nit	е
Seal	Completed	15. Deceder	nt's Education st grade completed	n	16a.	Deceda	nt's Usuel Occ	upation	at ad work in		16b. Kir	nd of Bus	sin <b>ass/ind</b> u	stry	
- Land	ple	Elemantary/Secondery (0-12)		(1-4or 5+)		iifa. Do	ind of work don O NOT usa retii	e duning mos	st or workin	19					
Con the	Con	8	Ö			pres	ssman				Qu	ebe	cro (	Co.	
d oth	Be	17. Fether's Nema (First, Middle,								(First, Middle,	Meiden	Sumeme	Θ)		
Men	2	Wilson		<u> </u>				Joa	anna	Sill					
alth and 27 is m or traum		19a. Informant's Name/Relations Carol M. Re		/ wife			Addrass (Street								
Department of Health and Mental Hygiene. Important: if them 23s or 28s-f show important: if them 27 is marked other than "natural", or flems to other traumatic event, the Medical Examinational to notified at once.		20a. Method of Disposition  1 Buriai 2 Cramation 4 Donation 5 Other (5		State	Piace of camatar	y, crame	ition (Nama of atory or other p	(ace)	9/1	Data 12/199			City or Town		
Departm importa any inju once.		21. Signature of Funarai Sarvice	-	10011	1		Nema and Add								0.1.1
		23a. Part1. Enter the disease, o shock, or haart failure. List	I SCE	TH	~		204 Mo					den		pproxin	
g physicia as the bur	Medical Examiner	rasulting In deeth)  Sequantially list conditions, if any, leading to immadiate cause. Enter Underlying Causa (Diseasa or Injury that initiated events resulting in death) Last		Due to  Due to	Incana .	conseque	anca of):	krm) c	l						
ed by the ettendin detached for use	Physician/	Part ti. Other eignificant condition	d.	doeth hut met a	a dime in	the week	to de la constant	han in Dad		02h Dide			tribute to th		a of door
signed by the	by Phys	Tarta. Other eignition to condition	one contributing to t	BBSIT DUI NOT TE	southly in	T (FIEL OFFIC	Janying Causa (	jivan in ran					3 Probal	1	Unkno
been sign should be										24a. Was a	an autop	osy	24b. Ware	able pri	or to
2 sh	D D										1		of de	sth?	of cause
ata has page 2	Completed									1 D Y	es 2	No	101	ras 2	ZNo
certificata has rector, page 2	Be	25. Wes casa referred to medica	i					28. Piec	e of Deeth	(Check only or	na)				
	9	axaminar?	Hospitel:	inpatient 2	⊒ ER/Ou	tpatient	3□ DOA	Wher:		ne 5 Resid		3 □Otha	ar (Specify)		
		27 Mannar of Death	28a. Date		28b. T	rima of	28c. inj		1	8d. Dascribe h					
ath. r: After ne fune	atlo	1 Naturel 5 Pandir 2 Accident invast	·B	nin, bay rour,		ijury		Yas 2	No						
Directo	Certification:	3 ☐ Suicide 6 ☐ Couid 4 ☐ Homicida datam	ined 288. Plac	a of injury - At ding, atc. (Spec	home, fa	rm, strae	at, fectory, offic	9	2	81. Location (S City or Tow			er or Rural F	Poute N	umber,
	edical C	29a. Cartifiar 12 Certifyir (Check only one) 4 Medicai	ng Physicien: To the Examiner: On that	a best of my kn basis of axamin	nowledga nation and	, daath o	occurred et the estigation, in my	time, dete er opinion, das	nd piece, e	nd due to the d	ause(s) lata and	and mar place, a	nner as state	ed. ne caus	e(s)
o the	Š Z	29b. Signatura and titia of certifia					29c. Lice	nsa number			29d. Dat	a signed	(Month, Da	y, Year	)
8 41		And the second of the second o	Pato, n	10. use of death (Ite 2 Sour			P	197	52		09-	09	-96		
10	-	30. Nama and addrass of person	who completed can	ise of death /ltr	am 23a) /	Tyne P	rint)	- / / -				- 1	1.0		
1			Patel 2	) C .	1111 208) ( LL	(	200 51	Ba 1	timos	e Mr	1.	21	201		
Stat	0	31. Deta filad (Month, Day, Yaar	33	Registral is Store	nature %	2-1-1	Sa JI.								
State	e	J. Dota mad prioriti, Day 1 aat	100	T. C. S. S. S. S. S. S. S. S. S. S. S. S. S.	Mary Co	G-PG-Ad-	200								

State of Maryland / Department of Health and Mental Hygiene

27360

							tificate o			Reg. No.		
hysician /Medical	n	1. Decedent's Name	(First, Middle, L CHARL		R.	ROBE	ΞY		2. Dete of Dec	-	996	3. Time of De 6 . 30
xaminer	r	4e. Fecility Neme (If n  165 SOUT  5. Sociel Security Num	th Meado	ow Drive		lest birthday)	If Under 1 Yea	4b. City, Town, or  Glen Bi	Location of Deeth	4c. Count	y of Daeth	rundel
ineral ector		218-14-16 Usuel Residence of D	580	1□M 2⊠F	71	Yrs.	Months Dey			,1924		plece (Stete or F intry) ryland
MO W	-		10b. County		10c. Cit	ty, Town or Loc	cation					10d. Inside City
to to	o l	Maryland	Anne	Arundel		Glen	Burnie					1 ☐ Yes 2
or 28	8	10e. Street end Numb	er				10f. Zip Code			10g. Citizen of	What Cou	intry?
23a	<u>a</u>	165 Sou	ith Mead	dow Drive			2:	1060			U.S.	Α.
d other than "natural, or fems 23s or 28s-1 show event, the Madical Examiner must be notified at Be Completed by Funeral Director	by rune	11. Marital Stetus  1 ☐ Never Married  3 ☐ Widowed 4		12. Wes Decede Armed Force 1 Tyes 2. If Yes, Give Year or Date	es? ⊠ No	If	Vas Decedent of Yes, specify Cu ☐ Yes 212 No	Hispenic Origin? (S ben, Mexican, Puer Specify:	Specify Yes or No- to Ricen, etc.)	14. Ra Bte Specil	ck, White	icen Indien, , etc. nite
ted at	Sied	(Specify	5. Decedent's E	Education rade completed)		16a. Deced	ent's Usuel Occ	upetion	ut la a	16b. Kind of B	Business/Ir	ndustry
rt, tre Madical	du	Etementery/Second	-	College (1-4	or 5+)			e during most of wo	rking			
marked other than imatic event, tre M						(	Office (				V.A.	
Ne ve	Ď	17. Father's Neme (Fi							me (First, Middle,		ne)	
metic To		19e, Informent's Nem	ard Gro		_	10h Mania	- Add (Char	Gert				
m 3		Reginal				1		etend Number or Ri Badow Dri				,
other traumatic		20a. Method of Dispos		- <u>1</u>	20b. P		sition (Neme of	sadow DLI	Dete	20c. Location		
y or 0		1 DBurial 2 0 4 Donetion 5	Cremetion 3 [ Other (Speci	- 1		cematery, crem	netory or other pi	ery Sept				
100	- 1	21 Signature of Europe						4 - 444				
any Injury or other tra		1 Jus	ral Service Lice	3cm	M	Mo		Funeral Ho		na.Marv	land	21122
100	-V	23a. Part1. Entar tha shock, or heart fo	08	John	sad the deeth	Mo	cCully E 204 Mour	Funeral Ho ntain Road	d Pasader		land	Approximete
ician dical niner		Tun	disaasa, or con eilura. List only	nplicetions that cause on each	fasi	Mo 32 th. Do not ente	CCUITY F 204 Mour or the mode of dy	Funeral Ho ntain Road	d Pasades or respiretory en		land	Approximete
ician dical niner Examiner		23a. Part1. Entar tha shock, or heart for Immediate Causa (Fir diseasa or condition resulting in daeth)	disaasa, or con eilura. List only	nplicetions that cause on each	0 fo 51	h. Do not ente	ccully F 204 Mour or the mode of dy wance of):	Funeral Hontain Road	d Pasades or respiretory en		land	Approximete
e as the burial-transit Medical Examiner		23a. Part1. Entar tha shock, or heart for Immediate Causa (Fir diseasa or condition	disaasa, or con eilura. List only nal itlons, ediate ing uny	nplicetions that cause on each	Due to (o	th. Do not ente	ccully F 204 Mour or the mode of dy uance of):	Funeral Hontain Road	d Pasades or respiretory en		land	Approximete
ning prysician and control of as the burial-transit under the burial-transit with the control of		23a. Fart1. Entar tha shock, or heart for disease or condition resulting in daeth)  Sequentietly list condition if any, leading to immedues. Enter Underly Ceuse (Disease or Injette initieted events	disaasa, or con eilura. List only nal itlons, ediate ing uny	nplicetions that cause on each	Due to (o	h. Do not ente	ccully F 204 Mour or the mode of dy uance of):	Funeral Hontain Road	d Pasades or respiretory en		land	Approximete
Physician/Medical Examiner		23a. Fart1. Entar tha shock, or heart for disease or condition resulting in daeth)  Sequentietly list condition if any, leading to immedues. Enter Underly Ceuse (Disease or Injette initieted events	disaasa, or con eilura. List only nal itlons, ediate ing ury	nplications that cau yone cause on each e	Due to (or	or as e consequence e conseque	ccully F 204 Mour or the mode of dy unance of):	Funeral Hontain Road	Pasader or respiretory en	rest,	entributa t	Approximate intervel Between Onset and De
be detached for use as the burial-transit  by Physician/Medical Examiner		23a. Fart1. Entar tha shock, or heart for diseasa or condition resulting in daeth)  Sequentietly list condition any, leading to immedues. Enter Underly Ceuse (Disease or Init) that initiated events resulting in death) Les	disaasa, or con eilura. List only nal itlons, ediate ing ury	nplications that cau yone cause on each e	Due to (or	or as e consequence e conseque	ccully F 204 Mour or the mode of dy unance of):	Funeral Hontain Road	Pasader or respiretory en	obacco usa co ∕es 2 □ No	ontributa t 3 □ Pro	Approximate intervel Betwee Onset and De 4/ y/S
mes con signed by the arealoning physician and property of the period by Physician/Medical Examiner		23a. Fart1. Entar tha shock, or heart for diseasa or condition resulting in daeth)  Sequentietly list condition any, leading to immedues. Enter Underly Ceuse (Disease or Init) that initiated events resulting in death) Les	disaasa, or con eilura. List only nal itlons, ediate ing ury	nplications that cau yone cause on each e	Due to (or	or as e consequence e conseque	ccully F 204 Mour or the mode of dy unance of):	Funeral Hontain Road	23b. Did to	obacco usa co 'es 2 No in autopsy med?	24b. Website of the control of the c	Approximate intervel Betwee Onset and De Ons
page 2 should be detached for use as the burial-transit  and page 2 should be detached for use as the burial-transit  Completed by Physician/Medical Examiner		23a. Fart1. Entar tha shock, or heart for diseasa or condition resulting in daeth)  Sequentietly list condition any, leading to immedues. Enter Underly Ceuse (Disease or Init) that initiated events resulting in death) Les	disaasa, or con eilura. List only nal iitlons, ediate ing ury st	pplicetions that ceury one ceuse on each	Due to (or	or as e consequence e conseque	ccully F 204 Mour or the mode of dy unance of):	Funeral Hontain Road ring, such es cerdial Can	23b. Did to 1 Years a perior	obacco usa co 'es 2 No an autopsy med?	24b. W	Approximete intervel Betwee Onset and De Jyrs  to the cause of the bably Jurian Vere autopsy find relieble prior to completion of ceudeeth?
director, page 2 should be detached for use as the burial-transit  To Be Completed by Physician/Medical Examiner		23a. Fart1. Entar tha shock, or heart for the shock, or heart for the shock, or heart for the shock, or heart for the shock, or heart for disease or condition resulting in death)  Sequentietly list condition and the shock of t	disaasa, or con eilura. List only nal iitlons, ediate ing ury st	pplicetions that ceury one ceuse on each	Due to (or Due to (or	or as e consequence e conseque	cCully F 204 Mour or the mode of dy uance of):  uence of):	Funeral Hontain Road ring, such es cerdial Can	23b. Did to 1 Yes 24e. Was a perior	obacco usa co 'es 2 No an autopsy med?	24b. Websel 24b. W	Approximate intervel Between Onset and De La La La La La La La La La La La La La
the funeral director, page 2 should be detached for use as the burial-transit and process are the burial-transit and process as the burial-tra		23a. Fart1. Entar tha shock, or heart for the shock, or heart for the shock, or heart for the shock, or heart for the shock, or heart for diseasa or condition resulting in death)  Sequentietly list condition resulting in death)  Sequentietly list condition resulting in death)  Ceuse (Disease or Injugate the shock of	disaasa, or coneilura. List only nal ittons, ediate ing ury st to madicel	b  c  d  Hospitel: 1   Inp.  28e. Date of It.  (Month, It.)	Due to (or Due to (or	or as e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or establishment of the consequence or establishment or establishmen	cCully F 204 Mour or the mode of dy uance of):  uence of):  derlying ceuse g 28c. Inju	Euneral Hontain Road ring, such es cerdial Road ring, such es cerdial Road ring, such es cerdial Road ring, such es cerdial Road ring, such es cerdial Road ring, such es cerdial Road ring, such es cerdial Road ring, such es cerdial Road ring, such es cerdial Road ring, such es cerdial	23b. Did to 1 Yes 24e. Was a perior	obacco usa co 'es 2 No an autopsy med?  es 2 No ne) ence 8 Oth	24b. Website of the series of	Approximate intervel Betwee Onset and De Con
the funeral director, page 2 should be detached for use as the burial-transit and process are the burial-transit and process as the burial-tra		23a. Fart1. Entar tha shock, or heart for the shock, or heart for the shock, or heart for the shock, or heart for the shock, or heart for diseasa or condition resulting in death)  Sequentietly list condition resulting in death)  Sequentietly list condition resulting in death)  Ceuse (Disease or Injugate the shock of	disaasa, or coneilura. List only nal iitions, ediate ing ury st	b  to b  b  c  d  Hospitel: 1   Inp. 28e. Date of It. (Month, It.)  28e. Place of St.	Due to (or Due to (or	or as e consequence or established or established o	cCully F 204 Mour or the mode of dy uance of):  uence of):  derlying ceuse g 28c. Injuly	Tuneral Hontain Road ving, such es cerdiad v	23b. Did to 1 Yes and the perior of the Check only or one 5 Resident to the control of the contr	obacco usa co  es 2 No  na autopsy med?  No ne) ence 8 Oth ow injury occur  treet and Numb	24b. Weve confidence (Special red	Approximete intervel Betwee Onset and De US of the cause
the funeral director, page 2 should be detached for use as the burial-transit and processing the funeral director, page 2 should be detached for use as the burial-transit and processing the funeral director. To Be Completed by Physician/Medical Examiner		23a. Part1. Entar tha shock, or heart for the shock, or heart for disease and condition resulting in deeth)  Sequentietly list condition resulting in deeth)  Sequentietly list condition resulting in deeth)  Ceuse (Disease or Inition for the sequence of t	disaasa, or conellura. List only nal  ittons, ediate ing ury st  It to madicel  5   Panding Investigatio 6   Coutd not be determined	hoplications that cau, yone cause on each a.  b. c. d. contributing to death and the contributing to death and the contributing to death and the contribution are contributions. The contribution are contributions and the contributions are contributions and the contributions are contributions. The contributions are contributions are contributions are contributions are contributions. The contributions are contributions are contributions are contributions are contributions.	Due to (or Due to (or	ER/Outpatient 28b. Time of fnjury wiedoe, deeth	CCUITY F 204 Mour or the mode of dy uance of):  uence of):  derlying ceuse g 28c. Inju W M 10 11c.  11	Tuneral Hontain Road ving, such es cerdiad v	23b. Did to 1 Y 24e. Was a performance of the control of the contr	obacco usa co es 2 No en autopsy med?  es 2 No ence 8 Oth ow injury occur treet and Numb n, Stete)	24b. Weve confidence (Special Confidence of Rural Confidence of Ru	Approximete intervel Betwee Onset and De Ons
To Be Completed by Physician/Medical Examiner		23a. Part1. Entar tha shock, or heart for the shock, or heart for disease or condition resulting in death)  Sequentietly list condition resulting in death)  Sequentietly list condition resulting in death)  Sequentietly list condition resulting in death)  Ceuse (Disease or Injusted in the initieted events resulting in death) Les  Pert ft. Other signification of the sequence of the	disaasa, or coneilura. List only nal iitlons, ediate ing ury st  int conditions of Investigatio 6 Could not b determined Certifying Ph Medicaf Exam	hoplications that cau, yone cause on each of the cause on each of the cause on each of the cause	Due to (or Due to (or	ER/Outpatient 28b. Time of fnjury wiedoe, deeth	ccully F 204 Mour or the mode of dy uance of):  uence of):  derlying ceuse g 28c. Inju W M 10  et, factory, office occurred at the t estigetion, in my	Tuneral Hontain Road ving, such es cerdiad v	23b. Did to 1 Yes and the Check only or or or or or respiretory end 24e. Was a perfor 1 Yes the Check only or or own 28f. Location (S City or Town, end due to the correct et the time, described to the correct et the correct	obacco usa co es 2 No en autopsy med?  es 2 No ence 8 Oth ow injury occur treet and Numb n, Stete)	24b. Wence of Special and the send due to	Approximate intervel Betwee Onset and De Con

State Registrar



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. 96-5132-510 ITEMS: 23 PART I, 27, 510 ITEMS: 23 PART I, 27. State of Maryland / Department of Health and Mental Hygiene 28a-f, PER MED FILM g-739 9/27/96 t.t CIP Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Death 3 Time of Death **Physician** SEPTEMBER 10, Yaa 1996 12:43PM DEBORAH ANN SERIO /Medical 4a. Fecility Nama (If not institution, give straat and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner WOODED AREA 200 BLOCK STONECROFT AVENUE BALTIMORE N/A 5. Social Sacurity Number If Undar 1 Yaar If Under 24 Hrs.

Months Deys Hours Min. 8. Data of Birth Month, Day, Yaari DEC 06, 1952 7. Age (In yrs. last birthday) 9. Birthplace (Stata or Foreign Country)
Maryland **Funeral** Deys 1 ■ M 2 □XF 213-60-4311 43 Director Yrs Usuel Rasidance of Dacedant r 28a-f show 10a State 10c. City, Town or Location 10d. Insida City Limits Maryland N/A Baltimore Director 1 Yas 2 No 10e. Street end Number 10f. Zlp Coda 10g. Citizan of What Country? ms 23a or with 224 Stonecraft Rd., Apt. F 21229 USA Funeral Hems 2 12. Was Decedent Evar In U.S. Armad Forcas? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indien, the Medical Examiner Black, White, etc. filed within 72 hours after 1 Navar Married 2 Married 1 ☐ Yes 217 No If Yas, Giva X Yaar or Dates: 21215-0020 ò 1 ☐ Yas 2 No Specify: White Completed by 3 ☐ Widowed 4 ☐ Divorced "natural" 16a. Decedant's Usuel Occupetion (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education 16b. Kind of Business/Industry (Specify only highest grada complated) Residential Hygiene. Elamentary/Secondary (0-12) Collaga (1-4or 5+) House Cleaner Cleaning Service other Baltimore, Maryland 17. Fether's Nama (First, Middle, Last) Peges 1 and 2 should be fill ment of Health and Mental Heart: If Itam 27 is marked oth hiry or other traumstic even 18. Mothar's Name (First, Middle, Maidan Sumama) Carmelo G. Serio Nancy L. Hill 19e. Informant's Name/Reletionship (Type, Print) 19b. Mailing Addrass (Street end Number or Rural Routa Number, City or Town, Stata, Zip Coda) Joseph D. Serio/brother 602 S. Rolling Rd. Catonsville, MD 21228 20a. Mathod of Disposition
1 □ Burial 2 □ Crametion 3 □ Ramovel from Stata 20b. Place of Disposition (Nama of cemetery, cramatory or other place) Data 20c. Location - City or Town, Stata permit. Pege Department of Important: If any Injury or once. Metro Crematory, Inc. 09/12/96 4 ☐ Donation 5 ☐ Othar (Specify) Baltimore, MD 21. Signature of Funaral Service Licansee 22. Name and Addrass of Facility Cremation Society of Maryland, Inc. George E. MacNabh

299 Frederick Rd. Baltimore, MD 21228

23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cardiac or respiretory errest, and the control of the control Approximete Intarval Batween Onset and Daath Physician Immediata Causa (Final AMITRIPTYLINE! AND ALCOHOL INTOXICATION disaasa or condition rasulting in daath) Examiner Dua to (or as a consequence of) The law requires that the death certificate be executed Sequantially list conditions, if any, laading to immadiata causa. Entar Undarlying Cause (Disaase or Injury that initiated avants resulting in death) Last and Dua to (or as a consequence of): burial-Ira P.O. Box 68760, rsician Physician/Medical the Dua to (or as a consequance of) phys Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by the 1 Yee 2 No 3 Probably 4 Unknown Division of Vital Records, þ been significant Completed 24b. Were autopsy findings evallable prior to 24e. Was an autopsy completion of cause of death? 1 Yas 2 □ No certificate Attending Physician: Be 25. Was casa rafarrad to madical 26. Placa of Death (Check only ona) WOODED Other: 4 Nursing Homa 5 Residence 6 NOther (Specify) AREA Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpatiant 3 ☐ DOA 1XX as 2 □ No 10 this 27. Mannar of Death Certification: 28a. Data of Injury (Month, Day Year) 28b. Tima of 28c. Injury at Work? 28d. Dascribe how injury occurred After 5 Panding 1 Natural FOUNDY 1 Yas 2 No death. SUBJECT INGESTED ALCOHOL AND DRUGS Invastigation 2 Accidant OUND 9/10/96 s after death the 12:30 6 Could not be datarmined 3XX Sulcide 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 200 BLOCK STONECROFT 28a. Place of Injury - At home, ferm, streat, factory, offica building, atc. (Specify) à 4 Homicida ঠ FOUND IN WOODED AREA ROAD To the Hospital within 24 hours a To the Funeral C Medical 29a. Cartifier 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

Predical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and manner stated. (Check only 29b. Signatura and titla of certifiar 29c. Licansa number 29d. Deta signad (Month, Dey, Year) Margine Bul O.C.M.E. SEPTEMBER 11, 1996 30. Nama and address of person who complated causa of death (Itam 23a) (Type, Print) MARGOURD L. ICOURL IND
31. Dete filed (Month, Day, Year)
SEP 13 1996
32. Begin 111 Penn Street, Baltimore, Maryland 21201 32. Registrar's Signetura State ina Davidson

DHMH 16 Rev 6/95

Registrar

## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death

1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Month 30 96 Severe 70 H /Medical am 4s. Facility Name (If not institution give street end number) or Location of Death 4b. City, Town, 4c. County of Death Examiner Medica Maryland 45 teth 30 timora niversity Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. 8. Dete of Birth (Month, Dey, Year) 9. Birthplace (State or Foreign Country) **Funeral** Days 1⊠M 2□ F Hours 218-28-6165 63 Director JULY 16, 1933 Maryland Usuei Residence of Decedent 10a State 10b. County 10c. City, Town or Location r 28s-f show chotified at 10d. Inside City Limits the Maryla Maryland N/A 1X Yes 2 No Directo Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? d other than "natural", or items 23s or event, the Medical Examiner must be r 207 W. McComas Street 21230 USA Funeral 12. Was Decedent Ever In U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Rsce - American Indian, Bleck, White, etc. 72 hours after 1 Never Married 2 Married Yes 2 No Baltimore, Maryland 21215-0020 1 ☐ Yes 2 TNo 3 ☐ Widowed 4 ☐ Divorced Specify: White à Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filled within Department of Health and Mental Hygiene Important: If them 27 is marked other than "n any injury or other traumatic award the 21. Elementary/Secondary (0-12) College (1-4or 5+) 10 Cook Restaurant 18. Mother's Name (First, Middle, Maiden Sumeme) 17. Father's Name (First, Middle, Last) Be Norman McKinley Severe Margaret Evelyn Gray 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 207 W. McComas St. Billie Bettina Severe/daughter Baltimore, MD 21230 20b. Piace of Disposition (Neme of cemetery, cremetory or other piece) 20c. Location - City or Town, Stete 20a. Method of Disposition 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) Metro Crematory, Inc. 09/11/96 Baltimore, MD 21. Signature of Funeral Service Licensee 22. Name and Address of Facility Cremation Society of Maryland, Inc. George E. MacNabb 299 Frederick Rd. Baltimore, MD 21228 23e. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feilure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** /Medical Immediate Cause (Finel disease or condition resulting in death) ev Examiner Due to (or as a consequenca of): physician and s the burief-trans Sequentially list conditions, if sny, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in death) Last Due to (or as a consequence of): Box 68760 90 Physician/Medical Due to (or as a consequence of): 9 attending use jo Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part t. Records, P.O. the 23b. Did tobacco use contribute to the cause of death? signed by ti 1 Tes 2 No 3 Probably 4 Unknown by 24b. Wera sutopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed peed page 2 1 ☐ Yes 2 No 1 ☐ Yes 2 ☐ No certificate Division of Vital or Attending Physician: after death.

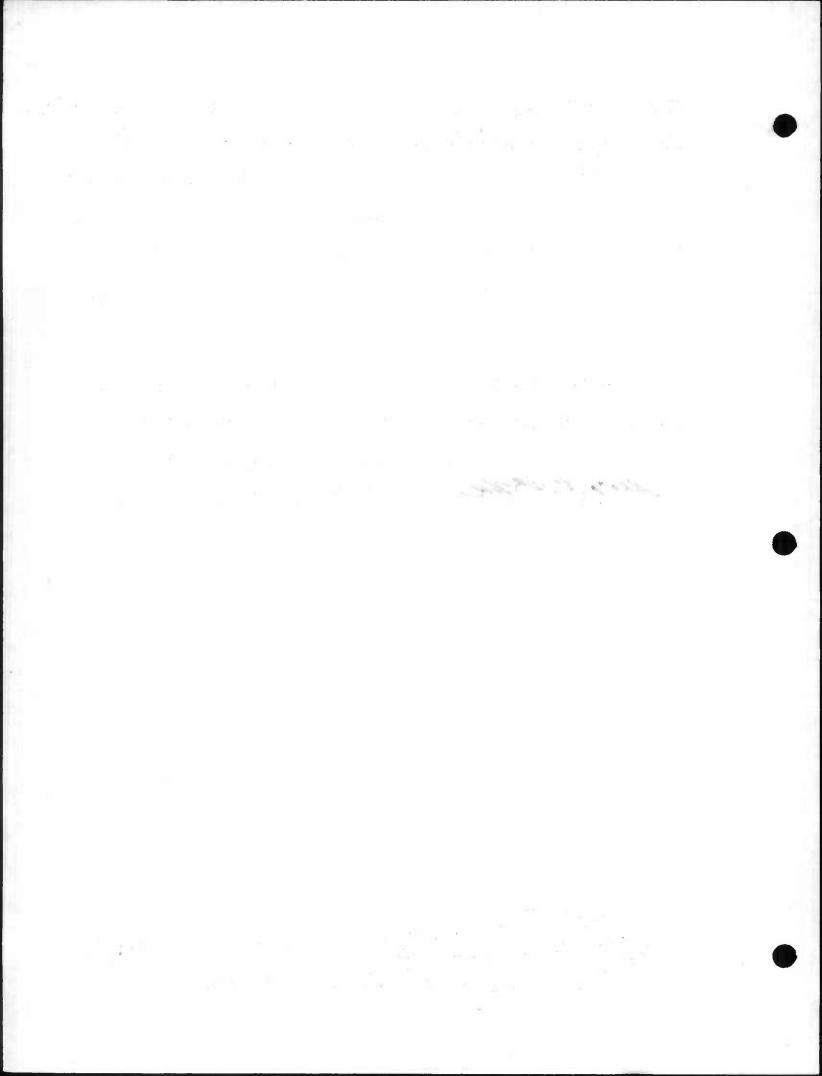
Director: After this certifica 25. Wes case referred to medical Be 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) To 1 Yes 2 No 1 ☐ Inpatient 2 ER/Outpatient 3 ☐ DOA funeral 28a. Dete of injury (Month, Day Year) 27. Manper of Death Certification: 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 1 Naturai 5 Pending 1 ☐ Yes 2 ☐ No investigation 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) Place of Injury - At home, farm, atreet, factory, office building, etc. (Specify) in by 4 Homicide To the Hospies.

within 24 hours after
To the Funeral Dir. 29a. Certifier Certifying Physicien: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. Medical (Check only one) On the besis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) 29b. Signature a 29d. Date signed (Month, Dey, Year) water 96 D46612 iss of person who completed cause of death (Item 23a) (Type, Print) Balto, Md 2/201 roma 31. Date filed (Month, Dey, Year) SEP 1 3 1996 32. Registrar's Signature

ina Davidson

Registrar

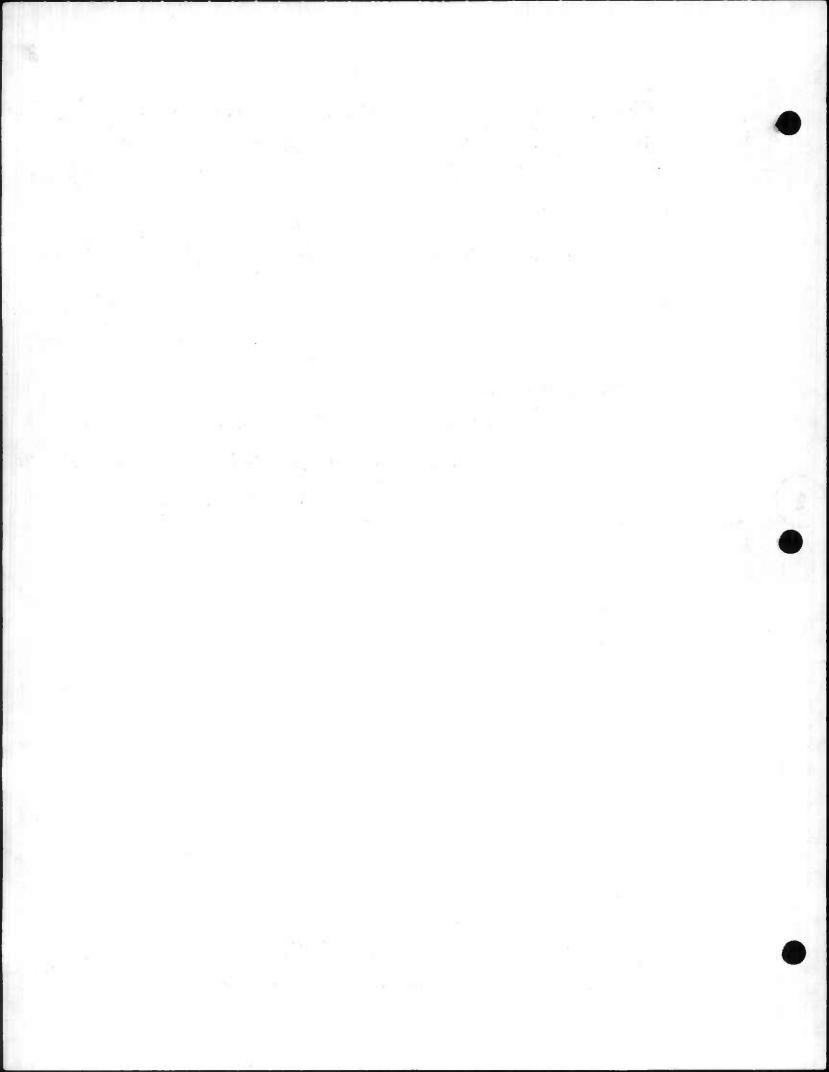
State MH 16 Rev 6/95



# Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Manyland / Department of Health and Mental Hydiene

27363

			Otato of marylar		ite of Death	i wentan m	Reg. No.	20 2	1303
Physici /Medi Examir	al	Decedent's Neme (First, Middle, La     V     V     4e. Facility Neme (If notyingtitution, give	Bonzella	Sper	4b. City, Town, o	2. Dete of D	. 98	1996	Time of Deeth
دFuneral Director		5. Social Security Number 6.	Ider Care	. last birthday)   If Und Month	er 1 Year If Under 24 Hr	timon	0)	MD	e (State or Foreign
Maryland a-f show	ctor	10e. State 10b. County	10c. C	ity, Town or Location	Park				inside City Limits
s 1 and 2 should be filed within 72 hours after death with the Maryland if Heath and Mental Hygiane. If metalt and Mental Hygiane. Item 27 Is merked other than "natural", or items 23e or 28e-f show other traumatic event, the Madrall Examinations in Littled at	Funeral Director	10e. Street end Number  10 O MCH  11. Marital Status	SAO Dri	J.S. 13. Wes Dec	Cip Code 2114Le edent of Hispanic Origin?	/Specify Yes or N	Unit	Whet Country?	tutes
hours after ural', or ite	by	1 Never Married 2 Married 3 XWidowed 4 Divorced	Armed Forces?  1 Yes 2 No If Yes, Give Yeer or Detes:	if Yes, sp	2016 Specify:	èrto Rican, etc.)	Specify	010	ack
filed within 72 hours after Hygiane. ther than "natural", or fle int, the Medical Examine	Completed	15. Decedent's Et (Specify only highest gre Elementary Secondary (0-12)	College (1-4or 5+)	16e. Decedent's Us (Give kind of v life. DO NOT	uel Occupetion york done during most of w use retired)	rorking	16b. Kind of B	usiness/Indust	ry
2 should be fill and Mental Hy Is marked oth aumetic even	To Be	17. Father's Mame (First, Middle, Last)	Williams	19h Mailing Addre	18. Mother's No	Sophe	a Ha	ll	dol
es 1 and 2 s of Haalth ar I item 27 is r other trau		20e. Method of Disposition	Brown - J	Whin Q Plece of Disposition (N cemetery, crematory or	100 N	letis Dete	2 Drive	e, 3e1	vena Pank
permit. Pages 1 s Department of Ha Important: if item any injury or othy		4 Donetion Other (Specification 2). Signature of Funeral Service Licenses		D. Notic	mad (Pm) and Address of Fecility	9-14	Anne	Anun	dalCo. M
		23a. Part 1. Seef the decale, or com shock, or heart falure. List only	the thet caused the dee	th. Do not enter the mo	ode of dying, such es cerdi	ec or respiretory	OIE. C	yorth Applications	proximete ervel Between eset end Deeth
Physician /Medical Examiner	er	immediete Ceuse (Finei diseese or condition resulting in deeth)	e. Prol	oalde or es e consequence of	cardia c	arrh	thma	Con	entrute
death certificata be executed e attending physician and of for use as the bunal-transit	Medical Examiner	Sequentially list conditions, if eny, leeding to immediate ceuse. Enter Underlying Ceuse (Disease or injury that initiated events resulting in deeth) Lest	c. Due to (c	or es e consequence of	rellitre	en ar	teny di	ease.	years several
that the death cer ed by the attendin detached for use	Physician/Medical	Pert II. Other significant conditions of	d	sulting in the underlying	ceuse given in Pert I.		tobacco use co		cause of death?
requires been sign should be	Completed by					24e. We	s en eutopsy formed?	evailab	autopsy findings ble prior to stion of cause th?
	Be Com	25. Wes cese referred to medical			On Pierre of D	1 □	Yes 22No	1 □ Ye	s 2 No
0 0	To B	exeminer? 1 Yes 2 No		ER/Outpetient 3 0	Other:		idence 6 Oth	er (Specify)	
I or Attending Ph after death. Director: After thi d in by the funeral	Certification:	27. Menner of Death  1 Neturei 5 Pending 2 Accident investigation 3 Suicide 6 Could not be		28b. Time of injury M	28c. Injury et Work? 1 Yes 2 No		how injury occur		
To the Hospital or Att within 24 hours after do To the Funeral Direct completaly filled in by		4 Homicide determined	28e. Plece of injury - At h building, etc. (Special			City or To	(Street end Numb own, State)		
in 24 ho in 24 ho he Fun pietaly	edicai	(Check only one)	veician: To the best of my kno inar: On the besis of examine end menner stated.	tion end/or investigetio	n, in my opinion, deeth occ	curred et the time	date end place,	enner es steted end due to the	ceuse(s)
To the Within 2 To the comple	2	29b. Signature end title of certifier	0 .	29	oc. License number	~	29d. Date signe	d (Month, Day,	Year)
./		Jerry D	Skarlek	J. W.D.	D277(	o'l	09-1	0-9	6
5		30. Name and address of person who o	completed cause of deeth (iter	n 23e) (Type, Print)	18 B+A	Blu	d. Pass	de	MD
Star Registra		31. Day filed (Month, Dey, Year)	32 Registrer's Signe	oture Randa Me			10.30	- way	



item# 19a,19b, filmg 738, tate of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** Month 1996 Orra B. Starnes 8:33 PM /Medical 4e. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Meridian Healthcare Center at Brightwood Brooklandville Baltimore County If Under 1 Year If Under 24 Hrs. 8. Dete of Birth
Months Deys Hours Min. June 1, 9. Birthpiece (State or Foreign Country) Virginia 5. Sociel Security Number 7. Age (In yrs. last birthday) **Funeral** 1□ M XX F 220-07-1392 Director Usuei Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f ahow must be notified at XX Yes 2□No Director Maryland Baltimore County Brooklandville 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 6 21093 U.S.A. itams 23a 515 Brightfield Road Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 10 No 1f Yes, Give Yeer or Detes: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Black, White, etc. permit. Pages 1 and 2 should be filed within 72 hours after c Department of Heelth end Mentel Hygiene. Important: If item 27 is marked other than "natural". A ships of other traumatic avairs. 1 ☐ Never Merried 2 ☐ Married 1 ☐ Yes 21/21/No Specify: Specify: White by 3 (NVidowed 4 ☐ Divorced Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Elementery/Secondery (0-12) College (1-4or 5+) Lord Baltimore Hotel 6 Waitress 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Surname) Be Cornellia Redman Douglas Redmon 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 381.0 REFCH AVENUE 19e. Informent's Neme/Reletionship (Type, Print)
JOHN E. STARNES (SON) 3510 Roland Avenue, Baltimore, MD 21211
ace of Disposition (Name of Dete 20c. Location - City or Town, State Pete Starnes (Son) 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition X⊠ Burial 2 ☐ Cremetion 3 ☐ Removel from State Meadowridge Memorial Park 9/16/96 Elkridge, Maryland 4 ☐ Donetlon 5 ☐ Other (Specify) 22. Neme end Address of Fecility 21. Signeture of Funeral Service Licenses A. Alan Seitz, Jr. Funeral Home 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Baltimore, MD 21211 interval Between Onset and Death Physician /Medical Immediate Cause (Final Aspiratur cule reumania disease or condition resulting in deeth) Examiner Due to (or as a consequence of) Examiner The law requires that the death certificeta be executed Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last and Due to (or as a consequence of) -leind P.O. Box 68760. physician Physician/Medical the Due to (or es a consequence of) attending p Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by t 1 □ Yes 2 ☑ No 3 Probably 4 Unknown emented Records, þ cate has been sig 24b. Were autopsy findings available prior to Completed 24a. Wes en autopsy performed? completion of cause of death? certificate 1 Yes 2 No 1 ☐ Yes 2 ☐ No Division of Vital Hospital or Attanding Physicien: 24 hours after deeth. director 25. Wes case referred to medical examiner? Be 26. Place of Deeth (Check only one) Other: Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Yes 2 No 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 28a. Dete of Injury (Month, Dey Year) 27. Menner of Deeth 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work? After 1- Neturel 5 Pending 1 ☐ Yes 2 ☐ No investigetion 2 Accident Director: / 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Piece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide To the Hospital within 24 hours a To the Funeral C completely filled Filled Certifying Physician: To the best of my knowledge, death occurred et the time, dete end plece, end due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, dete end place, and due to the cause(s) end menner stated. edicai 29e. Certifier 29b. Signature and title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) D23076 9-13-96 30. Name and address of parson who completed cause of deeth (Item 23e) (Type, Print) SICHARO 21211 >1Amas 31. Dete filed (Month, Day, Year) 32. Registrer's Signeture State Lika Davidson-Randalle Registrar

\* E

State of Maryland / Department of Health and Mental Hygiene 27365 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Clifton Stringer, Jr. September 8, 1996 10A.M. 4a. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Anne Arundel Medical Center Annapolis Anne Arundel | If Under 1 Yeer | If Under 24 Hrs. | 8. Dete of Birth | Months | Deys | Hours | Min. | (Month, Dey, Year) 7. Age (In yrs. last birthdey) Birthpiece (State or Foreign Country) 1 X M 2 □ F **78** Yrs. April 17,1918 Massachusetts Usuel Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 No Anne Arundel Annapolis 10f. Zip Code 10g. Citizen of What Country? 1282 Graff Court, #2-B 21403 USA 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. Rece - American Indian, Bieck, White, etc. 1 ∑Yes 2 □ No 1942 If Yes, Give Yeer or Detes: 1947 1 Never Merried 2 Married 1 ☐ Yes 2 ☑ No Specify: White 3 ₩ Widowed 4 Divorcad 1947 16a. Decedent's Usuei Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Eiementery/Secondery (0-12) College (1-4or 5+) Golf Course Unavailable Greenskeeper 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surneme) Erford Clifton Stringer, Sr. Salome (Unavailable) 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Son Erford Clifton Stringer, III 4 Rose Street, Laurel, Maryland 20b. Piece of Disposition (Neme of cametery, cremetory or other piece) 20c. Location - City or Town, State Dete 1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) Baltimore-Washington Cr. 9/11/96 Laurel, Maryland 21. Signeture of Funerei Service LA 22. Neme end Address of Fecility Fleck Funeral Home, Inc. 7601 Sandy Spring Road, Laurel, Maryland 20707
Approximete Approximete 23a. Part1. Enter the disease, or compleshock, or heart feilure. List only or Approximete Intervei Between Onset and Death Due to (or es e consequence evere Due to (or es e consequenca of) Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 No 3 Probably 4 Unknown 24b. Were eutopsy findings available prior to completion of cause of death? 24e. Wes an autopsy performed? 1 🗆 Yes 2 0 No 25. Wes case referred to medicei examiner? 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Appatient 2 ER/Outpatient 3 DOA Dete of injury (Month, Dey Year) 28d. Describe how injury occurred 28b. Time of 28c. Injury et Work? 5 Pending 1 ☐ Yes 2 ☐ No investigetion Piece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete)

The law requires that the death certificate be executed Division of Vital Records, P.O. Box 68760,

Examiner Examine physician and s the burial-transit Physician/Medical ettending p signed by the e by should I Completed i certificate hes t lirector, page 2 s Hospital or Attending Physician: 1 24 hours efter death. Funeral Director: After this certifica elely filled in by the funeral director, p Be in 24 hour.
The Funerel Directified in b To the Hosp within 24 ho To the Fune completely fi

**Physician** 

/Medical

Examiner

**Funeral** 

Director

7 is marked other than "natural", or items 23a or 28a-f ahow traumatic event, ore Med cal Examiner man be notified at

permit. Peges 1 and 2 should be filed within 72 hours after death v Department of Heelth and Mentel Hygiene. Important: if Item 27 is marked other than "natural", or items 23a eny injury or other traumatic event, the Institute of them 23a once.

**Physician** /Medical

with the Marylend

Erford

5. Sociel Security Number

10a. Stete

Maryland

11. Meritel Status

10e. Street end Number

Unavailable

20a. Method of Disposition

immediate Cause (Finel disease or condition resulting in death)

Sequentielly list conditions, if eny, leading to Immediate cause. Enter Underlying Cause (Disease or injury that initieted events resulting in deeth) Lest

1 Yes 2 No

27. Menner of Deeth

1 Difaturei

Accident

Director

Funeral

by

Completed

2

033-05-7246

State Registrar

Certification: To 6 Could not be determined 3 Suicide 4 Homicide 1 Cortifying Physician: To the best of my knowledge, deeth occurred at the time, date and piece, and due to the cause(s) and manner as stated.

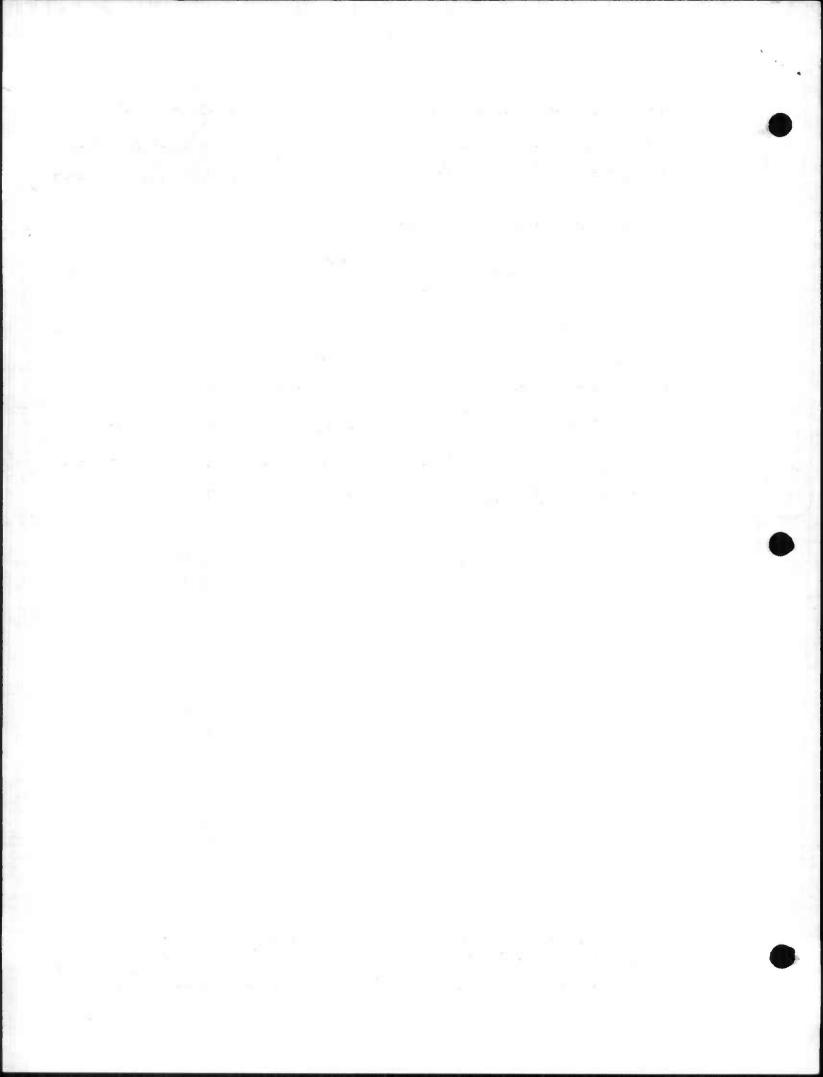
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and piece, and due to the cause(s) and manner stated. edical 29e. Certifier (Check only one) 29b. Signeture end title of certifier 30. Name a 31. Dete filed (Month, Day, Year)

29c. License number

29d. Dete signed (Month, Day, Year)

address of person who completed ceuse of deeth (item 23e) (Type, Print)

32. Registrer's Signature



State of Maryland / Department of Health and Mental Hygiene Certificate of Death

27366

Physician
/Medical
Examiner

Director

Funeral

þ

Completed

Be

1. Decedent's Name (First, Middle, Last)

2. Dete of Death

Day

3. Time of Death 10:37 pm

10d. Inside City Limits

1 Yes Z No

Maryland

White

**Funeral** 

Director

10a State Md.

the Maryland 7 is marked other than "naturel", or items 23a or 28a-f show traumatic event, the Medical Examiner frust be notified at death 72 hours efter "naturel", Hygiane.

Baltimore, Maryland 21215-0020

**Physician** /Medical Examiner

The law requires that the death certificate be axecuted and Box 68760, attending physician for use as the burie P.O. 1 ed by the a signed b Records. page 2 s certificate of Vital or Attending Physician: director. After this the funeral Division death. 24 hours after deat Funeral Director: In by t

Completed

Be

2

Certification:

Medical completely

State Registrar

Pages 1 and 2 should be filed in ent of Haaith end Mental Hygicant: If Hem 27 is marked other Department or important: If any injury or

September 7, 1996 Randall SACILOTTO 4a. Fecility Name (If not Institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Franklin Square Hospital Rossville Baltimore County If Under 1 Year If Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. lest birthday) 8. Date of Birth NOV • 14, 1946 Birthpiece (State or Foreign Country) Deys Hours Months 213-50-8225 1 XM 2 □ F 49 Yrs Usual Residence of Decedent 10b. County 10c. City, Town or Location **Baltimore** Essex 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 318 Oberle 21221 USA Ave. 12. Was Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status 14. Rece - American Indian. Bleck, White, etc. I ☐ Yes 2 No If Yes, Give Year or Dates: 1 Never Married 20 Married 1 Yes 2X No Specify: Specify: 3 Widowed 4 Divorced 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 5+ Medalorgist Steel Industry 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Frederick Sacilotto Jane Branlett 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Frederick Sacilotto 351 Montrose Ave. Baltimore MD. 21221 20b. Place of Disposition (Neme of cemetery, cremetory or other pleca) 20e. Method of Disposition 20c. Location - City or Town, State 1 XBurial 2 Cremation 3 Removal from State 9/11/96 4 ☐ Donation 5 ☐ Other (Specify) Oak Lawn Cemetery Baltimore Md. 21. Signature of Funeral Service Licenses 22. Name and Address of Fecility Connelly Funeral Home of Essex 23a. Pert1. Enter the disease, or complications that caused the death op not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one ceuse on each line. Immediate Cause (Final Hepatorenal Syndrome disease or condition resulting in death) Due to (or as e consequenca of): Alcoholic Liver Disease Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in deeth) Last Due to (or as a consequence of) Due to (or es a consequence of)

Physician/Medical Pert II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I.

Sepsis, Gastrointestinal Bleeding, Atrial

Fibrillation

23b. Did tobacco use contribute to the cause of death? 1 Yee X⊠ No 3 Probably 4 Unknown

24a. Wes an autopsy performed?

24b. Were eutopsy findings available prior to completion of cause of death?

Approximate Interval Between Onset and Deeth

20 years

1 week

1 ☐ Yes 25 No 26. Place of Deeth (Check only one)

1 ☐ Yes 2 ☐ No

25. Was case referred to medical 1 Yes 2 No 27. Manner of Death

5 Pending investigation 6 Could not be determined

Date of Injury (Month, Dey Year)

Hospital: 2 ER/Outpatient 3 DOA 28b. Time of

28c. Injury at Work? 1 ☐ Yes 2 ☐ No

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how injury occurred

(Check only one)

X Natural

2 Accident

3 ☐ Suicide

4 Homloide

\*\*E Certifying Physician: To the best of my knowledge, death occurred at the time, date end pleca, end due to the ceuse(s) and manner es stated.

2 Medical Examiner: On the basis of exeminetion end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) and menner stated.

29b. Signature ap title of certifier

MO

P01914

29c. License number

29d. Date signed (Month, Dey, Year) 17196

28f. Location (Street and Number or Rural Route Number, City or Town, Stete)

30. Name and eddress of person who completed cause of death (Item 23e) (Type, Print)

Rima Couzi MD 9000 Franklin Square Drive, Baltimore, Maryland 21237

28e. Placa of Injury - At home, ferm, street, fectory, offica building, etc. (Specify)

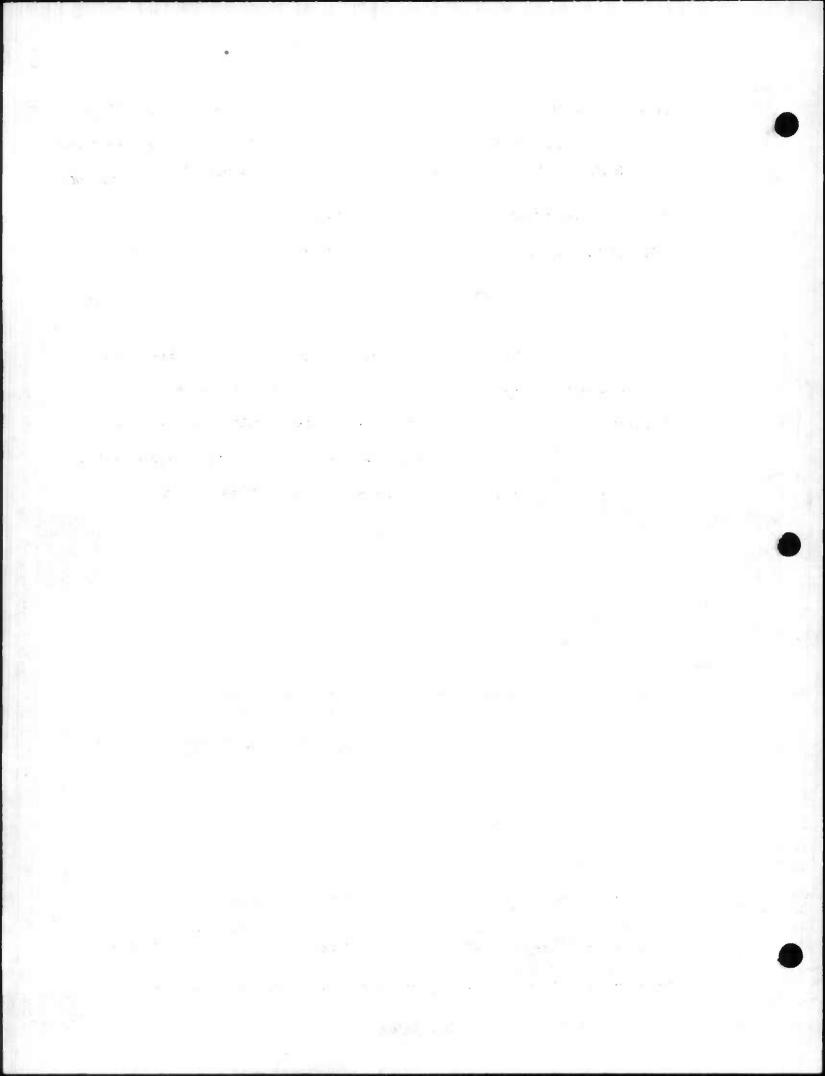
31. Date filed (Month, Dey, Year)

32. Registrar's Signature

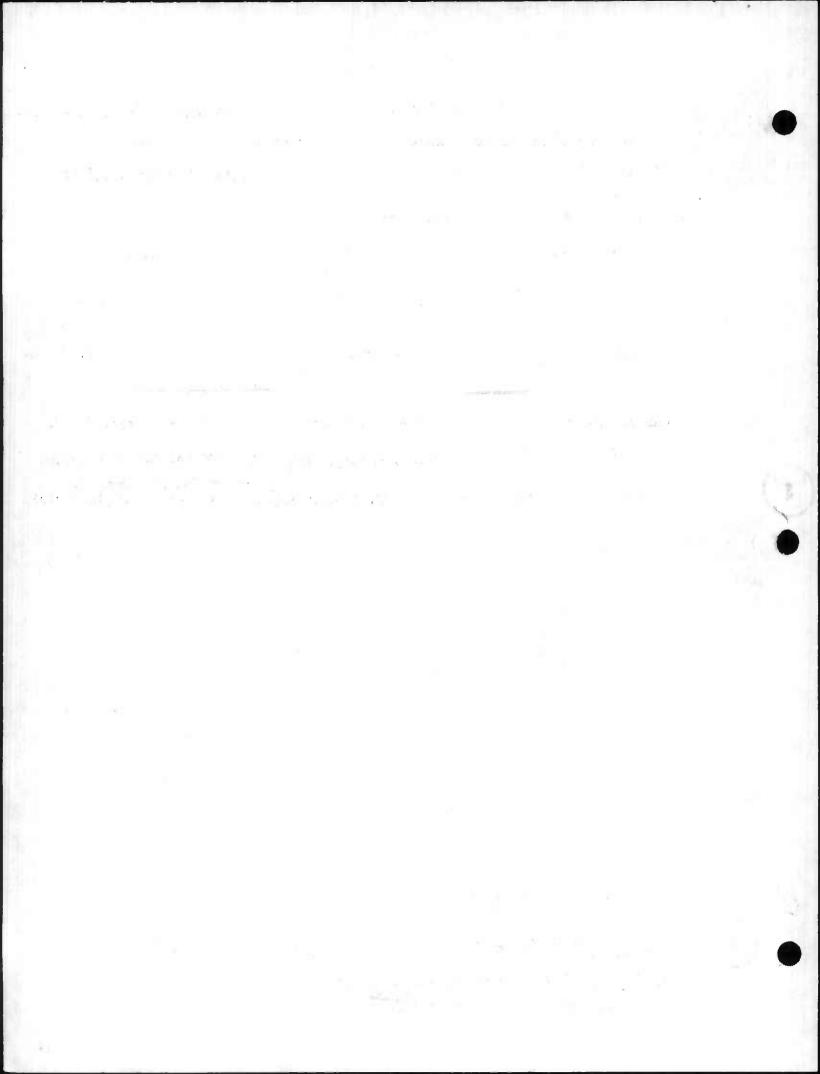


Hospital

To the within 2



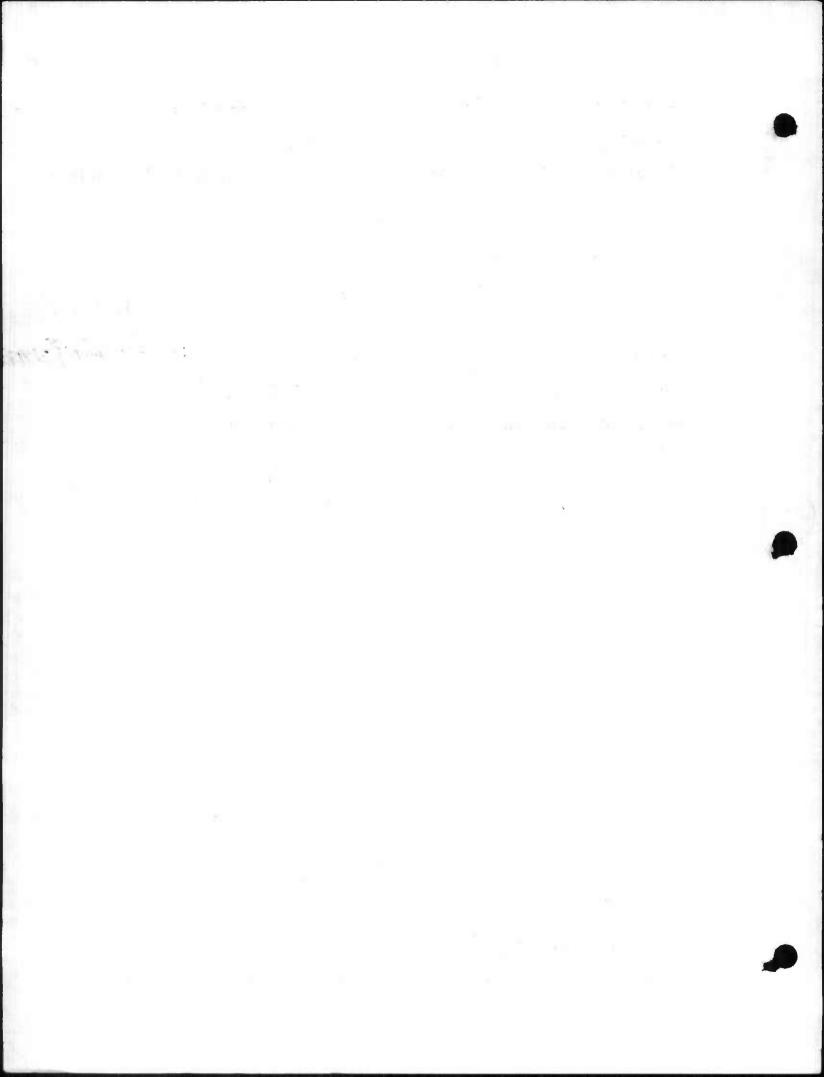
	. 11	. FILM#G740 10/15/96  1. Decedent's Neme (First, Middle			CE	ertificat	e oi	Deam	-	2. Dete of De	Reg. No.		O Time of Death
Physici	an	T. Doodoon a trotto (1 hat, maak		rood L.	Turne	r				Month	Dey	Yeer	3. Time of Deeth
/Medic Examin		4e. Fecility Neme (If not institution			TULTIC			4h. City To	wn or Lo	Septer scation of Deet		1996	2:45 A.M
Examin	er	University of			enter			Balt			N/		
Funeral		5. Sociel Security Number	6. Sex	7. Age (In yrs			1 Year	If Under	24 Hrs.		-		ace (Stete or Foreign
Director		219 03 0781 Usuel Residence of Decedent	1 <b>2X</b> M 2□ F	76	Yrs.	Months	Deys	Hours	Min.	April April	24,1920	Virg	ace (Stete or Foreign try) ginia
show		10a. Stete 10b. County			ity, Town or I							10	Od. Inside City Limits
28a-f show	ecto	Maryland N/A		В	altimo								1 XXYes 2 □ No
And The	Funeral Director	3545 - 5th St	reet			10f. Zip	2122	25			10g. Citizen of V		try?
iner man	nera	11. Maritel Stetus	12. Was Dece	dent Ever in l	J,S. 13	. Was Dece			gin? (Spe	ecify Yes or No Ricen, etc.)		a - America	
	by	1 ☐ Never Merried 2 ☐ Marri 3 🔯 Widowed 4 ☐ Divorced	ed 1⊠Yes If Yes, Giv	2 No		1 ☐ Yes		Specify:	i, Puerto	Hicen, etc.)	Specify	ck, White, e	nite
poisal Ex	Completed	15. Decedent (Specify only highes	's Education t grade completed)		16e. Dec	edant's Usus e kind of wo DO NOT u	al Occup	ation during most	of worki	ing	16b. Kind of Bu	usiness/Ind	ustry
De M	dwo	Elementery/Secondary (0-12) 12th	College (1	-4or 5+)		rehou					Kronhe	im Di	stributing
vent, II	Be C	17. Fethar's Name (First, Middle,	Last)						r's Name	(First, Middle,	Meiden Surnem		.SOI ISOI IS
o o o o o		MONNIE LEE TURNER	(unlen	own)					Ruth	Carol	yn Bozma	PERA F	RITTER
traumatic event,		19e. Informent's Name/Ralations	nip (Type, Print)					e <i>nd N</i> umbe		I Route Number	er, City or Town,	Stete, Zip	Code)
other tr		Thomas Turner  20a. Mathod of Disposition		20h	J54:	5 - 5t		treet		Balti	more, Ma		nd 21225
Dec.		1 Buriel 2 Coremation 4 Donetion 5 Other (Sp		Stete	etro Ci	ematory or o	ther plea		c	į		-1	Maryland
any injury o		21. Signeturo Funeral Service L		410		2. Name en	-						
any i		1 Jume	Frem	usen	en	1001 R	itch	nie Hi	ahwa		Funeral		Land 21225
sician		23a. Pant. Entar tha diseese, or spock, or heert feilure. List	complications thet cannot be cause on e	aused tha dee ech line.									Approximete Interval Between Onset and Deeth
edical		Immadiate Ceusa (Final disease or condition resulting in deeth)	. 6	astroir			Blee	ed					10 hrs.
	Der		(no	diac	ISCN								
transı	Examiner	Sequantially list conditions,	b. CVI		or es e conse	VIIIV	-						
		Sequantially list conditions, if eny, leeding to immediate ceuse. Enter Undarlying Ceuse (Diseese or injury	C										
as the	Physician/Medical	thet initieted events resulting in deeth) Lest		Due to (d	or es e conse	quence of):							
r use	an/M		d										
of ber	sici	Pert II. Other significant condition	ns contributing to de	ath but not res	sulting In the	underlying c	ause giv	an in Part I.		23b. Did	lobacco use cor	ntribute to	the cause of death?
	by Phy									10	Yes 2 No	3 Prob	ably 🎉 Unknown
should I	Completed									24e. Wes perfo	en eutopsy rmed?	eve	re eutopsy findings lieble prior to
N S	mp											of d	eeth?
or, pag		OF Monage of the day of the								101	/-	10	Yes 2□ No
Sire	0	25. Wes casa referred to medical exeminer?  1 ☐ Yes 2 No	Hospitel:	patient 2	ER/Outpetle	ont 3□ DC	Oth	or:		(Check only o			
100		27. Manger of Deeth	28e. Dete o	f Injury n, Dey Year)	28b. Time (		8c. Injun Worl	4 LI NUI	7		denca 6 Other		
the fur	catio	1 Naturel 5 Pending investig	etion	, Doy Toat)	Injury	М		Yes 2□ñ	No				
ed in by	Certification:	3 Sulcide 6 Could n 4 Homicide datermin	of be ned 28e. Place building	of Injury - At h g, etc. <i>(Spaci</i> i	ome, ferm, si	treet, fectory	, offica		2	28f. Location (5 City or Tox	Street end Numbern, Stete)	er or Rural	Route Number,
e Funar otsky fill	edical	29a. Cartifier 1 Certifying (Check only one)	Physician: To tha I xaminer: On tha ba end menn	sis of axamina	wiedga, daei ition end/or ir	th occurred anvestigation,	at the tim	ne, data end pinion, deet	d place, a h occurre	and due to the o	causa(s) and ma date end place, e	nner as sta and due to	ated. the ceusa(s)
Tot	-	29b. Signetura end title of cartifier	0.01			290	. License	e number			29d. Dete signed	-	
4		Milara //	iculto	rMD)			7	936			Sept. (	0,19	96
		30. Name end eddress of person w	no completed cause	of death (Iter	n 23e) (Type	Print)	111						
		31. Dete filed (Month, Day, Year)	· OICOR	011	U WI	VI - 1	ML	/					



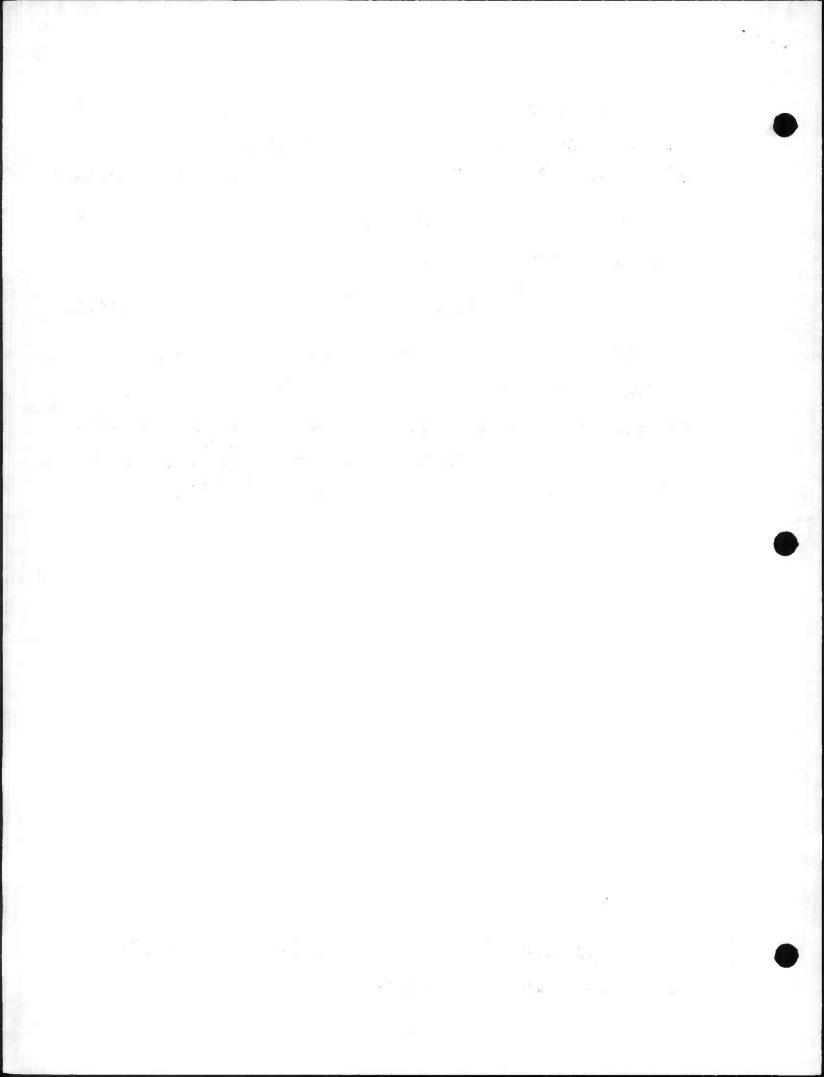
item #16b, filmg 739, 9/13/96,cyw, per fp Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Data of Death S EPT **Physician** ARTHUR THO MPSON 11: 40 Am 96 /Medical 4a. Facility Neme (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Baltimore If Under 1 Year If Under 24 Hrs. 8. Data BON SECOURS 1W8PITAL 5. Social Security Number 7. Age (In yrs. lest birthdey) 9. Birthpleca (State or Foreign Country)
Mary and **Funeral** 217-26-6880 1 M 2 □ F Days Hours 66 Yrs. Director Usuel Rasidance of Decedant 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits must be notified at Md. Director Baltimore 1 Yas 2□No 10e. Street and Number 10g. Citizen of What Country? 30 40 Son "natural", or Items 23s Funeral 12. Wes Decedent Ever in U,S. Armed Forces?
1 ☐ Yes 2 th No If Yes, Giva Year or Datas: 14. Race - American Indian, Black, Whita, atc. Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Maxican, Puerto Rican, atc.) 11. Marital Stetus traumatic event, the Medical Examinar filed within 72 hours after 1 Nevar Married 2 Merried Saltimore, Maryland 21215-0020 1 Yas 2 No þ 3 Widowed 4 □ Divorced Specify: Completed 15. Decedant's Education (Specify only highest grada completed) 16a. Decedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT use retired) 16b. Kind of Businass/Industry Home Maintenance Elamantary/Secondary (0-12) permit. Pages 1 and 2 should be filed withit Department of Health and Mental Hygiene. Important: If them 27 is marked other than any Injury or other traument. Collega (1-4or 5+) 11 enlars 17. Fether's Name (First, Middle, Last) Maldan Sumame) 18. Mothar's Nama (First, Middla, Inompson 19a. Informant's Name/Raletionship (Type, Print) 19b. Malling Addrass (Street and Number or Rural Routa Number, City or Town, State, Zip Code) Ster 4118 Sunny Side

20b. Place of Disposition (Name of cematary, cremetory or other place) Balto. 20a. Method of Disposition 1 ☑ Burial 2 ☐ Cramation 20c. Location - City or Town, Stata 3 Ramovel from Stata 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funerel Service Licensee 23a. Part1. Enter the disease, or complications that caused the death. Do not anter the moda of dying, such as cardiac or respiretory arrest, shock, or haart failura. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** /Medical tmmedieta Causa (Final diseasa or condition rasulting in death) MYOCARDIAL INFARCTION Examiner Dua to (or es e consequance of) Examiner Unknown burial-transit Sequantially list conditions, if any, laading to immediata cause. Entar Underlying Cause (Disaasa or Injury that Initiated evants rasulting in death) Last Due to (or as a consequence of): and P.O. Box 68760, physician Physician/Medical eu Dua to (or as a consequence of): Pert II. Other significant conditions contributing to death but not rasulting in the underlying causa givan in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yes 2 No 3 Probably 4 Oliknown Records, þ 24b. Were autopsy findings available prior to completion of cause of death? Be Completed 24a. Wes an autopsy performed? 1 Yas 2 LING 1 □ Yas 2 □ No certificate Division of Vital if or Attending Physician: effer death. director, 25. Was casa refarred to medical 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Rasidence 6 Other (Specify) 1 Yas 2 No Certification: To 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Director: After this d in by the funeral Deta of Injury (Month, Day Year) 27. Menner of Death 28b. Tima of 28c. Injury at Work? 28d. Dascribe how Injury occurred 5 Pending Invastigation 1 Netural 2 Accident 6 Could not be datarmined 3 Sulcida 28a. Place of Injury - At home, farm, streat, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homleide Hospital To the Hospital within 24 hours of To the Funeral Completely filled 1 Certifying Physician: To the best of my knowledge, death occurred at the time, data end place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, deeth occurred at the time, data and place, and due to the cause(s) and manner stated. Medical 29e. Certifiar (Check only one) 29b. Signetura and title of certifiar 29c. License number 29d. Dete signed (Month, Day, Year) D26256 But T Burns 30. Name and address of person who completed cause of death (Itam 23e) (Type, Print)
BIC + Dus NG, MO 1940 W. Ballimn St Baltimn MO 21223 31. Data filed (Month, Day, Year) 3 1996 32. Ragistrar's Signetura State Puha Daydson

Registrar

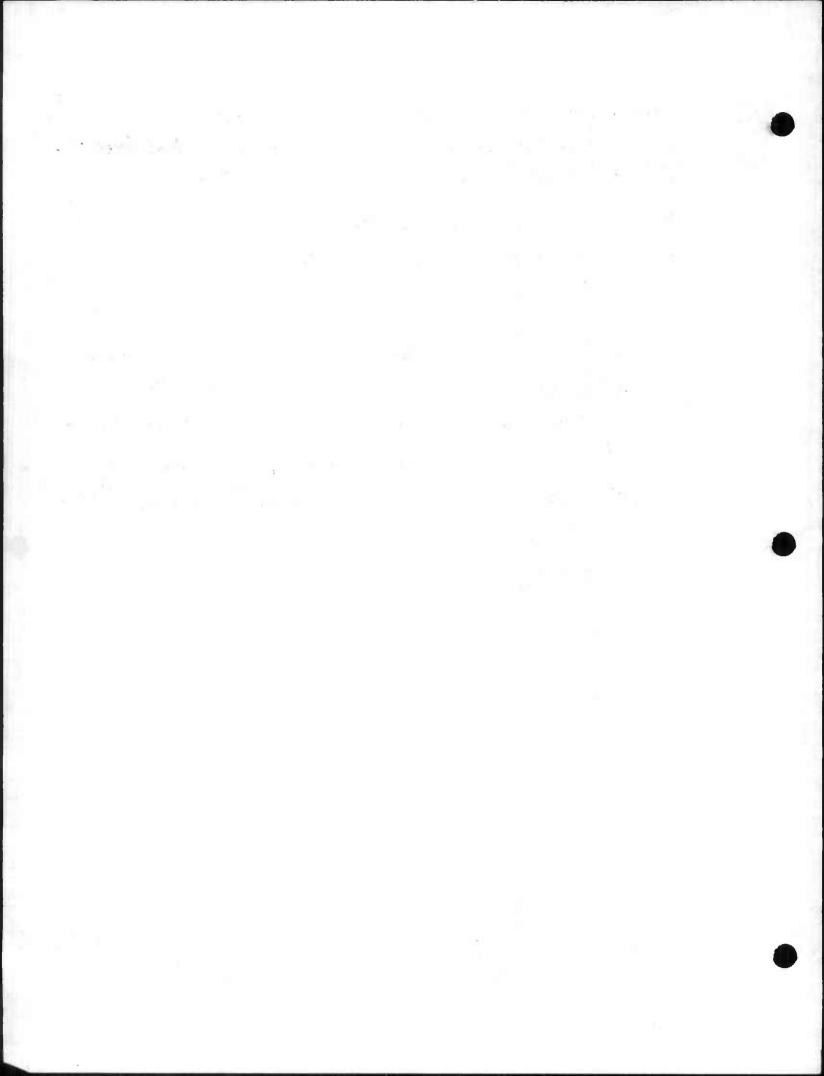


				State of Maryland	/ Department		Mental Hyg	7	6 2736	9
	Physici /Medic Examir	cal	Decedent's Nema (First, Middle, Last     SAMUEL O.W.      4a. Fecility Nema (If not institution, give	ROWER			2. Dete of Dee Month 09 or Location of Death	th Day	Year 8:12 A	
	Funeral Director		5. Sociel Security Number 6. Sa	TOSPITAL 7. Age (In yrs. le.	st birthdey) Yrs.  If Under Months	BAUTM 1 Year   If Under 24 H Days Hours M	rs. 8. Data of Birth	, Year)	9. Birthplece (State or F Country) NARYLAND	oreigi
ith the Merylend	or 28a-f show a not/fied at	Director	10a. Stete 10b. County  10e. Street and Number		Town or Location  Allimo RI  10f. Zip	Code		Tog. Citizen ot V	10d. inside City I  PKI Yas 2  What Country?	
5-0020 72 hours after deeth with the Merylend	Health and Mental Hygiene. Item 27 is marked other than "natural", or items 23s or 28s-f show other traumatic event, the Medical Examiner must be notified at	by Funeral	3511 EAST NORTH	12. Was Decedant Evar in U.S. Armed Forcas? DB Yas 2□ No If Yes, Give Yar or Dates: Koks C	13. Wes Decede	21205 ent of Hispanic Origin? fy Cuben, Mexican, Pu No Specify:	(Specity Yas or No- arto Rican, etc.)		e - American Indian, ck, White, atc.	
전투	he. Neo'ical I	Completed	15. Decedent's Edu (Specify only highast grad Elementery/Secondary (0-12)	cation	16e. Decedent's Usuei	k done during most of v e retired)	vorking	16b. Kind of Br	usinass/industry	
A D	Mental Hygiene. erked other than atic event, the th	Be	17. Fathar's Name (First, Middla, Last)	Source O	1 1212(5	16. Mother's N	leme (First, Middle,	BALLO Maidan Sumeri	10. + I. Ci	)-
क क	Department of Health and Me Important: If Nem 27 is mark any injury or other traumations.	To	19e. informant's Name/Reletionship (7) 20e. Method of Disposition 12 Buriel 2 Cremation 3 F 4 Donation 5 Other (Specify) 21. Signature of Eunerel Section 1	Removel from Stata  20b. Pie	3511 E No ce of Disposition (Nem netery, cremetory or of	har place)	Rural Routa Number PKWY. B Supplies TH 1996	r. City or Town, ALTO- ( 20c. Location - ARRIS	PARTLAND City or Town, State CM, MARTLA	JUE JOY
Ph	ysician Medical kaminer	96	23a. Part1. Enter tha disaasa, or compisheek, or heert feliure. List only of immediate Ceuse (Finei disaase or condition resulting in daath)	na causa ch aach line.  Ceveboov					Approximate Interval Batwee Onset end Dec	
ontificate be executed	ettending physician and I for use as the burla-transit	/Medical Examiner	Sequentially list conditions, if any, leading to immediata causa. Enter Underlying Ceuse (Disease or injury that initiated avants resulting in deeth) Lest	· Bradyc	es a consequence of):				6.5 hou	ら
law requires that the death certificate	signed by the etten ild be deteched for u	by Physician/Medi	Pert II. Other eignificant conditions con	e pulmonany	4 -	usa givan in Part i.		obacco use co res 2 No	ntribute to the cause of c	
VICAL RECORDS,	s beer 2 shou	Completed	Congestive heart	failure.			24a. Wes a perfor		24b. Wara autopsy find aveileble prior to completion of caus of death?	-
o f	eral director, page	To Be	27. Manner of Deeth	28e. Date of injury 2	R/Outpatient 3□ DO/ 8b. Tima ot 28	Other:	1 ☐ Y Deeth (Check only or Home 5 ☐ Resid	ne)		)
or Attending	after death.  Director: After d in by the funer	Certification:	1 Neturei 5 Pending 2 Accidant 3 Suicide 6 Could not be determined	(Month, Dey Year)  26e. Piece of injury - At hom building, etc. (Specify)	М	1 ☐ Yas 2 ☐ No	26t. Location (S City or Tow		per or Rurel Routa Number	·F.
To the Hospital	within 24 hours after To the Funeral Dire completely filled in b	Medical C	one) 2(_) Medicat Exami	sician: To tha best of my knowle nar: On the basis of examinetio and mennar stated.	n end/or investigation,	in my opinion, daeth oc	curred et tha tima, o	leta end piace,	and due to the cause(s)	
T.	\$ 2 E		29b. Signeture end title of cartifiar  30. Neme end address of person who co	M.D.	1	P10231		9/9/	d (Month, Day, Year)	
	Sta Registr		SHAWA WEISS 31. Data flied (Month, Day, Year) SEP 13 1996	32: Registrar's signal	NE ST	BALTIMORE	, MD à	21201		



## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

				Olato of Warylar	Certific	cate of i			eg. No.	U 1	. 10.0
	Physici	an	1. Decedant's Nama (First, Middla, Li	ast)				2. Data of Dea Month		Yaar	3. Time of Death
	/Medic		MARVIDA	VAUS	SHD			Septem	ser 6	1996	Dan
7	Examir	ner	4a. Facility Nama (If not institution, gir	0 11		4	b. Cify, Town, or Lo	cation of Death	4c. County	of Death	10
-	Funeral		5. Social Sacurity Number 6.	Sax 1 7. Aga (In yrs.	last birthday) If L	Indar 1 Yaar	if Undar 24 Hra.	8. Data of Birth	BALT	MCKE.	May State or Foreign
	Funeral Director			1□M 2□F 1/5		nths Days	Hours Min.	8. Data of Birth (Month, Day 2	Year)	Count	aca (Stata or Foraign ry)
	deeth with the Maryland ime 23a or 28a-f show		10a. Stata 10b. County	10c. Ci	ty, Town or Location	7				10	d. insigla City Limita
	r 28a-f show	ctor	Md.	Do	altimor	و					1  Yas 2 □ No
	4 2 2	Dire	10e. Street and Number	11 10 1	10	f. Zip Coda	. 9	1	Og. Citizen of V	What Count	ry?
	23a	erai	Allegis NURS	12. Was Decedant Ever in U	e year	2120	U		us	A	
	wrs after deeth with alf, or items 23s or Examiner man be	by Funeral Director	1 Maritai Statua  1 Navar Married 2 Married	Armed Forcas?	if Yaa,	specify Cuba	ispanic Origin? (Spann, Maxican, Puarto	Rican, atc.)		e - Amarica ck, Whita, a	
020	72 hours after natural, or the	by	3 ☐ Widowed 4 ☐ Divorced	If Yas, Giva Yaar or Datas:	10Y	as 200 No	Specify:		Specify	Mhi	te
21215-0020		Completed	15. Decedant's E (Specify only highast gr	ducation ada compiated)	16a. Decedent's (Giva kind o	Usuai Occupa	ation luring most of works	ing	16b. Kind of Bu	usinass/Ind	ustry
121	within ene. then	duu	Elementary/Secondary (0-12)	Collega (1-4or 5+)	1 1	e Wife			Home	Ton	h
	Hygid other	Ö	17. Fathar's Nama (First, Middla, Lasi	,	MOUS	CVIIIC	16. Mothar's Name	(First, Middla, I	-		16.
/lan	uld be Mental rked o	To Be	Marin Sirba	uah			Patrici	a Ani	1 Mul	len	
Maryland	permit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: If Nem 27 Is merked other than 'any injury or other traumatic event, Its Means once.		19a. Informant's Name/Relationship	Type, Print)	19b. Mailing Ad	dress (Street	and Number or Rura	1 0	r, City or Town,	Stata, Zip	Code)
	1 and 2 Health em 27 l		parbara Dab	bs (Aunt)	1701 Che	strut	3+. (	ardit	+ Ma	. 210	
nor	Peges nent of h nt: If he iry or of		20a. Mathod of Disposition 1 ☐ Buriai 2 ☐ Cramation 3 ☐	Juaniovanioni Stata	Placa of Disposition cematary, crematory	or other plac	e)	Data 12 All I	20c. Location -	Ony or Lov	vn, Stata
Baltimore	pemit. Peg Department Important: If any injury or once.		4 □ Donation 5 □ Other (Special Service-Lice		CON MIDULY	na and Addras	netery 19	1276	100 1 MI	MOKE	9
Ba	Depa Impo		DV (0)	Emple	11 . 10	- 111	2 11 110	un ca	RROIT	+14	NERAI
а	-		23a: Fart1: Enter the disease, or com ahock, or heart failure. List only	oplications that caused the deal	th. Do not enter tha	moda of dyin	g, such aa cardiac	or raspiratory arr	ast,	2	Approximata intarvai Batween
	Physician			ond oadda er adon mia.							Onset and Death
	/Medical Examiner		Immediate Cause (Final disaasa or condition rasulting in daath)	. Respire	alony.	Jar	line				
		Jer.	GIA-10-FO-ANI-A		or as a consequence	off.	1.a.t.	tin	0.1.		
	cuted nd ransit	Examiner	Sequentially list conditions.	b. 1436000	or as a consequence	of):	usune	nue 1	-cului	ymou	1
30,	o exe		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	V			dis	earl		V	
68760,	tificate be executed in physician and as the burial-transit	edlcai	that initiated evanta rasulting in death) Last	Dua to (c	or as a consequance	of):					
Box (	E 00 65			d							
	deeth car e attendir ad for use	icia	Part ii. Other significant conditions of	contributing to death but not ras	utting in the underly	ing causa give	an in Part i	23h Did to	phacco usa co	ntribute to	the cause of death?
P.0	by the	Physician/N			willing in the discourty	ang caaca givi	ari vii i dare i.				ably 4 Unknown
	8 58	by									
oro	v require been si shouid	eted						24a. Was a perform		ava	ra autopsy findings liable prior to apletion of causa
Records,	200	Completed							<u> </u>	of d	éath?
Vital	in: Th		25. Was casa rafarred to medical				26. Placa of Deatl	1 Y	(415	10	Yas 22 No
f Vi	Physician: this certific rai director,	To Be	axaminar? 1 ☐ Yas 2 ☐ No	Hospital:	ER/Outpatient 3[	DOA Othe				ar (Specify	)
n of	ng Phys fter this ineral di		27. Mannar of Death 1 ☑Naturat 5 ☐ Pending	28a. Date of Injury (Month, Day Year)	26b. Tima of injury	28c. injun Worl		26d. Dascribe h			
Sio	tendi death. tor: A the fu	cati	2 Accident invastigation 3 Sulcida 6 Could not b		М		Yas 2□No	00/ 1 /0			6 4 11 1
Division	after Direc	Certification:	4 ☐ Homicida detarmined	28a. Place of injury - At h building, atc. (Specil	y)	ictory; office		28f. Location (Si City or Town	n, Stata)	er or Hurai	Houta Number,
	To the Hospital or Attending Physician: The Is within 24 hours after death.  To the Funeral Director: After this cartificate he completely filled in by the funeral director, page	edical C	29a. Cartifiar (Check only one) 1 Certifying Pt	nysician: To the best of my kno niner: On the basis of axamina and mannar stated.	owledga, death occu ition and/or invastig	rred at tha tim ation, in my o	na, data and place, plnion, daath occurr	and dua to tha c ed at tha tima, d	ause(s) and ma ata and piaca,	nner as sta and dua to	nted. tha cause(s)
	Vithin Fo the	Me	29b. Signature and titia of certifler		01 110 1-	29c. Licanse		2	9d. Date signe	d (Month, D	Pay, Year)
	, \		duesh	K. Triplus	- Cuen	D3	0661	6	Septem	ble 1	111996
			30. Nama and address of person who 560 / Loch Rd	complated causa of death (item	n 23a) (Type, Print)	SIRE	ESH TR	PURA	NENI		
			31. Data fliad (Month, Day, Year)	Registrar's Signa		e, t	ed - 2	123	1 .		-1
	Sta Registr	_	SEP1 3 1996	and the second second	Raylath						



					State	of Ma	-		irtment o <i>tificate d</i>		ealth and M Death				96	2/3/1
	7		1. Decedant's Nam	na (First, Middla, I	ast)							2. Data of Da	Reg. N	10.		3. Tima of Death
	Physic		JOHN	W	NOV	HA	GEL					SEPT	D	ay	1996	20.05
L	/Medi		4a. Facility Nama (	14			0, 0,			4	b. City, Town, or Le				y of Death	20.03
	Exami	ner		CNES	HEAL		ADE			17	BALTI			N,		
-	Francis		5. Social Sacurity N		Sex		(In yrs. last bir	thday)	If Undar 1 Ya	aar	If Undar 24 Hrs.					ace (Stata or Foraign
Ĭ	Funeral Director		212-10-4 Usual Rasidance o	947	1₽M 2□F	8		Yrs.		ays	Hours Min.	8. Data of Bir (Month, Da AUGUST	28,	,1916	Coun	try)
	and w		10a. Stata	10b. County			10c. City, Town	n or Loc	cation				-		10	Od. Insida City Limits
	Sa-f sh	ctor	MD		N/A			B	ALTIMO	RE						1 🗓 Yas 2 🗆 No
	ith th	Dire	10e. Street and Nu						10f. Zip Cod				try?			
	23a	la la	415 YALE	AVENUE							21229			U.	S.A.	
20	should be filed within 72 hours efter death with the Maryland of Mental Hygiene.  marked other than "natural", or items 23a or 28a-f show imatic event, the Medical Evartine must be notified at	by Funeral Director		riad 2 Married	If Yas, G	Forcas? 2 ∑XNo Giva			Vas Decedant Yas, specify C		spanic Origin? (Sp n, Maxicen, Puarto Specify:	ecify Yas or No Rican, atc.)	)-	Bla	ce - Amarica ck, Whita, a by: WHIT	atc.
8	ural'	D	3 Widowed		Yaaror	Datas:										
21215-0020	n 72	Completed	(Space	15. Dacedant's cify only highast of	Educetion irada complatad	1)	16a.	(Giva I	ant's Usual Oc	one a	luring most of work	ing	16b.	Kind of B	usinass/Ind	ustry
7	withii ane. than	d L	Elemantary/Second 12TH GRA		Collaga	(1-4or 5+	PE		OO NOT usa re				DUE	RALIT	TE TRU	ICK BODY
0	Hygin Hygin		17. Fathar's Name		st)				OTTON		18. Mothar's Name	a /First Middle				
Maryland	d be	Be C	JOSEPH V		,							STEVEN		0011101	114/	
2	should and Men a marke umatic	10	19a. Informant's N				106	Mailin	n Addraga /Str	mata	and Numbar or Run			or Tour	Ctata 7in	Codel
Z Z	- 0 0 3		WILLIAM			1					UE - BALT			212		C000)
e j	Hea Am S		20a. Mathod of Dis		(0011)		20b. Piaca of	Dispos	sition (Nama o	f		Data Data			- City or To	wn Stata
0	ages nt of t: # lt			Cramation 3		n Stata			DERAL			1/14/96			MORE,	
aftimore,	permit. Pages 1 and 2 Department of Health of Important: If item 27 Is any injury or other tra 900.0.		4 Donation  21. Signature of Fu	5 Other (Spec		1	NEW OI	_				7/14/70	Di	10111	ione,	110
Ba	Depariment of the process of the pro		21. Signatura of Pt	Jinatai Sarvica Lic	O I			HU	Nama and Ad BBARD	FU	NERAL HON	E. INC				
1			Jac	Ree 1	K. AI	w	non	41	O7 WIL	KE	NS AVENUE	-BALTI	MORE	E, MI	21	.229
			23a Pagr Enter t	ha disease, or co rt failura. List on	mpiications that y ona causa on	ceusad the	na daath. Dor	not anta	r tha moda of	dying	g, such as cardiac	or raspiratory a	rrast,			Approximata Intarval Batween
ÿ	Physician		Table Block Block	(E)												Onset and Death
6	/Medical Examiner		Immediata Cause ( disaasa or condition rasulting In daath)	(rinal m	a P	NE	umo	N	I A						i	3 weeks
		<u>.</u>	rasoning in oddin)			D	ue to (or as a	consequ	uence of):							3 weeks 3 weeks 3 weeks
	be sit	in a			b. Sn	MAI	L B	OU	JEL	(	DBSTR	UCTIC	SN			3 weeks
	icete be executed physician and s the buriel-transit	Examiner	Sequantially list co	nditions,			ue to (or as a o				FAILU					
8760,	be ed iciam burie	E E	Sequantially list co if any, leading to In cause, Entar Unde Causa (Disease or	ertying Injury	c. A (		ER	ZE	NAL		FAILU	IRE				3 weeks
287	phys the	dicai	that initiated events resulting in daath)				ua to (or as a c								1	
Box 6	death certificate be executed e attending physician and od for use as the buriel-transit	Physician/Me			d. CH	ROI	VIC	OB	STRL	10	JIVE PL	ILMOR	JAR	Y DI	SEASE	5 years
	he at he at	sici	Part II. Other eignif	lcant conditions	contributing to	death but	not rasulting in	tha un	derlying cause	giva	n in Part I.	23b. Did	tobacc	0 USB 00	intribute to	the cause of death?
7. O	res that the de igned by the a be detached t	Phy										1)2	Yes	2□ No	3 Prob	ebly 4 Unknown
	gned be d	by														
Hecords,	v requires that been signed b should be deta	pe										24a. Was	an automed?	opsy		ra autopsy findings ilabla prior to
ပ္သ		Completed													con	npletion of ceuse leath?
	The it	E O										10	Yas :	No	1	Yas 2 No
_	an: Tifica tifica tor, p	Bec	25. Was casa refar	red to medical	T						26. Placa of Daati			7		1100 20010
>	Physician: The law r this certificate hes b ral director, page 2 s	0	axaminar? 1 ☐ Yas 2 🔯		Hospital:	Inpatiant	2 ER/Out	tpatient	3□ DOA	Otha				6 []O#	ner (Snarih)	)
0	<u> </u>	L i	27. Mannar of Deat	h	28a. Data (Mor	3		ima of	28c. ii	njury		28d. Dascribe				,
DIVISION	Attending P or death. Octor: After by the funer	Icatio	1 Natural 2 Accident 3 Sulcida	5 ☐ Panding invastigati	on he			njury	M 1	1 🗆 Y	fas 2□No	001 1				
2	pital or At ours efter o eral Directilled in by	Certification:	4 Homicida	datermine	20a. Plac	ding, etc.	- At noma, fai (Specify)	rm, stra	at, factory, offi	IC8		28f. Location ( City or To	otreet a wn, Sta	ta)	per or Hural	Route Number,
	Mospital or Attending 124 hours efter death Funeral Director: A pletely filled in by the f	edicai	29a. Certifier (Check only one)	1 Certifying P 2 Medical Exa	miner: On the t	a best of a basis of a nner state	camination and	daath I/or Inva	occurred at the	a tim	a, data and place, inlon, daath occurr	and due to the ed at the time,	causa( date ar	s) and mand place,	anner as sta and dua to	ated. tha cause(s)

State Registrar

29b. Signatura and titia of certifiar

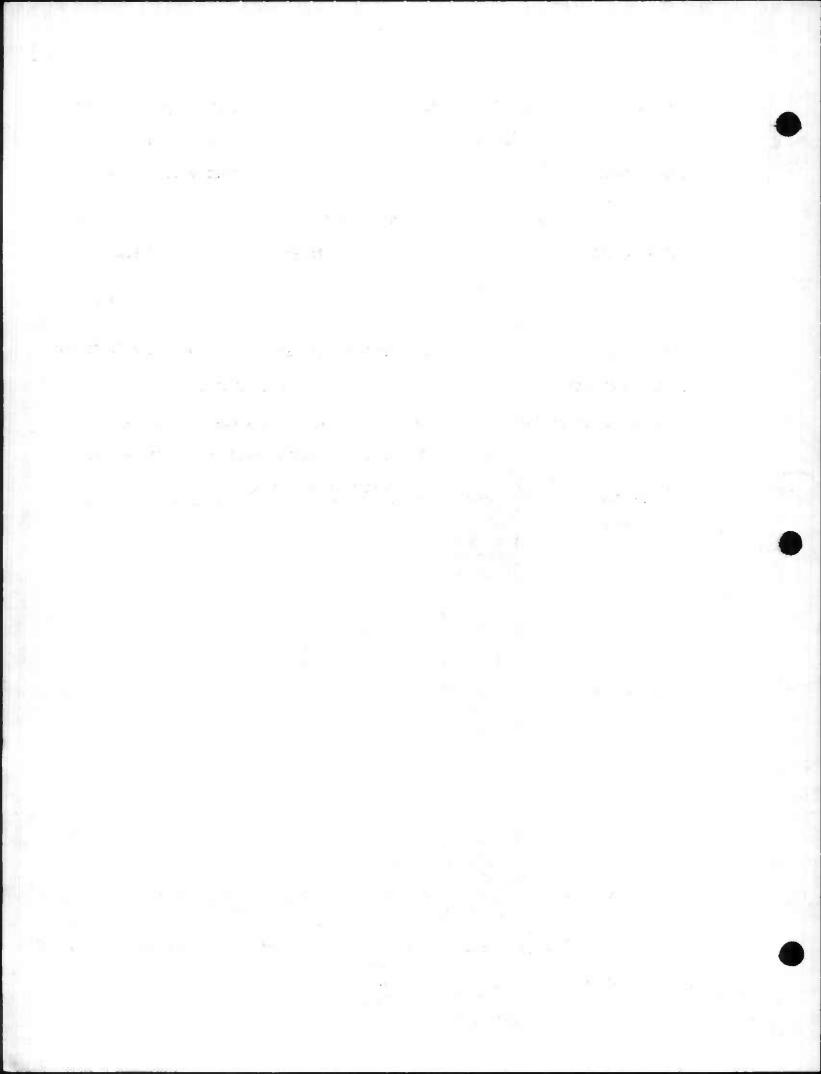
29c. License number

29d. Data signed (Month, Day, Year)

September 10-1996

30. Nama and addrass of person who completed causa of daath (Item 23a) (Type, Print)

MUNIF RAHAL, St. Agnes Hospital, 900 Caton Ave, Rallimon, MO 21229
31. Data filed (Month, Day Year) 1996
SEP 13 1996



BALLTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

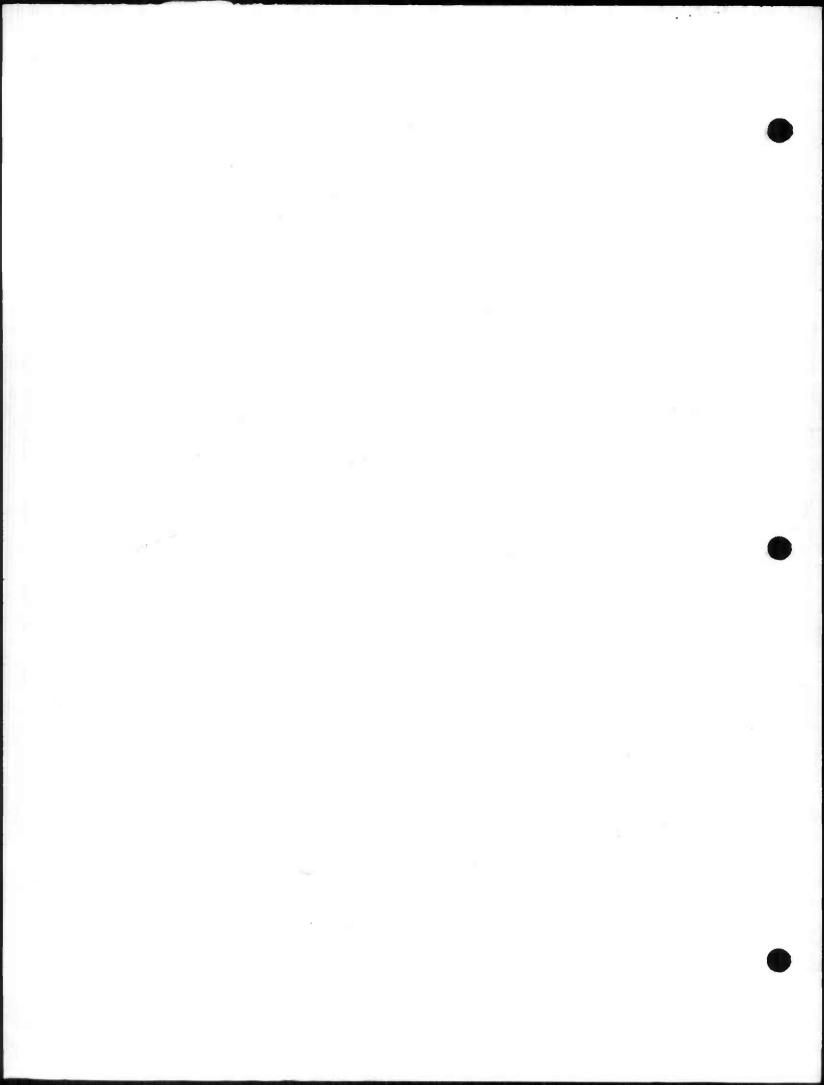
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be excluded within 24 has a law and the hospital of attending physician.

TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and computer, the fined within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial commence, or minoral management of the property of the state Dept. of the state Dept

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

SCOREST SMALL FORM NORMAL STATE OF CASH SCORES SMALL SMALL FOR SMALL SMALL FORMAL S		1 - REGISTRAR		CERTIF	CATE	OF D	DEATH	F	REG. NO.				
ACCOUNT FOUR PAGE AND ACCORDANCE OF PAGE AND											VEAD	3. TIME OF DEAT	ГН
A SOCIAL SECURITY NAMES.  5.55—0.6260  1.58		Salvatore	Valone	Jr								12	C, M
SS-200-6260   19 of 12   16 of		4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In	yrs. last birthday)				7. DATE OF	BIRTH		8. DIRTH	IPLACE (State or Fo	oreign
THE PROPERTY SAME (FOR COUNTY NAME)  10 CONTROL OF COLORISM SAME (FOR COUNTY NAME)  10 CONTROL OF COLORISM SAME (FOR COUNTY NAME)  10 CONTROL OF COLORISM SAME (FOR COUNTY NAME)  10 CONTROL OF COLORISM SAME (FOR COUNTY NAME)  11 CONTROL OF COLORISM SAME (FOR COUNTY NAME)  12 CONTROL OF COLORISM SAME (FOR COUNTY NAME)  12 CONTROL OF COLORISM SAME (FOR COUNTY NAME)  13 CONTROL OF COLORISM SAME (FOR COUNTY NAME)  14 CONTROL OF COLORISM SAME (FOR COUNTY NAME)  15 CONTROL OF COLORISM SAME (FOR COUNTY NAME)  16 CONTROL OF COLORISM SAME (FOR COUNTY NAME)  17 CONTROL OF COLORISM SAME (FOR COUNTY NAME)  18 CONTROL OF COLORISM SAME (FOR COUNTY NAME)  19 CONTROL OF COLORISM SAME (FOR COUNTY NAME)  19 CONTROL OF COLORISM SAME (FOR COUNTY NAME)  10 CONTROL OF COLORISM SAME (FOR COUNTY NAME)  10 CONTROL OF COLORISM SAME (FOR COUNTY NAME)  11 CONTROL OF COLORISM SAME (FOR COUNTY NAME)  12 CONTROL OF COLORISM SAME (FOR COUNTY NAME)  12 CONTROL OF COLORISM SAME (FOR COUNTY NAME)  12 CONTROL OF COLORISM SAME (FOR COUNTY NAME)  13 CONTROL OF COLORISM SAME (FOR COUNTY NAME)  14 CONTROL OF COLORISM SAME (FOR COUNTY NAME)  15 CONTROL OF COLORISM SAME (FOR COUNTY NAME)  16 CONTROL OF COLORISM SAME (FOR COUNTY NAME)  17 CONTROL OF COLORISM SAME (FOR COUNTY NAME)  18 CONTROL OF COLORISM SAME (FOR COUNTY NAME)  19 CONTROL OF COLORISM SAME (FOR COUNTY NAME)  10 CONTROL OF COLORISM SAME (FOR COUNTY NAME)  10 CONTROL OF COLORISM SAME (FOR COUNTY NAME)  10 CONTROL OF COLORISM SAME (FOR COUNTY NAME)  11 CONTROL OF COLORISM SAME (FOR COUNTY NAME)  12 CONTROL OF COLORISM SAME (FOR COUNTY NAME)  10 CONTROL OF COLORISM SAME (FOR COUNTY NAME)  10 CONTROL OF COLORISM SAME (FOR COUNTY NAME)  11 CONTROL OF COLORISM SAME (FOR COUNTY NAME)  12 CONTROL OF COLORISM SAME (FOR COUNTY NAME)  13 CONTROL OF COLORISM SAME (FOR COUNTY NAME)  14 CONTROL OF COLORISM SAME (FOR COUNTY NAME)  15 CONTROL OF COLORISM SAME (FOR COUNTY NAME)  16 CONTROL OF COLORISM SAME (FOR COUNTY NAME)  17 CONTROL OF COLORISM SAME (FOR COUNTY NAME)  18 CONTROL OF COLORISM SAME (FOR CO		555-20-6260 1\mathbb{X}	2□F 76	YRS.	MONTHS	DAYS I	HOURS MIN.	JAN.	1, 1	920	Gount	PA PA	
STREET AND NUMBERS  603 SOUTH ANN STREET  10 MANUAL STUDYS  11 May be described to the state of		9a. FACILITY NAME (If not institution, give street and r	number)		9b. CITY,	TOWN OR	LOCATION OF DI				INTY OF D	EATH	
STREET AND NUMBERS  603 SOUTH ANN STREET  10 MANUAL STUDYS  11 May be described to the state of	Œ l	JOHNS HOPKINS GERTATE	TCS CENTE	R I	BAT.	TTMO	RE			N/A			
STREET AND NUMBERS  603 SOUTH ANN STREET  10 MANUAL STUDYS  11 May be described to the state of	5	RESIDENCE OF DECEDENT	100 02.112							21,7 22			
STREET AND NUMBERS  603 SOUTH ANN STREET  10 MANUAL STUDYS  11 May be described to the state of	뿞			10c. CITY								10d, INSIDE CITY	r
Secondary   Seco					DALI	TMOK	E						NO
The process of the	ਡੂ									1		WHAT COUNTRY?	
The process of the	崱					2	1231			U.	S.A.		
The process of the	2	FOR								or No-			en,
DEFINITION OF DESCRIPTION SCOULTIONS  (Speech and Popular gend complained)  (Speech and Popular gend complained)  (Speech and Popular gend complained)  (Speech and Popular gend complained)  (Speech and Popular gend complained)  (Speech and Popular gend complained)  (Speech and Popular gend complained)  (Speech and Popular gend complained)  (Speech and Popular gend complained)  (Speech and Popular gend gend complained)  (Speech and Popular gend gend gend gend gend gend gend gend		IF Y	ES, GIVE WAR OR DAT	ES							Speci	MY: WHITE	
ANNA MARIE VALONE (SISTER)  20. METHOD OF DISPOSITION  10. MALINIO ADDRESS (Since and Munities of Parts) Reas Munities, top of Sum, Sain, Zis Code)  22. LONGVIEW TERRACE ROCHESTER NY 14609  23. DOWN THE AND PLACE AND DATE OF DISPOSITION Members  1. SIGNATURGOF FUNDERAL SERVICE UPRINGS  22. LONGVIEW TERRACE ROCHESTER NY 14609  23. DOWN ROLL OF THE PART OF DISPOSITION Members  1. SIGNATURGOF FUNDERAL SERVICE UPRINGS  23. DOWN ROLL OF THE PART OF DISPOSITION MEMBERS OF PARCHY  24. DOWN ROLL OF THE PART OF THE PART OF DISPOSITION MEMBERS OF PARCHY  25. THE PART I Brits ris diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory stream.  ANALYTITION  DUE TO (OR AS A CONSCOURNEE OF):  24. DOWN ROLL OF THE PART II. Other algorithms conditions contributing to death but not resulting in death)  26. SEPSIS  27. DOWN ROLL OF THE PART II. OTHER AND		Λ		M- DECEMENTS	10000	AUDATION		401 100				MILTID	
ANNA MARIE VALONE (SISTER)  20. METHOD OF DISPOSITION  10. MALINIO ADDRESS (Since and Munities of Parts) Reas Munities, top of Sum, Sain, Zis Code)  22. LONGVIEW TERRACE ROCHESTER NY 14609  23. DOWN THE AND PLACE AND DATE OF DISPOSITION Members  1. SIGNATURGOF FUNDERAL SERVICE UPRINGS  22. LONGVIEW TERRACE ROCHESTER NY 14609  23. DOWN ROLL OF THE PART OF DISPOSITION Members  1. SIGNATURGOF FUNDERAL SERVICE UPRINGS  23. DOWN ROLL OF THE PART OF DISPOSITION MEMBERS OF PARCHY  24. DOWN ROLL OF THE PART OF THE PART OF DISPOSITION MEMBERS OF PARCHY  25. THE PART I Brits ris diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory stream.  ANALYTITION  DUE TO (OR AS A CONSCOURNEE OF):  24. DOWN ROLL OF THE PART II. Other algorithms conditions contributing to death but not resulting in death)  26. SEPSIS  27. DOWN ROLL OF THE PART II. OTHER AND	쁘	(Specify only highest grade completed	3)	(Give kind of v	rork done di	uring most	of working	16b. KI	ND OF BUS	SINESS/IN	DUSTRY		
ANNA MARIE VALONE (SISTER)  20. METHOD OF DISPOSITION  10. MALINIO ADDRESS (Since and Munities of Parts) Reas Munities, top of Sum, Sain, Zis Code)  22. LONGVIEW TERRACE ROCHESTER NY 14609  23. DOWN THE AND PLACE AND DATE OF DISPOSITION Members  1. SIGNATURGOF FUNDERAL SERVICE UPRINGS  22. LONGVIEW TERRACE ROCHESTER NY 14609  23. DOWN ROLL OF THE PART OF DISPOSITION Members  1. SIGNATURGOF FUNDERAL SERVICE UPRINGS  23. DOWN ROLL OF THE PART OF DISPOSITION MEMBERS OF PARCHY  24. DOWN ROLL OF THE PART OF THE PART OF DISPOSITION MEMBERS OF PARCHY  25. THE PART I Brits ris diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory stream.  ANALYTITION  DUE TO (OR AS A CONSCOURNEE OF):  24. DOWN ROLL OF THE PART II. Other algorithms conditions contributing to death but not resulting in death)  26. SEPSIS  27. DOWN ROLL OF THE PART II. OTHER AND	2							Т	DV C	TEAM	ED		
ANNA MARIE VALONE (SISTER)  20. METHOD OF DISPOSITION  10. MALINIO ADDRESS (Since and Munities of Parts) Reas Munities, top of Sum, Sain, Zis Code)  22. LONGVIEW TERRACE ROCHESTER NY 14609  23. DOWN THE AND PLACE AND DATE OF DISPOSITION Members  1. SIGNATURGOF FUNDERAL SERVICE UPRINGS  22. LONGVIEW TERRACE ROCHESTER NY 14609  23. DOWN ROLL OF THE PART OF DISPOSITION Members  1. SIGNATURGOF FUNDERAL SERVICE UPRINGS  23. DOWN ROLL OF THE PART OF DISPOSITION MEMBERS OF PARCHY  24. DOWN ROLL OF THE PART OF THE PART OF DISPOSITION MEMBERS OF PARCHY  25. THE PART I Brits ris diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory stream.  ANALYTITION  DUE TO (OR AS A CONSCOURNEE OF):  24. DOWN ROLL OF THE PART II. Other algorithms conditions contributing to death but not resulting in death)  26. SEPSIS  27. DOWN ROLL OF THE PART II. OTHER AND	<u>₹</u>			DKIAEK			10 MOTHER'S NA				LIV		
The Informant's NAME (Pysishing)  The Informant's NAME (Pysishing)  The MALING ADDRESS (Stitud and Number or Pural Picula Nambee, City or Sums, State, 2p Cody)  ANNA MARTE VALONE (SISTER)  200, PLACE ADDRATO ENGINEERY TERRACE ROCHESTER NY 14609  201, METHOD 21 CENTRE CENTRE  201, PLACE ADDRATO ENGINEERY OF THE PURPLY OF TH						- 1				Surrienre			
ANNA MARIE VALONE (SISTER)  222 LONGVIEW TERRACE ROCHESTER NY 14609  206. BERGOG OF DESCRIPTION 11 X BINNEY 2 C Commission 3 Paramovel from State 1 Commission 3 Paramovel from State 1 Commission 3 Paramovel from State 2 Commission 3 Paramovel from State 1 Commission 5 C Debter (Stockhol) 2 STERLING—ASHTON FUNERAL SERVICE LITERATE 2 STANKE AND ADDRESS OF PACASITY 2 STERLING—ASHTON FUNERAL HOME, INC. 2 STARE AND ADDRESS OF PACASITY 2 STERLING—ASHTON FUNERAL HOME, INC. 2 STARE AND ADDRESS OF PACASITY 2 STERLING—ASHTON FUNERAL HOME, INC. 2 STARE EMBORNDON A VENUE CATONSVILLE MD 21228  22. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or raspiratory arreat, industrial such as a cardiac or raspiratory arreat, industrial such as a condition, and a such as a cardiac or raspiratory arreat, industrial such as a cardiac or raspirat				19h MAILING	ADDRESS					o Ctato 7	in Code)		
28. BLACE AND DESIGNATION OF DISPOSITION   1   March 2   Commission 3   Removal from State   Commissio	2	1,11	CTER)										
1   Surela 2   Convention 3   Other (Docth)     21   SURATUREOR FUNERAL SERVICE LICENSE   HOLY SEPCILICHEE CEM. 9/6/96   JAMESTOWN NY     22   SURATUREOR FUNERAL SERVICE LICENSE   STERLING—ASHTON FUNERAL HOME, INC. 736 EDMONDSON AVENUE CATONSVILLE MD 21228     23   PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, indicated the control of the contr									_			wn State	
21. SIGNATURE,ORE FINERAL SERVICE LICENSEE  22. MAME AND SLODRESS OF FROMOTION STERLING—ASHTON FUNERAL HOME, INC. 736 EDMONDSON AVENUE CATONSVILLE MD 21228  23. PART I. Enter the diseasea, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Between Onset and Dash Approximate interval Between Onset and Dash ALLUSTRITION DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, interval Between Onset and Dash Bary, leading to immediate causes in Injury that intitled events resulting in death) LAST COPD. ATRIAL FIRRILLATION, PEPTIC ULCER DISEASE, DUE TO (OR AS A CONSEQUENCE OF):  C. SEPSIS DUE TO (OR AS A CONSEQUENCE OF):  C. SUSTING—ANABLE OF DEATH DECUBRITUS LILCER DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN  DECUBRITUS LILCER DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN  1 YES 2 TO NO  28. MANGER PREPRIED TO MEDICAL 28. MANGER PREPRIED TO MEDICAL 28. MANGER PREPRIED TO MEDICAL 28. ALLOS PREPRIED TO MEDICAL 28. ALLOS PREPRIED TO MEDICAL 28. ALLOS PREPRIED TO MEDICAL 28. ALLOS PREPRIED TO MEDICAL 28. ALLOS PREPRIED TO MEDICAL 29. ACRES PREPRIED TO MEDIC			n Stata ceme	tery, crematory or of	her place)			1					
23. PART   1. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, above, or hear fellure. List only one couse on such line.    IMMEDIATE CAUSE (Fine)   Approximate interval Between Onset and Death   Approximate   App			1 110	LI SEPUI	22 N	AME AND	ADDRESS OF EA	CHITY					
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, interval Balwacon on the country one cause on each line.    MALNUTRITION		* 1200 × XZ											
Interval Between Onset and Death   Interval Betwe		1 tally No	us									E MD 212	28
ABALNUTRITION   DUE TO (OR AS A CONSEQUENCE OF):		23. PAH1 I. Enter the diseases, or complications shock, or heart fellure. List only	allons that caused y one ceuse on ea	the deeth. Do n ch line.	ot enter t	the mode	e of dying, aud	th aa cardlad	or reapi	iratory a	rreal,		
DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  CAUSE (Disease or injury)  DUE TO (OR AS A CONSEQUENCE OF):  DUE T		At										Onset an	d Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONS													
Sequentially list conditions, leaves the cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE				CONSEQUENCE OF	·):								
PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I.  COPD. ATRIAL FIBRILLATION, PEPTIC ULCER DISEASE,  DECUBITUS ULCER  DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN  28. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Notural S Priority  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. CASTIFIER  28. COuld not be determined  28. CASTIFIER  29. CERTIFIER  29. CERTIFIER  29. CERTIFIER  29. CERTIFIER  29. CERTIFIER  29. SIGNATURE HID TITLE OF CERTIFIER  29. SIGNATURE HID TITLE OF CERTIFIER  290. LICENSE NUMBER  290. LICENSE NUMBER  290. LICENSE NUMBER  290. LICENSE NUMBER  290. LICENSE NUMBER  290. LICENSE NUMBER  290. LICENSE NUMBER  290. LICENSE NUMBER  290. LICENSE NUMBER  290. LICENSE NUMBER  290. LICENSE NUMBER  290. LICENSE NUMBER  290. LICENSE NUMBER  290. DATE SIGNED (Month, Day, Year)  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (TEM 27) (Type, Print)  Research  31. DATE FILED (Month, Day, Year)  32. DATE FILED (Month, Day, Year)  34. RECISTRARS SIGNATURE  248. WERE AUTDREY PRINTOR  1 YES 2 NAMO  1 YES 2 NAMO  1 YES 2 NAMO  1 YES 2 NAMO  1 YES 2 NAMO  248. WERE AUTDREY  1 YES 2 NAMO  1 YES 2 NAMO  1 YES 2 NAMO  248. WERE AUTDREY  1 YES 2 NAMO  1 YES 2 NAMO  1 YES 2 NAMO  1 YES 2 NAMO  248. WERE AUTDREY  1 YES 2 NAMO  1 YES 2 NAMO  1 YES 2 NAMO  248. WERE AUTDREY  1 YES 2 NAMO  1 YES 2 NAMO  1 YES 2 NAMO  248. WERE AUTDREY  1 YES 2 NAMO  248. WERE AUTDREY  1 YES 2 NAMO  1 YES 2 NAMO  248. WERE AUTDREY  1 YES 2 NAMO  248. WERE AUTDREY  1 YES 2 NAMO  1 YES 2 NAMO  248. WERE AUTDREY  1 YES 2 NAMO  1 YES 2 NAMO  248. DATE OF RESON WERE  1 YES 2 NAMO  248. DATE OF RESON WERE  1 YES 2 NAMO  250. LICENSE NUMBER  260. DATE SIGNED (Month, Day, Year)  270. LICENSE NUMBER  270. LICENSE NUMBER  270. LICENSE NUMBER  270. DATE SIGNED (Month, Day, Year)  270. LICENSE NUMBER  270. LICENSE NUMBER  270. DATE SIGNED (Month, Day, Year)  270. DATE FILED (Month, Day, Year)  270. DATE FILE	O	Sequentially list conditiona,		CONSEQUENCE OF	n:								
PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I.  COPD. ATRIAL FIBRILLATION, PEPTIC ULCER DISEASE,  DECUBITUS ULCER  DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN  28. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Notural S Priority  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. CASTIFIER  28. COuld not be determined  28. CASTIFIER  29. CERTIFIER  29. CERTIFIER  29. CERTIFIER  29. CERTIFIER  29. CERTIFIER  29. SIGNATURE HID TITLE OF CERTIFIER  29. SIGNATURE HID TITLE OF CERTIFIER  290. LICENSE NUMBER  290. LICENSE NUMBER  290. LICENSE NUMBER  290. LICENSE NUMBER  290. LICENSE NUMBER  290. LICENSE NUMBER  290. LICENSE NUMBER  290. LICENSE NUMBER  290. LICENSE NUMBER  290. LICENSE NUMBER  290. LICENSE NUMBER  290. LICENSE NUMBER  290. LICENSE NUMBER  290. DATE SIGNED (Month, Day, Year)  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (TEM 27) (Type, Print)  Research  31. DATE FILED (Month, Day, Year)  32. DATE FILED (Month, Day, Year)  34. RECISTRARS SIGNATURE  248. WERE AUTDREY PRINTOR  1 YES 2 NAMO  1 YES 2 NAMO  1 YES 2 NAMO  1 YES 2 NAMO  1 YES 2 NAMO  248. WERE AUTDREY  1 YES 2 NAMO  1 YES 2 NAMO  1 YES 2 NAMO  248. WERE AUTDREY  1 YES 2 NAMO  1 YES 2 NAMO  1 YES 2 NAMO  1 YES 2 NAMO  248. WERE AUTDREY  1 YES 2 NAMO  1 YES 2 NAMO  1 YES 2 NAMO  248. WERE AUTDREY  1 YES 2 NAMO  1 YES 2 NAMO  1 YES 2 NAMO  248. WERE AUTDREY  1 YES 2 NAMO  248. WERE AUTDREY  1 YES 2 NAMO  1 YES 2 NAMO  248. WERE AUTDREY  1 YES 2 NAMO  248. WERE AUTDREY  1 YES 2 NAMO  1 YES 2 NAMO  248. WERE AUTDREY  1 YES 2 NAMO  1 YES 2 NAMO  248. DATE OF RESON WERE  1 YES 2 NAMO  248. DATE OF RESON WERE  1 YES 2 NAMO  250. LICENSE NUMBER  260. DATE SIGNED (Month, Day, Year)  270. LICENSE NUMBER  270. LICENSE NUMBER  270. LICENSE NUMBER  270. DATE SIGNED (Month, Day, Year)  270. LICENSE NUMBER  270. LICENSE NUMBER  270. DATE SIGNED (Month, Day, Year)  270. DATE FILED (Month, Day, Year)  270. DATE FILE	Ä	cause. Enter UNDERLYING											
PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I.  COPD. ATRIAL FIBRILLATION, PEPTIC ULCER DISEASE,  DECUBITUS ULCER  DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN  28. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Notural S Priority  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. CASTIFIER  28. COuld not be determined  28. CASTIFIER  29. CERTIFIER  29. CERTIFIER  29. CERTIFIER  29. CERTIFIER  29. CERTIFIER  29. SIGNATURE HID TITLE OF CERTIFIER  29. SIGNATURE HID TITLE OF CERTIFIER  290. LICENSE NUMBER  290. LICENSE NUMBER  290. LICENSE NUMBER  290. LICENSE NUMBER  290. LICENSE NUMBER  290. LICENSE NUMBER  290. LICENSE NUMBER  290. LICENSE NUMBER  290. LICENSE NUMBER  290. LICENSE NUMBER  290. LICENSE NUMBER  290. LICENSE NUMBER  290. LICENSE NUMBER  290. DATE SIGNED (Month, Day, Year)  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (TEM 27) (Type, Print)  Research  31. DATE FILED (Month, Day, Year)  32. DATE FILED (Month, Day, Year)  34. RECISTRARS SIGNATURE  248. WERE AUTDREY PRINTOR  1 YES 2 NAMO  1 YES 2 NAMO  1 YES 2 NAMO  1 YES 2 NAMO  1 YES 2 NAMO  248. WERE AUTDREY  1 YES 2 NAMO  1 YES 2 NAMO  1 YES 2 NAMO  248. WERE AUTDREY  1 YES 2 NAMO  1 YES 2 NAMO  1 YES 2 NAMO  1 YES 2 NAMO  248. WERE AUTDREY  1 YES 2 NAMO  1 YES 2 NAMO  1 YES 2 NAMO  248. WERE AUTDREY  1 YES 2 NAMO  1 YES 2 NAMO  1 YES 2 NAMO  248. WERE AUTDREY  1 YES 2 NAMO  248. WERE AUTDREY  1 YES 2 NAMO  1 YES 2 NAMO  248. WERE AUTDREY  1 YES 2 NAMO  248. WERE AUTDREY  1 YES 2 NAMO  1 YES 2 NAMO  248. WERE AUTDREY  1 YES 2 NAMO  1 YES 2 NAMO  248. DATE OF RESON WERE  1 YES 2 NAMO  248. DATE OF RESON WERE  1 YES 2 NAMO  250. LICENSE NUMBER  260. DATE SIGNED (Month, Day, Year)  270. LICENSE NUMBER  270. LICENSE NUMBER  270. LICENSE NUMBER  270. DATE SIGNED (Month, Day, Year)  270. LICENSE NUMBER  270. LICENSE NUMBER  270. DATE SIGNED (Month, Day, Year)  270. DATE FILED (Month, Day, Year)  270. DATE FILE	띮		DUE TO (OR AS A	CONSEQUENCE OF	7:							1	
PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part i.  COPD. ATRIAL FIBRILLATION, PEPTIC ULCER DISEASE,  DECUBITUS ULCER  DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN  28. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  28. DATE OF INJURY AT WORK?  29. Accident Investigation  3 Suicide 8 Could not be determined  28. CALIFORM Physician: To the best of my knowledge, death occurred at the time, data and piaca, and due to the cause(a) and manner as stated.  296. SIGNATURE HID TITLE OF CENTRER  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (TEM 27) (Type, Print)  31. DATE FILED (Month, Day, Year)  34. RECISTRANS SIGNATURE  248. WAS AN ALTITOPY PRINTOS  COMPLETION 1. 248. WAS AN ALTITOPY PRINTOS  1 VES 2 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Check only one)  1 VES 2 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (TEM 27) (Type, Print)  36. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (TEM 27) (Type, Print)  37. DATE FILED (Month, Day, Year)  38. RECISTRANS SIGNATURE  290. LICENSE NUMBER  290. LICENSE NUMBER  290. LICENSE NUMBER  290. LICENSE NUMBER  290. LICENSE NUMBER  290. LICENSE NUMBER  290. LICENSE NUMBER  290. LICENSE NUMBER  290. DATE SIGNED (Month, Day, Year)  38. REGISTRANS SIGNATURE  39. RAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (TEM 27) (Type, Print)  39. REGISTRANS SIGNATURE  31. DATE FILED (Month, Day, Year)  39. REGISTRANS SIGNATURE	E												
COPD. ATRIAL FIBRILLATION, PEPTIC ULCER DISEASE,  DECUBRITUS ULCER  DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF HUJBY At home 5 Residence 8 Other (Specify)  29. CERTIFUE (Month, One, Year)  28. PLACE OF INJURY At home, farm, street, factory, office  29. CERTIFUE PHYSICIAN: To the best of my knowledge, death occurred at the time, data and placa, and due to the cause(a) and manner as stated.  29. SIGNATURE HID TITLE OF CERTIFUE  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  Respect Signature  29. REGISTRAR'S SIGNATURE  AMAILABLE PRIOR TO CAUSE OF CAUSE OF CAUSE OF DEATH (ITEM 27) (Type, Print)  AMAILABLE PRIOR TO CAUSE OF CAUSE OF DEATH (ITEM 27) (Type, Print)  AMAILABLE PRIOR TO CAUSE OF DEATH (ITEM 27) (Type, Pr													
DECUBITUS III.CER  DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN  26. PLACE OF DEATH YES NO UNCERTAIN  27. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 MNO  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF INJURY AT WORK?  1 Notural S Pending Investigation  3 Suicides 8 Could not be determined  28. PLACE OF INJURY — At home, farm, street, factory, office 2 cl. INJURY AT WORK?  1 YES 2 NO  28. CERTIFIER (Check only one)  28. PLACE OF INJURY — At home, farm, street, factory, office 2 cl. INJURY or Town, State)  29. CERTIFIER (Check only one)  29. SIGNATURE IN TITLE OF CERTIFIER  29. SIGNATURE IN TITLE OF CERTIFIER  29. LICENSE NUMBER  29. SIGNATURE IN TITLE OF CERTIFIER  29. SIGNATURE OF DEATH (TEM 27) (Type, Print)  SIGNATURE OF DEATH (TEM 27) (Type, Print)  SIGNATURE OF DEATH (TEM 27) (Type, Print)  SIGNATURE OF DEATH (TEM 27) (Type, Print)  31. DATE FILED (Mprint, Day, Year)  32. REGISTRAR'S SIGNATURE	AL							Part i. 24			246	AMILABLE PRIOR	TO
29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and pieca, and due to the cause(a) and manner as stated.  29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and pieca, and due to the cause(a) and manner as stated.  29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29c. LICEN		COPD, ATRIAL FIBRILLA	TION, PER	TIC ULC	ER_DI	SEAS	ъЕ,	1	YES 2	ХХио			CAUSE
29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and pieca, and due to the cause(a) and manner as stated.  29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and pieca, and due to the cause(a) and manner as stated.  29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29c. LICEN	¥											1 - YES 2 X	MO
29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and pieca, and due to the cause(a) and manner as stated.  29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and pieca, and due to the cause(a) and manner as stated.  29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29c. LICEN	Ä						UNCERTAI	ИП					
29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and pieca, and due to the cause(a) and manner as stated.  29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and pieca, and due to the cause(a) and manner as stated.  29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29c. LICEN	2	EXAMINER? HOSE		a PLACE OF DEA								-	
29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and pieca, and due to the cause(a) and manner as stated.  29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and pieca, and due to the cause(a) and manner as stated.  29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29c. LICEN	YS	A			4X-XNurs	Ing Home							
29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  29b. SIGNATURE AND TITLE OF CENTIFIER  29c. LICENSE NUMBER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)  31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE  32. REGISTRAR'S SIGNATURE  32. REGISTRAR'S SIGNATURE  33. DATE FILED (Month, Day, Year)  34. REGISTRAR'S SIGNATURE  35. REGISTRAR'S SIGNATURE  20. LICENSE NUMBER  20. DATE SIGNED (Month, Day, Year)  36. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  37. REGISTRAR'S SIGNATURE			(Month, Day, Year)	28b, TIM	E DF URY	WOR	IK?	28d. DESCR	IBE HOW I	INJURY O	CCURED		
4   Homicide   B   Could not be determined   City or Town, State)    20. CERTIFFIER   Check only one)   1   CERTIFFING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, and due to the cause(a) and manner as stated.  20. SIGNATURE NIO TITLE OF CERTIFFINE   20. LICENSE NUMBER   20. LICENSE NUMBER   20. LICENSE NUMBER   20. DATE SIGNED (Month, Day, Year)   20. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)   31. DATE FILED (Month, Day, Year)   32. REGISTRAR'S SIGNATURE   34. REGISTRAR'S SIGNAT	BY	2 Accident Investigation	- 64 405 05 10 10 10				ES 2 NO						
296. SIGNATURE AND TITLE OF CENTIFIEN  296. LICENSE NUMBER  296. LICENSE NUMBER  D 4195  Sept 3, 1996  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)  Rebecca D. Flan, MD 5505 Hapkins Bayview Circle Balto MD 21224  31. DATE FILED (Month, Day, Your)  32. REGISTRAR'S SIGNATURE		8 Could not be			street, tacto	ery, office		City or	ON (Street lown, State)	and Numb	er or Rural	Route Number,	
296. SIGNATURE AND TITLE OF CENTIFIEN  296. LICENSE NUMBER  296. LICENSE NUMBER  D 4195  Sept 3, 1996  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)  Rebecca D. Flan, MD 5505 Hapkins Bayview Circle Balto MD 21224  31. DATE FILED (Month, Day, Your)  32. REGISTRAR'S SIGNATURE	Ē	DA. OFFICER											
296. SIGNATURE AND TITLE OF CENTIFIEN  296. LICENSE NUMBER  296. LICENSE NUMBER  D 4195  Sept 3, 1996  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)  Rebecca D. Flan, MD 5505 Hapkins Bayview Circle Balto MD 21224  31. DATE FILED (Month, Day, Your)  32. REGISTRAR'S SIGNATURE	AP.	(Check only 1 CERTIFYING PHYSICIAN: To											
296. SIGNATURE AND TITLE OF CENTIFIEN  296. LICENSE NUMBER  296. LICENSE NUMBER  D 4195  Sept 3, 1996  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)  Rebecca D. Flan, MD 5505 Hapkins Bayview Circle Balto MD 21224  31. DATE FILED (Month, Day, Your)  32. REGISTRAR'S SIGNATURE	Ö	2 MEDICAL EXAMINER: On the	e beals of axamination	end/or investigation	n, In my op	olnion, de	ath occured at the	time, date en	d placa, ar	nd due to	the cause(	a) and manner as	stated.
2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  Rebecca D. Elan, MD 5505 Hapkins Bayview Circle Balto MO 21224  31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE		29b. SIGNATURE AND TITLE OF CERTIFIER	12	7 -	_		29c. LICENSE NU	MBER					
Rebecca D. Flan, MD 5505 Hapkins Bayview Circle Batto no 21224 31. DATE FILED (Month, Day, Your) 38. REGISTRAY'S SIGNATURE		/ une	-0				D41	93	)	1 2	ept	3,19	96
31. DATE FILED (Month, Day, Year) 3gt. REGISTRAR'S SIGNATURE	F			Т <b>Н (ITEM 27)</b> (Туре	Print)								
31. DATE FILED (Month, Day, Year) 3gt. REGISTRAR'S SIGNATURE					Har	okin	& Barr	riew C	irela	B	a Ho	mo 21	124
JLT - 0 1330 WWW. Mandager - Mandager		31. DATE FILED (Month, Day, Year) SFD 1 2 100C			•		1						
		AFL - 0 1930	www.dow.	Mandell									



State of Maryland / Department of Health and Mental Hygiene

10,1996

**Physician** /Medical Examiner

**Funeral** Director

ag Examiner must be n hours after "natural", or Pages 1 and 2 should be filed within 7 nent of Health and Mental Hygiene. rut: If item 27 is marked other than "I 26

Baltimore, Maryland 21215-0020

**Physician** /Medical Examiner

and The law requires that the death certificate be axecuted ettending physician a for use es the burial-Division of Vital Records, P.O. Box 68760, signed by the e certificate has t Hospital or Attending Physician: 24 hours after death. Funeral Director: After this certific funeral To the Hospital or Atta within 24 hours after de To the Funeral Directo completely filled in by th

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death Month MOLFE T432 5:05 PM COSALIF 4e. Facility Neme (If not Institution, give street end number) 4b. City. Town, or Location of Death 4c. County of Death COLUMBIA HOSPITAL HOWARD GENERAL HOWARD COUNTY 7. Age (In yrs. last birthdey)

1. Age (In yrs. last birthdey)

1. Age (In yrs. last birthdey)

1. Age (In yrs. last birthdey)

1. Age (In yrs. last birthdey)

1. Age (In yrs. last birthdey)

1. Age (In yrs. last birthdey)

1. Age (In yrs. last birthdey)

1. Age (In yrs. last birthdey)

1. Age (In yrs. last birthdey)

1. Age (In yrs. last birthdey)

1. Age (In yrs. last birthdey)

1. Age (In yrs. last birthdey)

1. Age (In yrs. last birthdey)

1. Age (In yrs. last birthdey)

1. Age (In yrs. last birthdey)

1. Age (In yrs. last birthdey)

1. Age (In yrs. last birthdey)

1. Age (In yrs. last birthdey)

1. Age (In yrs. last birthdey)

1. Age (In yrs. last birthdey)

1. Age (In yrs. last birthdey)

1. Age (In yrs. last birthdey)

1. Age (In yrs. last birthdey)

1. Age (In yrs. last birthdey)

1. Age (In yrs. last birthdey)

1. Age (In yrs. last birthdey)

1. Age (In yrs. last birthdey)

1. Age (In yrs. last birthdey)

1. Age (In yrs. last birthdey)

1. Age (In yrs. last birthdey)

1. Age (In yrs. last birthdey)

1. Age (In yrs. last birthdey)

1. Age (In yrs. last birthdey)

1. Age (In yrs. last birthdey)

1. Age (In yrs. last birthdey)

1. Age (In yrs. last birthdey)

1. Age (In yrs. last birthdey)

1. Age (In yrs. last birthdey)

1. Age (In yrs. last birthdey)

1. Age (In yrs. last birthdey)

1. Age (In yrs. last birthdey)

1. Age (In yrs. last birthdey)

1. Age (In yrs. last birthdey)

1. Age (In yrs. last birthdey)

1. Age (In yrs. last birthdey)

1. Age (In yrs. last birthdey)

1. Age (In yrs. last birthdey)

1. Age (In yrs. last birthdey)

1. Age (In yrs. last birthdey)

1. Age (In yrs. last birthdey)

1. Age (In yrs. last birthdey)

1. Age (In yrs. last birthdey)

1. Age (In yrs. last birthdey)

1. Age (In yrs. last birthdey)

1. Age (In yrs. last birthdey)

1. Age (In yrs. last birthdey)

1. Age (In yrs. last birthdey)

1. Age (In yrs. last birthdey)

1. Age (In yrs. last birthdey)

1. Age (In yrs. last birthdey)

1. Age (In yrs. last birthdey)

1. Age (In yrs. last birthdey)

1. Age (In yrs. last birthdey) 5. Sociel Security Number 6. Se 9. Birthplace (State or Foreign 1 M 2 TF West Virginia 234-40-7601 Usual Residence of Decedent 10s Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits Md. Howard Columbia 1 ☐ Yes 2 ☑ No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 7074 Garden Walk 21044 U.S.A. Funeral 12. Wes Decedent Ever In U.S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Meritel Stetus 14. Rece - American Indien, Black, White, etc. 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Detes: 1 Never Merried 2 Married 1 ☐ Yes 2 X No Specify: Specify: White by 3 X Widowed 4 ☐ Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Administrative Assistant School System 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Irene Peverall Burt William Beatty 19a, Informent's Name/Rejetionship (Type, Print) Bill Wolfe/Pam Ferrari (Son) 195 Mailing Address (Street and Number of Rural Route Number, City of Town, State, Zip Code) 7074 Garden Walk Columbia, Maryland 21044 20b. Pleca of Disposition (Name of cemetery, cremetery or other papt. 14, 1998ate important: if its any injury or oth 6058 20a. Method of Disposition 20c. Location - City or Town, Stete 1 Burial 2 □ Cremetion 3 □ Removel from Stete Bluefield, W. Virginia 4 ☐ Donetion 5 ☐ Other (Specify) Monte Vista Park Cemetery 21. Signe ure of Funerei Service Licensee 22. Name and Address of Facility Witzke Funeral Home, Inc. thomas uanita K 1630 Edmondson Avenue Catonsville, Maryland 23a. Pert. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiretory errest, shock or heart teilure. List only one cause on each line. Approximate Intervei Between Onset and Death Immediate Cause (Final disease or condition resulting In deeth) ASPIRATION PHERMONIA 3 DAYS Due to (or es e consequence ot): Examiner I WEEK PULMONARY EDEMA Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in deeth) Last Due to (or as e consequence of): RENAL HAILURE HRONIC UNKNOWN Physiclan/Medicai Due to (or es e consequence ot) Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23h. Did tobacco use contributs to the cause of death? 1 Type 2 No 3 Probably 4 MUnknown CORONARY ARTERY DISEASE, WARER GASTROINTESTINAL BLEEDING þ 24e. Wes en eutopsy performed? 24b. Were autopsy findings aveilable prior to completion of cause of death? Completed RECURRENT BRONCHITIS, ILEUS 1 ☐ Yes 2 No 1 T Ves 2 T No Be 25. Was case reterred to medical examiner? 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2 No 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Death Certification: 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 1 Netural 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 6 Could not be determined 28t. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, term, street, fectory, office building, etc. (Specify) 4 Homicide 29a. Certifier Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end placa, end due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical 29b. Signeture and title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year)

038296

9501 OLD ANNAPOLIS RD, ELLICOTT CITY, MD 21042

State Registrar 4th Jellony, Mrs

NOSEPH GIBBONS, MD

31. Dete filed (Month, Dey, Year)

30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print)

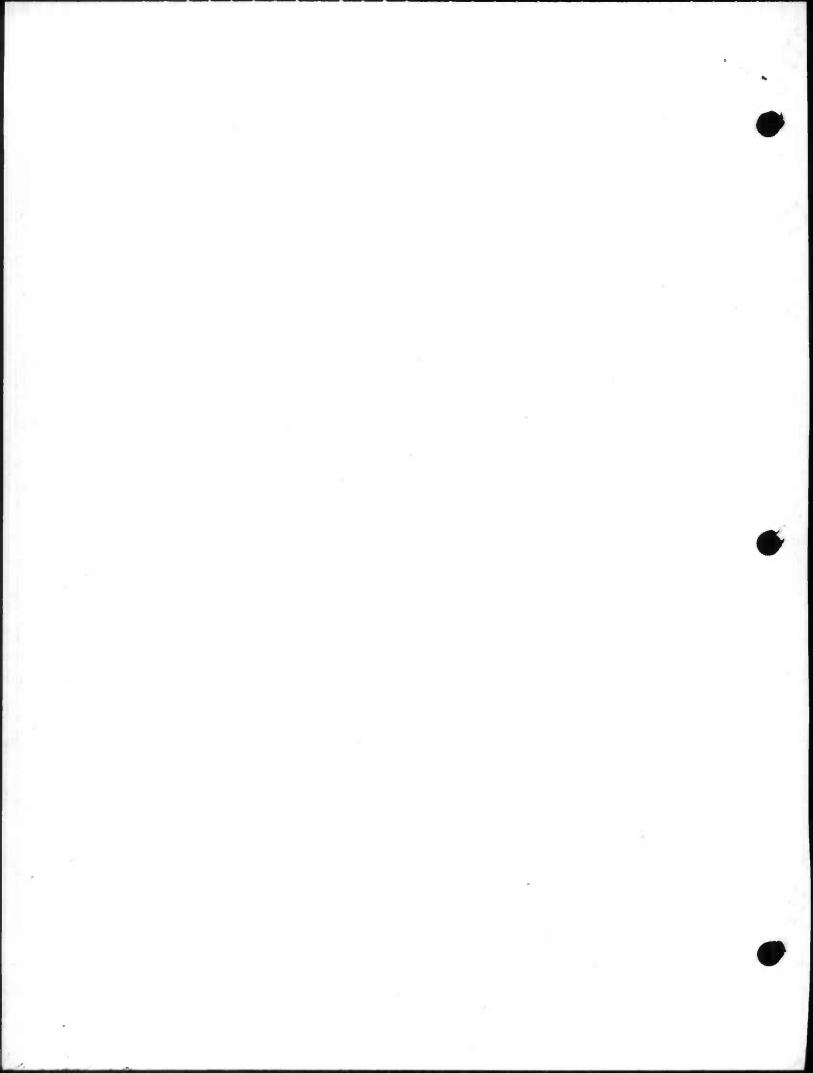
1996 Sales Stanettle Rarlett

FOR STATE REGISTRAR

1 -

	į	1. DECEDENT'S NAME (First, Mar Qa	ret	C. (	NW	te				3	DATE OF OEAT		1996	3. TIME OF OPATH
pi		4. SOCIAL SECURIT (NUMB 217-05-1278		5. SEX 1 M 2 XF	6. AGE (In yrs. 83	YRS.	MONTHS	DAYS		MIN.	Month, Day, Year June 2,	1913	Mar Mar	yland
1, 2, 3 should	TOR	St. Elizabe	th's N		Home		96. CIT		timore		`H	9c. CO	N/A	ATH
permit. Pages	DIRECTOR	Maryland	Ba]	Ltimore		10c. Ci	TY, TOWN		odlawi	n				10d. INSIDE CITY LIMITS? 1 YES 2 XNO
nsit pern	FUNERAL	1906 Thayer	Terra	ace				10	or. ZIP CODE	1227		10g. CI1	U.S	A.
ding physicien.	BY	11. MARITAL STATUS  1 Never Married 2 3 Wildowed 4 Divor			T EVER IN U.S. YES 2 MAR OR DATES		13	If yes, s	CENDENT OF pecify Cuban,	Mexican, I	ORIGIN? (Specify Puerto Rican, atc.	Yea or No-	14. RACE - Black, Specify	American Indian, White, etc.
hospital or attending ached for use as the 66.	PLETED		EDENT'S EDUC highest grade		+)	OECEDENT'S (Give kind of life. Do NOT of Cafet	work done use retired.	during m	ost of working			BUSINESS/IN		v Admin.
at the	BE COMPL	17. FATHER'S NAME (Flist, MI George Leo		or		<u> </u>		1102	18. MOTHE		(First, Middle, Ma		Sur I C	Z AGIIIII.
ope 5 should be notified	TO E	June Yingli		aughter)		1210	Oak.	land	Terra	ace F				yland 2122
director, pa director, pa er must b		4 Donation 5 Other (Specify) Woodlawn Cemetery Woodlawn												
De Loneral		20s. NETHOD OF DISPOSITION 1% Burdlet 2 Cremetion 3 Removal from State 4 Donetton 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Witzke Funeral Home, Inc. 1630 Edmondson Avenue Catonsvill  23. PART () Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest,												
within 24 hours of operation, or removent, the medica		23. PART (I.) Enter the dishock, or he IMMEDIATE CAUSE (Fin disease or condition resulting in death)	eart fallure.	List only one cer	or AS A CON	line.				g, euch s	sa cardlec or n	sepiratory a	reat,	Approximate Interval Between Onset and Death 8/29/96
certificate be executed ding physician and cor tyglene prior to burial, other traumatic e	CERTIFICATION	Sequentially list condition if any, leading to immediate. Enter UNDERLY!! CAUSE (Disease or injuitat initisted events resulting in death) LAST	flete NG ry	С.	OR AS A CON		OF):							6/3/96 3 months
requires that the death of signed by the attend of Health and Mental Highwas any injury, or	MEDICAL CE	PART II. Other algorifices history of	nt condition	<b>1</b>	deeth but no					ven in Pa	PER	S AN AUTOPSY FORMED? S 2 NO		WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
4: The law req cate has been State Dept. of item 23 sho	SICIAN:	DID TOBACCO US 25. WAS CASE REFERRED TO EXAMINER?				EATH Y				RTAIN				2.4
PHYSICIAN: The law this certificate has with the State Depr rked, or Item 23	PHYSIC	1 YES 2 NO 27. MANNER OF DEATH	100.000	HOSPITAL: 1 Inpetient 2 [  26a. DATE OF	INJURY	28b. TII		28c. IN.	ne 5 🗆 Rask JURY AT DRK?	-	Other (Specify)	OW INJURY O	CURED	
THE HOSPITAL OR ATTENDING PHYSICIAN; The law req THE FUNERAL DIRECTOR: After this certificate has been filed within 72 hours after death with the State Dept. of PORTANT: If I tem 28 is marked, or Item 23 sh	ED BY	2 Accident 3 Suicide 6	Pending nvestigation Could not be determined	28e. PLACE ( building,	OF INJURY — At	t home, ferm,	M street, fac		YES 2 1		Bf. LOCATION (Str. City or Town, S		or Rural Ro	ute Number,
HOSPITAL OR AT FUNERAL DIREC WITHIN 72 HOURS	COMPLET			CIAN: To the best of a										and manner as stated,
TO THE HOSPIT TO THE FUNENA DE flied within 7 IMPORTANT:	TO BE C	296. SIGNATURE AND TITLE	OF GERTIFIER	-, m	)				29c. LICENS			29d. DA	TE SIGNEO (	Wonth, Day, Year) CF 12,1996
		30. NAME AND ADDRESS OF LETS E.  31. DATE FILEO (Month, Day, 1)	EUHN 3 1996	m.D.	342	of Bei		Ave	Shi	ite	230	Baltin	ive v	ND 21227
V	į	SEPI	3 1336	0										DHMH-16 Rev 1/8

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



State of Maryland / Department of Health and Mental Hygiene

27375 Certificate of Death

Physician
/Medical
Examiner

Funera Directo

rmit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland partment of Heelth and Mental Hygiene. mportant: If tern 27 is marked other than "natural", or items 23s or 28s-f show my injury or other traumatic event, the Medical Examinar must be not lifted at

Itimore, Maryland 21215-0020

Physician /Medica Examine

To the Mospital or Attending Physician: The lew requires that the deeth certificate be executed within 24 hours after death.

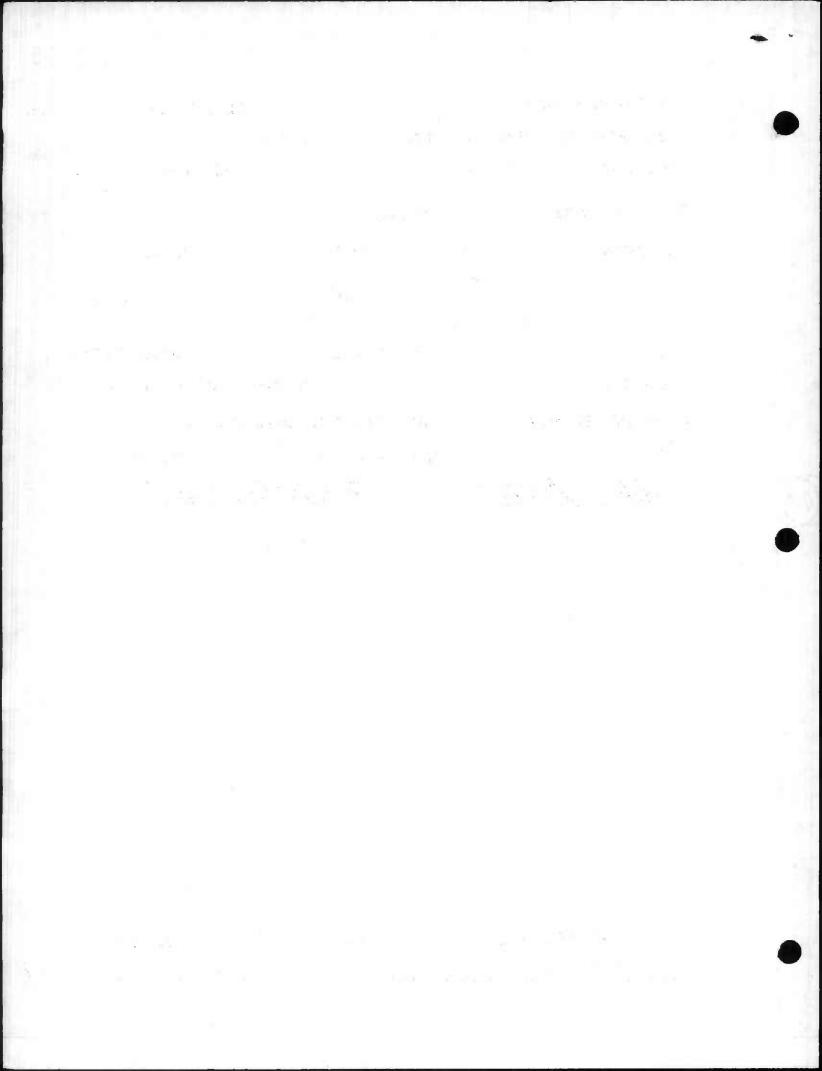
To the Funeral Director: After this certificate hes been signed by the ettending physician and completely filled in by the funeral director, paga 2 should be detached for use as the buriel-transit

Division of Vital Records, P.O. Box 68760,

_						or timouto t	), L	Journ			Rag. No.		
cian lical	1. Decedant's Ne EDYTH	ma <i>(First, Middl</i> a IE M. WHI			,					2. Data of De Month SEPT.	Day	Yaar	3. Tima of Deeth  1:52 P.M.
iner			giva street and no		CENTE	R		b. City, To		ocation of Daat	-	ity of Deat	The state of the s
	5. Sociel Sacurity 217-18-2		6. Sax 1 □ M 2 ☑ F	7. Aga (In yrs	s. last birtho	Months De	aar Bys	If Undar Hours	24 Hrs. Min.	8. Data of Bir Month, Da MAY 6,	th	9. Birtl	nplace (State or Foreign untry) MD
	Usual Rasidance	of Dacedant										,	
tor	MD State	10b. County BALTIN	1ORE	10c. C	BALT:	r Location IMORE							10d. Insida City Limits 1 ☐ Yas 2 ☒ No
2	10e. Street and N	umber				10f. Zip Coo	do				10g. Citizan o	f Mhat Ca	unto 2
Funeral Director	3123 YOR					21222	)				U.S.A.		uritty ?
by		rried 2 Marrie	12. Was Dec Armed F ad 1 ☐ Yas If Yas, G Yaar or I	cedant Evar in it orces? 2(1) No iive Datas:	U,S.	13. Was Decadant If Yas, specify ( 1 ☐ Yas 2 📉		spanic Ori n, Maxicer Specify:		acify Yes or No Ricen, atc.)	Spec	eck, White	rican Indian, n, atc.
Completed			grada complated,		16a. Da (G	acedant's Usual Oc Giva kind of work do fa. DO NOT usa ra	ccupa ona d	ation lu <i>ring</i> mosi	t of work	ing	16b. Kind of	Businass/I	ndustry
Com	Eiamantery/Sec			(1-4or 5+)		TORY WORK							ECTRIC
To Be	17. Fathar's Nema		ast)							a <i>(First, Middl</i> e, CES (ME		,	
-	19a. Informant's I		in /Tune Print)		10h M	Inilian Address (Ot			-				
	CLAUDE W				1	lailing Addrass (St.)  3 YORKWAY						n, Stata, Z	ip Coda)
	20a. Mathod of Di	sposition	3 □Ramovel from		Place of D	isposition (Nama o cramatory or other	f		IONL	Deta	20c. Location	- City or 1	Town, State
	4 Donation	5 Othar (Spi	ecity)	DRU	JID R	IDGE CEME				/9/96	PIKESV	ILLE	MD
	21. Signature of F	Funerei Sarvice Li	Hall	_		BRADLEY-	AS	HTON	FUNI	ERAL HO	ME, INC	3.	
	23e. Pert1. Entar shock, or ha	thy sease, or c	omplications thet	caused tha dea	ith. Do not	2134 DUN anter the mode of	DA	LK AV g, such es	ENU]	E BATIM or raspiratory a	ORE MD	2122	Approximete Intarval Batwean
ner	Immedieta Cause disaase or conditi rasulting in daath	ion	a Car	Dua to (	or as a con	atic Ansequance of):	en	rt.	Du.	seine	7	>	5 years 5 years
Examiner	Sequantially list of	onditions,	b			sequance of):							5 years
	Sequantially list c if eny, laading to i ceusa. Entar Und Causa (Disaasa that initiated avan rasulting in daath)	darlying or injury ts	c	Dua to (	or as a con	sequance of):							
an/Medical	rasulting in data	Lesi	d										
	Part II. Othar sign	ificent condition	s contributing to d	leath but not ra	sulting in th	e undarlying ceusa	giva	n In Part I.		23b. Dld 1	obacco use c	ontributa	to the cause of death?
by Physic										10	Yes 2□ No	3 🗆 Pro	obabty 4 Unknown
Completed b	-										an autopsy rmad?	80	Vere autopsy findings vailable prior to omplation of ceusa f death?
Соп										101	as 2 No	1	□ Yas 2□ No
Be	25. Wes cesa rafa axaminar?		Hospital:				Otho			h (Check only o			
10	1 Yas 2		1		ER/Outpa	tient 31 DOA	Othe	r: 4□ Nu	rsing Ho	ma 5 🗆 Rasio	lance 6 🗆 Ot	thar (Spec	ity)
Certification:	27. Manner of Dea 1 ☑ Netural 2 ☐ Accidant	5 Panding invastiga	tion	of Injury oth, Day Year)	28b. Tim Injur	y \		at ? ′as 2□N		28d. Dascribe t	ow injury occu	irred	
Sertifi	3 ☐ Suicida 4 ☐ Homicida	6 □ Could no datarmin	ed 28a Place	of Injury - At hing, atc. (Speci	oma, farm,	straet, factory, offi	ce		1	28f. Location (S City or Tox	Street and Num n, State)	ber or Ru	ral Route Number,
edicai (	29a. Cartifier (Check only one)	1 Certifying 2 Medical Ex	caminer: On tha b	best of my kno asis of axamina nar stated.	owladga, da ation and/or	aath occurred at the r investigation, in m	time	e, data and inion, daat	d ptace, e	end dua to tha ded at tha tima,	eausa(s) and m dete and ptace	nanner es :	stated. to tha ceuse(s)
Me	29b. Signature end	d title of Partifier	ù si	Ton	0	29c, Lic	11	151	)		29d. Data sign	101	
				111111111111111111111111111111111111111							1/4/	10	
-	30. Nama and add			sa of daath (Iter		9e, Print) 41 S. (	EL	LW	ood	AUE,	BALT	O,M	0 21224

32. Registrar's Signatura

State Registrar 31. Data filad (Month, Day, Year) SEP 13 1996

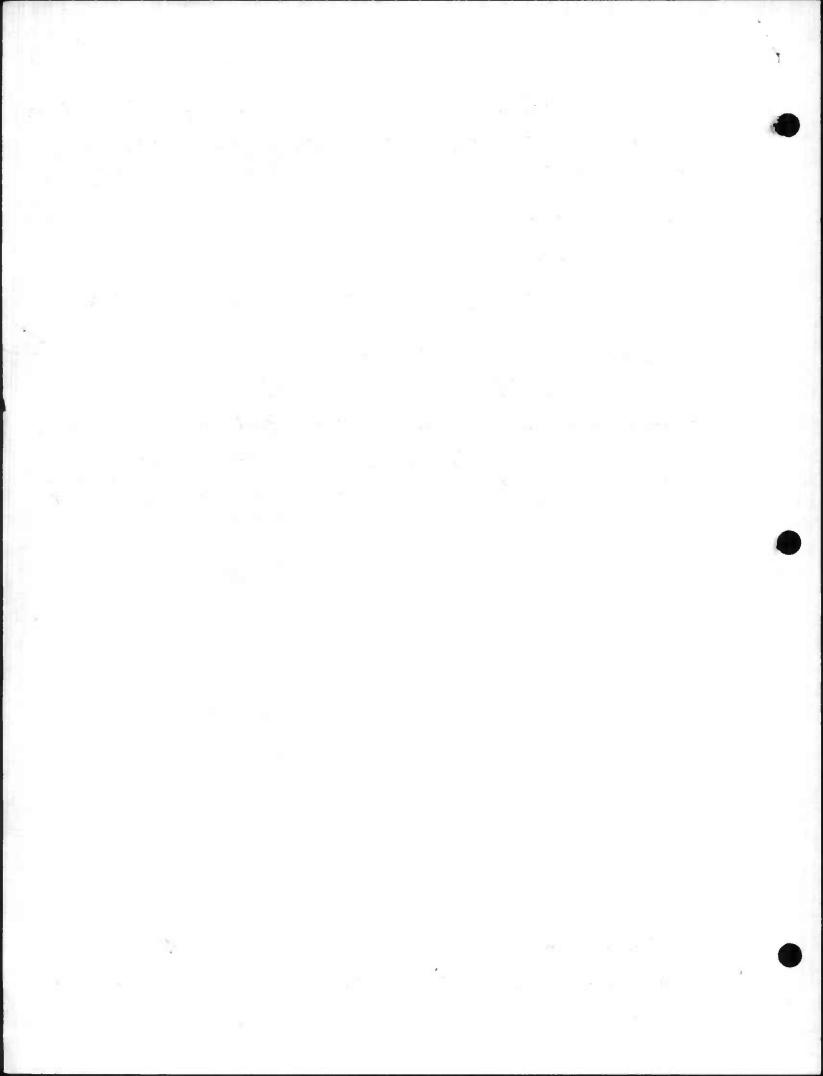


State of Maryland / Department of Health and Mental Hygiene

96

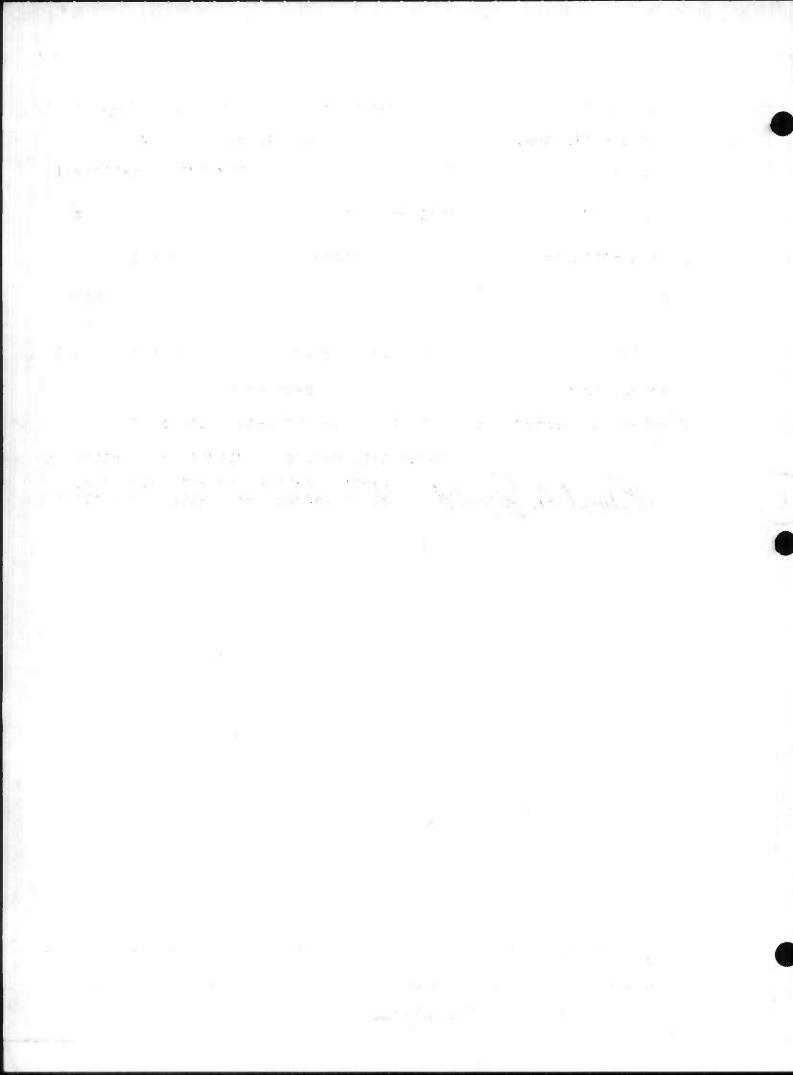
27376

				Certificate of Death	100	Reg. No.	
			Decedent's Nema (First, Middle, Last)		2. Date of Dec	eth David	3. Tima of Death
	Physic /Modi		ERNIEST L. Walker		Sent	1991	7:450m
5	/Medi Examlı		4e. Fecility Neme (If not institution, give street end number)	4b. City, Tow	m, or Location of Death	4c. County of Deel	h
1	-Aurille		Loch Rayer Nursing	Center Tour	18011	Bakin	1000
-	Funeral		5. Social Security Number 6. Sax 7. Age (Try)'s. ies	st birthdey) If Under 1 Year   If Under 2		h 9. Birt	hpiace (Stete or Foreign
	Director		212-28-9459 1XM 20F (07	Yrs. Months Deys Houra	Min. (Month, De	7. 1929 MG	Winter I CALC
			Usuel Residence of Decedent		1 2	-1,1121110	LLYIMOU
	ylan		10a. Stata 10b. County 10c. City,	Town or Location			10d. Insida City Limits
	Mar	to	Mapuland Rathimore Bal	LIMAPP			1 ☐ Yes 2 No
	1284 1284	Director	10e. Street and Number	10f. Zlp Code		10g. Citizen of Whet Co	ountry?
	3a o		2501 School Pd	217311		1181	
	72 hours after death with the Maryland netural; or Items 23a or 28s-f ahow dics! Examiner must be notified at	Funeral	11. Maritel Stetus 12. Was Decedent Evar in U,S.	13. Was Decedent of Hispanic Orlo	In? (Specify Yas or No-	14. Raca - Ame	rican Indian.
0	ther her	F	Armed Forces?	13. Was Decedent of Hispanic Original If Yas, specify Cuban, Mexican,	Puarto Rican, atc.)	Biack, White	
20	17. o	þ	1 Never Merried 2 Merried 1 Yes 2 No If Yes, Giva 3 Widowed 4 Divorced Yes or Detes: W	1 ☐ Yes 2 ☒ No Specify:		Specify: (	hite
21215-0020	2 ho	8	15. Decedent's Education	16e. Decedent's Usuel Occupation		16b. Kind of Buainess/	Industry
215	- 1	Completed	(Specify only highest grede completed)	(Give kind of work done during most of life. DO NOT usa retired)	of working	1. Josdinal	201180
217	filed within Hygiene. ther than "r mt, in Mer	E	Elemantary/Secondery (0-12) College (1-4or 5+)	machinist		Westirgi	COUL
	Hygie offier		17. Fathar'a Name (First, Middia, Last)	18. Mother	's Name (First, Middla,	Maidan Sumama)	
an	ould be f Mental I arked of artic eve	To Be	CAMPST II WOLFER	1111	PUBLINI		
Maryland	2 should and Men la marke aumatic	-	19e. Informent's Name/Ralationship (Type, Print)	19b. Meiling Address (Street end Number	or Rural Route Number	ar, City or Town, Steta.	Zio Code)
Ž	ges 1 and 2 should be filed within 72 hours after death with the Marylan it of Health and Mental Hygiene. If Item 27 is marked other than "natural", or Items 23s or 28s-f ahow or other traumstic event, the Medical Experience must be notified at		Educard Barbood Solforond	2005 E 11001don	Print R	Nimon M	12/2/17/21
ē,	Health Health Jem 27		20e. Method of Disposition 20b. Pla	ca of Disposition (Neme of	Date	20c. Location - City or	Town, Stete
altimore,	pemnit. Pages 1 end 2 should be filed within Department of Health and Mental Hygiene. Important: if Item 27 ia marked other then may fujury or other traumratic event, fire Medice.		1 El Burial 2 Li Cremetion 3 Li Hamoval from State	netery, cremetory or other place)	Sipt.	Da Mull	n Manula-
=	permit. Pag Department Important: I any injury o		4 Donation 5 Other (Spacify)  21. Signature of Funerei Service; bicensea	accord cemetery	16,1976	POPRVIIN	MURUIGNO
Ba	Departr Departr Imports any Inje		21. Signature of Ponerel Service-Excenses	22. Name and Address of Fedility		8800 Ma	rtord ra.
	20240		have to then	EVANS Chapela	of Memorie	3 Ballimore	e, Md 21234
0			23a. Part1. Enter the disease, or complications that paused the deeth. ahock, or heart failure. List only one cause on each line.	Do not enter the mode of dying, such as co	ardiac or respiratory en	rest,	Approximate Interval Between
1	Physician		1				Onset and Deeth
7	/Medicai		Immediate Cause (Final disease or condition resulting in death)	Failure			
	Examiner		resulting in deeth)	es e consequence of):			
	70 Æ	Examiner	b. Coronary	Artery Dise	ease		
	certificate be executed ding physician and se es the burial-transit	Eam	Sequentially list conditions, Due to (or a	s e conaequence of):			
ó	e exe ian s urial-		Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events  Due to (or each of the conditions)	Renal E	of lunes		
68760	ate b nysic he b	Medical	thet initieted events resulting in deeth) Last  Due to (or e	sa consequenca of):		1	
	eath certifica ettending ph for use es t	Vec	Dia he te	Mallita		1	
OX			d. Stabetes	116111111			
B.	0 0 2	Physician	Pert II. Other eignificant conditions contributing to deeth but not rasulti	ng in the underlying causa givan in Part t.	23b. Dld 1	obacco use contribute	to the cause of death?
P.0	res that the de igned by the e be deteched to	,h			10	Yee 2 No 3 P	robably 4 Unknown
	ned e	by F			_		
ğ	The lew requires that the ste has been signed by the page 2 should be deteched.						Wera eutopsy findings
8	sho sho	et			perfo		avelleble prior to completion of cause of death?
Re	hes ge 2	Completed				-/	
a					10)		1 ☐ Yes 2 ☐ No
of Vital Records,	Physician: The this certificate ral director, pag	Be	25. Wes case referred to medical examiner?  Hospitel: Hospitel:	Other	of Death (Check only o		
o	this aldi	- To	TI THE ZEGINO TI INPATIENT ZIE	Voutpatient 3LI DOA 4UI Nuis		dence 6 Other (Spe	cify)
	5 5 5	lo	1 Neturel 5 Pending (Month, Dey Year)	Injury Work?		now Injury occurred	
5	Attending or death.  ector: After by the fune	cat	2 Accident investigation 3 Suicide 6 Could not be			Y	and Davids About as
Division	or At Mer of in by	Certification:	4 Homicide determined 28e. Plece of Injury - At hom building, etc. (Specify)	a, ferm, street, fectory, office	City or Tow	Street and Number or Ru vn, Stete)	urai Houte Number,
ب	of the same of the	ပိ					
	To the Hospital or Attendi within 24 hours after death To the Funeral Director: A completely filled in by the fi	edicai	29e. Cartifier  (Check only  2 ■ Medical Examiner: On the basis of examination	edge, deeth occurred at the time, date and n and/or investigation, in my opinion, death	pleca, end due to the o occurred et the time,	ceuse(a) and manner as dete end plece, and due	s steted. to the ceuse(s)
	To the vithin 2 To the comple	Med	one) and menner steted.	29c. License number	1	20d Date slened #4	h Day Veed
	5 2 5 8	_	29b. Signature and title of certifier  Voyage M. D.			29d. Date aigned (Mont	
	6		VIJOUR KORDEN /1. ).	J4781.	3	Sept 1)191	
	V	[	30. Name and address of person who completed cause of deeth (Item 2	3e) (Type, Print)	1	Sept 13/91 Himope, 1	11
	1		W. Kalakesh M.D. 3007	E. NORTHERN PK	wy Da	HIMOPP, 1	rid.
	Sta		31. Dete filed (Month, Day, Year) 33. Registrer a Spatul	102	1		
	Registi	ar	SEP 1 3 1996				



# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

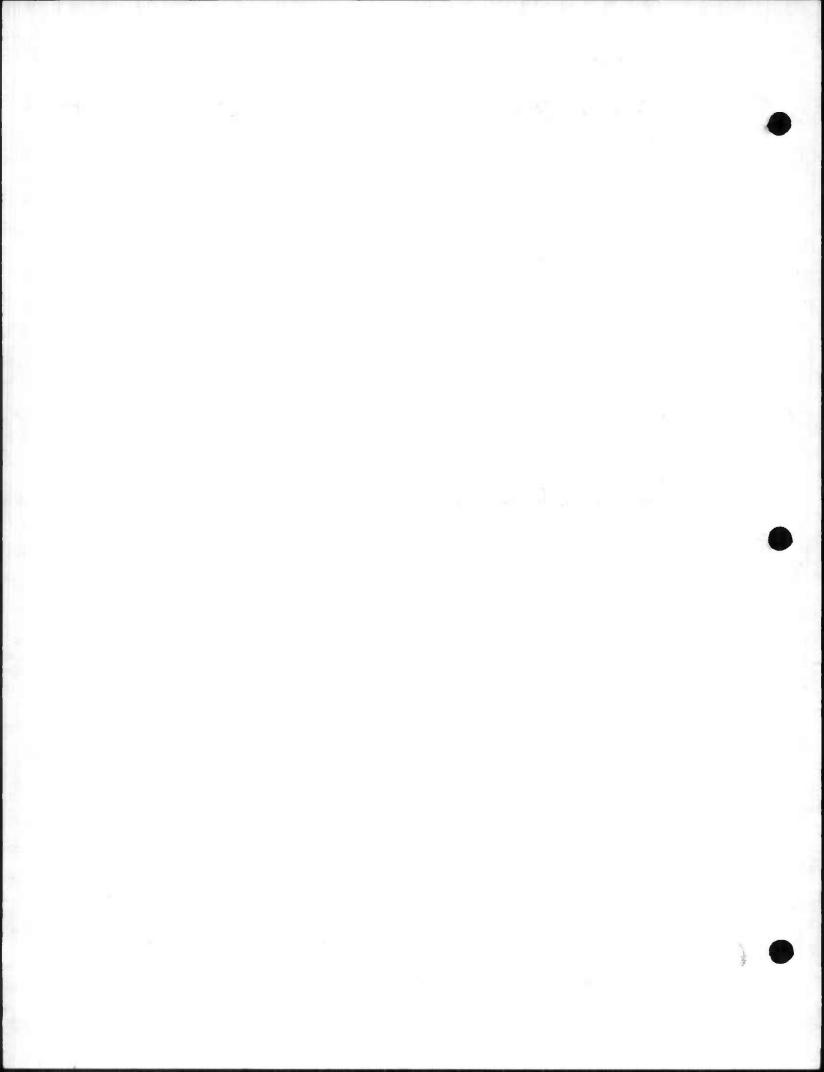
		1. Decedent's Name (First, Middle,	Last)						2. Date of D	Reg. No.		3. Time of Death
Physicia	_	KATHRYN			u	ERN	ER		SENT	Pay	1991	2:1500
/Medic Examin		4e. Facility Neme (If not institution,	give street end number)					4b. City, Town, or		th 4c. County	of Death	2.10 9.19
		2806 Maudlin	Ave.					Baltim		N/		
unerai		5. Social Security Number	5. Sex 7. Aç 1□ M 2 7 F	ge (In yrs. la	st birthday)	If Unde Months	1 Year Deys	If Under 24 Hrs Hours Min	8. Date of B	irth ay Year) 1	9. Birthp	lace (State or Foreign
rector		215-12-4114	1□ M 2∯ F	75	Yrs.	Widthila	Days	TIOUIS	05701	71921	ali	fornia
		Usual Residenca of Decedent  10a. Stete 10b. County		10c City	Town or Lo	ncation					11	Od. Inside City Limits
returns, or neith 250 or consistion and additional Examinat must be notified at	٥	MD. N/A			imor						"	1 Yes 2 □ No
note	Director	10e. Street end Number				10f. Zij	Code			10g. Citizen of 1	What Coun	
8		2806 Maudlin A	***				123	0		U.S.		uyr
	Funeral	11. Marital Status	12. Was Decedent	Ever In U,S	. 13.			dispenic Origin? (S an, Mexican, Puer	Specify Yes or N		e - Americ	an Indian,
N. Carlo		1 Never Married 2 Marrie							to Rican, etc.)	Blad	ck, White,	
	by	3 Widowed 4 □ Divorced	it Yes, Give Year or Dates:			1LI Yes	2LINo	Specify:		Specify	v: W]	hite
	Completed	15. Decedent's (Specify only highest	Education		16a. Dece	dent's Usu	al Occup	eation during most of wo	udvina	16b. Kind of B	usineas/Ind	lustry
	npie	Elementery/Secondary (0-12)	College (1-4or	0+)					innig			
	S	llth			Fact	ory	Wor			Procto		Gamble
	Be	17. Father's Name (First, Middle, La	ist)					18. Mother's Na	me (First, Middle	a, Maiden Suman	10)	
	7	Charles Tarun							lcManas			
		19a. Informant's Neme/Relationshi						and Number or R				Code)
	-	Charles N. Wei 20a. Method of Disposition	ner/ Son	20h Ple	RD I			l Linco	Date	1. 1996 20c. Location -		um Casta
		f⊞Burlai 2 ☐ Cremation 3	☐Removal from State	cer	n <i>etery, cr</i> ei	metory or	ther ple					
		4 □Donetion 5 □Other (Special Service Li		CIO								lle, MD.
once.		21. Signature of the fall Service Li	1	1.1				ss of Facility As hton				
	-	Edval,	1. xy	in				ndson A			MD.	
	7.1	23e. Pert1. Enter the disease, or c shock, or heart failure. List or	omplications in each li	ne.	Do not en	ter the mod	ie ot dylr	ng, such as cardia	c or respiretory a	arrest,	1	Approximate fnterval Between Onset end Death
an :al		Immediate Cause (Final	1								1	
er		disease or condition resulting in death)	ө.	ungo							-	9 months
Ц	je.			Due to (or	es e con <i>s</i> ec	quence of)					i	
	Examiner	Convention by list conditions	b	Due to (or a	200000	nuence oth					1	
		Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events		000 10 (01	a3 a con360	quorion or,					!	
1	edical	Cause (Disease or injury that initiated events	C	Due to (or a	s a consec	uence of):						
	20	resulting in death) Last		,								
	Physician/M		d		,							
	Sici	Part II. Other algnificant condition	contributing to death b	ut not result	ing In the u	nderlying o	ause giv	en in Part I.	23b. Did	tobacco uae co	ntribute to	the cause of death?
	Phy								10	Ýes 2□ No	3 Prob	ably 4 🗆 Unknown
	þ										T	
	Completed									s en eutopsy ormed?	ava	re autopsy findings iliable prior to inpletion ot cause
	de l									,	of c	leath?
R									10	Yes 20 No	1	Yes 2000
	Be	25. Was case reterred to medical examiner?	Hospital:				Out		ath (Check only	one)		
	- To	1 ☐ Yes 2 ☐ No 27. Manner of Death	1 L Inpatie		P/Outpatier	-		4 LI Nursing I		Idence 6 Oth		)
	lon	1 Natural 5 ☐ Pending	28a. Date of inju (Month, Da	y Year)	8b. Time of Injury	M	8c. Injur Wor	yat k? Yes 2∐No	28a. Describe	how injury occur	red	
	Certification:	2 ☐ Accident investigat 3 ☐ Suicide 6 ☐ Could no	be on Disco of the	IIIV - At ham	e form of			199 Z [] NO	28t Location	(Street and Numb	er or Dura	Route Number
	E E	4 ☐ Homicide determin	building, et	c. (Specify)	ie, iarm, str	reet, ractor	, onica		City or To	wn, State)	er or nural	House Williams,
		29a. Certifier 1 Certifying	Physician: To the best	of my knowl	edne deeti	h occurred	at the tir	ne date and place	and due to the	cauca(s) and me	nner ne et	atod.
	edical	(Check only 2 Medical Ex	aminer: On the basis of and manner sta	examinetion	n and/or in	vestigation	in my o	pinion, death occi	urred at the time,	, date and placa,	and due to	the cause(s)
		29b. Signature and title of certifier				29	. Licens	e number		29d. Date signe	d (Month, L	Dey, Yeer)
		DA MH	- MD				140	850		Sember	hor 1	1 1996
	-	30. Name and address of person wi		eath (Item 2	23a) (Type		-			- Gricon	- Prong	29
1		//,		10 6			0	UE B	AL TIME (V	IE MA	7.17.	7 6
0 1						74 1010		VE L	I C I I IVCOIN	h. ch	010	07



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 27

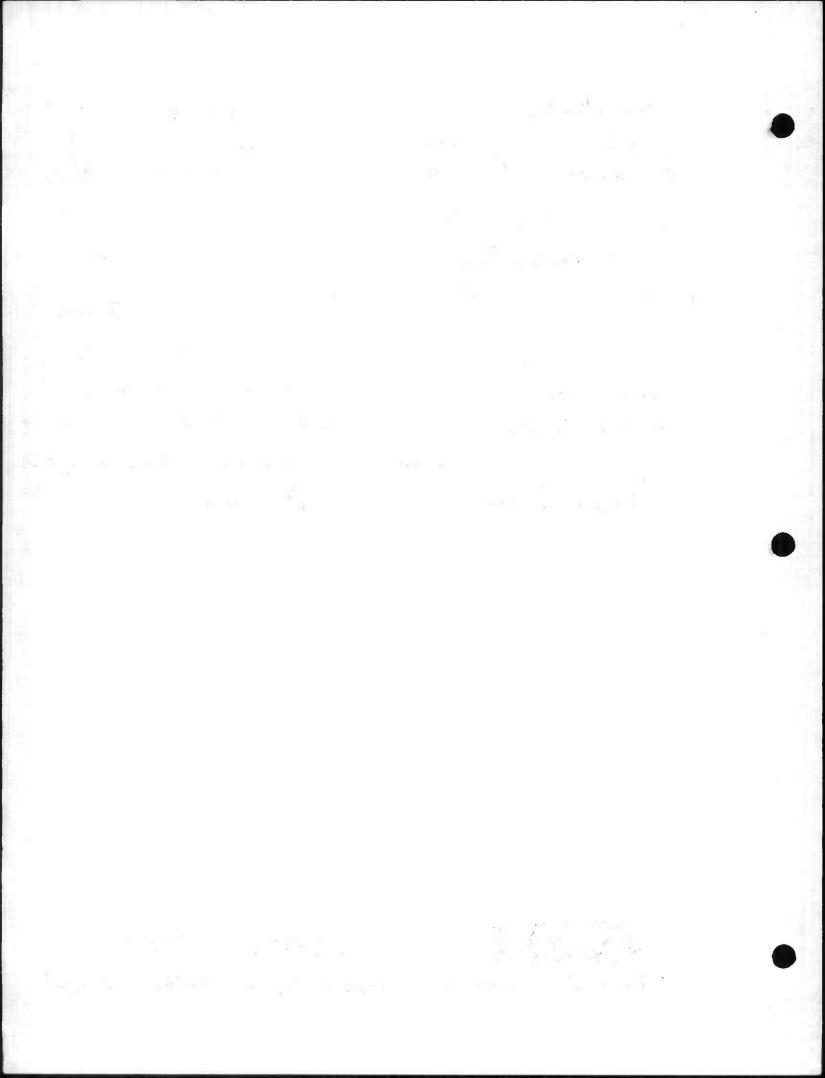
			item #20b,20c, film	g /39, 9/13/96,cy	", "Certifica	te of	Death	Re	g. No.		. 1010	
	1200000000	10.00	Decedent's Name (First, Middle, Last)					2. Date of Death 3. Time of Death				
	Physic		RICKEY C	NILLOUG	FHBT.			Month SEP.	Day	Year	4-50 A	
	/Medi Examir		4a. Facility Name (if not institution, give		-	4	b. City, Town, or L		4c. County			
7	- LAWITH		hipporty Hordis	al Center		1	3-11.	- 4	NA			
•	Funeral		5. Social Security Number 6. S			ar 1 Yaar				9. Birtho	lace (State or Foreign	
L	Director		5. Social Security Number  6. Sex 10 M 2 F 7. Aga (In yrs. lest birthday) 10 M 2 F 1									
21215-0020	inyland show	_	10a. State 10b. County	10c. City	, Town or Location					1	Od. Inside City Limits	
	M Par	Funeral Director	Md NA	B	21timpre						1 Nae 2 No	
	72 hours after death with the Maryland natural; or items 23a or 28a-f show deal Examinar must be notified at	i e	10e. Street and Number		10f. Z	ip Code		10	og. Citizen of	What Coun	try?	
		<u>@</u>	14147 Park	Height Ave	nue	212	-15		U.	S.A		
		ine.	11. Marital Status	12. Was Decedant Ever In U, Armed Forces?	S. 13. Was Dec	edent of H	ispanic Origin? (Sp n, Mexican, Puerto	ecify Yas or No-		e - Amaric		
	or and	F	1 Naver Married 2 Marriad	1 Yes 2 No		2 No	Specify:	r tiouri, ato.			etc.	
	ral.	d by	3 Widowed 4 Divorced	Yaar or Dates:	1 165	290110	Specify.		Specify	Bla	ek	
	is 1 and 2 should be filed within 72 hours of Health and Mental Hygiene, Itam 27 Is marked other than "natural", other traumatic event, tra Medical Ex	Completed	15. Decedent's Ed (Specify only highest gra	ucation de completed)	16a. Decedent's Us	ual Occup	ation during most of work	rina	16b. Kind of B	usinass/Inc	lustry	
2		du	Elementary/Secondary (0-12)	College (1-4or 5+)	Δ .	. /	during most of work )	9				
		ပိ	11th grade	NA	Hut)	Yeck	anic					
, Maryland		Be	17. Father's Name (First, Middle, Last)				18. Mother's Nam	e (First, Middla, N	faiden Sumen	10)		
		To	George W. U	Moughy			Viola	Blunt				
			19a. Informant's Name/Relationship (7	ype, Print)	19b. Mailing Addre	ss (Street	and Number or Rui	ral Routa Number,	City or Town,	Steta, Zip	Code) 7/2/5	
			Drane Jackson	-Sister	4147	Parti	- Heights	Avenue	Bal	Limer	e nd	
ore			20a. Method of Disposition 1 Description 2 Cremation 3 C	20b. P	ace of Disposition (Nometer, cremator, or	eme of other place	e)	Date 2	Oc. Location	City or To		
Baltimore	Pages nent of int: If its		4 Donation 5 Other (Specify		Carvary Cen	etery	p Agy 1	9-20-96 +	16061	olk, y	e ta	
at	permit. Page Department of Important: If Important: of Imp injury or		21. Signature of Funeral Service Licen	94	22, Nama	nd Addras	s of Facility	1	2110009	, 00	1	
m	Depa Impo any i		MD BUL		Marc	トド	. H. Weg	wah A.		2,		
			23= Cart 1. Enter the disease, dir comp	lications that caused the death	Do not enter the mi	food	n such as cardiac	or respiratory erre	nne	Raly	Approximata	
	Physician /Medical		art 1. Enter the disease, di comp hock, or heart failura. List only	ne cause on each lina.		oc or cy	g, out a out day	or raspiratory and			Interval Between Onset and Death	
			Immediate Cause (Final	Carri		2	1					
	Examiner		Immediate Cause (Final disease or condition resulting In death)  a. (artinoma & Lung 8  Due to (or as a consequence of):									
		- a		~~~						1		
	hed nsit	Examiner		b. Meur	ral [	FF(	Nelsh	1				
	sate be axecuted Mysician and the burial-transit	Хаг	Sequentially list conditions,  Due to (or as a consequence of):							į		
68760,	be a liciar		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury	C						i		
387	death certificate be axecuted e attending physician and ed for use as the burial-transit	Medical	that initiated events resulting in death) Last  Due to (or as a consequence of):									
	ding pl											
Box	eath ce attendi	lan										
	by th	Completed by Physician/	Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part i.					23b. Did tobacco use contribute to the cause of death?				
P.0								1 □ Ye	e 2 No	3 Prob	ably 4 Unknown	
Division of Vital Records,	signed d be de											
	Physician: The law requires this certificate has been sign ral director, page 2 should be							performed? availa		ra autopsy findings illable prior to		
										of c	npietion of cause leath?	
								1 ☐ Ye	s 21 No	1 🗆	Yes 2□ No	
		Be (	25. Was case referred to medical examiner?	28. Place of Death (Check only one)								
		ToE	1 ☐ Yes 2 ☑ No	Hospital: 1 Inpatient 2 1	pital: 1 Inpatient 2 ER/Outpetient 3 DOA			me 5 Resider	nca 8 🗆 Oth	er (Specify	•)	
	ding Ph h. After th funeral		27. Manner of Death 1 ☑Natural 5 ☐ Pending	28a. Dete of Injury (Month, Dey Year)	28b. Time of Injury	28c. Injun Work		28d. Describe ho				
	or Attendate deat Director:	atic	1 Matural 5 Pending 2 Accident investigation				1 ☐ Yes 2 ☐ No					
		tiffe	3 ☐ Suicide 6 ☐ Could not b	28e. Placa of injury - At home, farm, street, factory, office building, etc. (Specify)				281. Location (Street and Number or Rural Route Number,				
		Certification:	· Carronnoso	building, etc. (Specify)					City or Town, Stete)			
2	Hospital 14 hours Funeral tely fille		29a. Certifier (Check only (Ch									
1	# X 4 2	edical	one) 2 Medicai Exam	ner: On the besis of axaminati and manner stated.	on and/or invastigation	n, in my of	olnion, death occur	red at the time, da	te and placa,	and due to	the cause(s)	
J	Within S	2	29b. Signatura and titla of certifier		2	9c. License	number	29	d. Date signe	d (Month, I	Dey, Year)	
	6.	1	R. M. Shor my			019	19668 9-11-96					
	W 4	1	30. Name and address of person who completed cause of death (Item 23a) (Type, Print)						10 1-10			
-	-		29b. Signatura and titla of certifier  P. M. Shor D  30. Name and address of person who completed cause of death (Item 23a) (Type, Print)  R. M. SHAH M.D. CIBERTY MEDICAL CENTER BALLMAR. M.D.  31. Date filed (Month, Day, Year)  32. Registra's Signature  SEP 1 3 1996   Julia Lavidson-Randelle									
	Sta	te	31. Date filed (Month, Day, Year) 32. Registrar's Signature									
	Registr		SEP 1	3 1996 > Julia D	avidson-Rand	ec.						



State of Maryland / Department of Health and Mental Hygiene 96

					Certificate	of Death	Re	g. No.		
	Physici		1. Decedent's Neme (First, Middle, Last				2. Dete of Deeth	Dev	Xgas _	3. Time of Death
4	/Medid Examir		4a. Facility Name (If not institution, give			4b. City, Town, or Lo	Sept.	4c. County	of Deeth	7.05 AM
	LAGIIII	ICI	Banview Ge	jatries C	enter	Baltin	ore		N	A
	Funeral Director		5. Social Security Number 6. Se		n yrs. lest birthday) If Under 1 Y Months D		6. Dete of Birth (Month, Day,	Year)	9. Birthple Countr	N.C.
	the Maryland 28a-f show	tor	10a. Stete 10b. County	1/a 1º	Baltimore				100	d. Inalde City Limits
3	Mile Mile	Funeral Director	10e. Street and Number Hopk	ins Bay	view Circle	21224	10	g. Citizen of V	S. A	), y?
		by Funer	11. Marital Status  1 Never Merried 2 Merried	12. Was Decedent For Armed Forces? 1 Yes 2 No If Yes, Give	in U.S. 13. Was Decedent If Yes, specify	of Hispanic Origin? (Spe Cuban, Mexican, Puerto No Specify:	ecify Yes or No- Rican, etc.)		ce - American ck, White, et	
5-0020	"natural",		3° Widowed 4 □ Divorced  15. Decedent's Edu	Yeer or Detes:	16e. Decedent's Usuel O	coupation		6b. Kind of B	DIC	ick
	within 72 h ene. than "natu he Medical	Completed	(Specify only highest grad	e completed) Coilege (1-4or 5+)	(Give kind of work diffe. DO NOT use re	one during most of work	ing	//	usinassindu	istry
2	s 1 and 2 should be filed within the filed within the filed by the filed the filed the filed the filed the filed by the filed the filed by the filed	Com	Elementally Secondary (0-12)	2 years	Don	nestic		HOUS	EWin	fe
pu	d oth	Be	17. Father's Name (First, Middle, Last)			18. Mother's Neme	(First, Middle, M	laiden Sumen	ne)	
Maryland	Men	10		urvey		Hani	nah	Wo	2750 N	
Mai	h and h and h and h and h and h		19e. Informent's Neme/Reletionship (T)	1	19b. Melling Address (St	× / //				
	ofher tr		Verome Kick  20e. Method of Disposition	narolsan	Ob. Piece of Disposition (Name of	nSton Hue	Dete 2	Oc. Location	City or Tow	D. 21239
Baltimore	m O		1 D Burial 2 ☐ Cremetion 3 ☐ F 4 ☐ Donetlon 5 ☐ Othar (Specify)	Removel from State	Bathingre (	place)	7-13-96			re, mo.
Balt	permit. Page Department of important: If any injury or once.		21. Signeture of Funerel Service Licens	on Carel		C. Mark E. North				
			23a. Part1. Enter the diseesa, or compleshock, or heart failure. List only or	cations that caused the	deeth. Do not enter the mode of	dying, such as cardiac	or respiratory arre	st,	- 1	Approximate interval Between
	hysician			,				-3		Onset and Deeth
-	/Medical Examiner		Immediate Cause (Final disease or condition resulting in daeth)	CND ST	AGE RENAL ]	) SEASE			- 1	YKS
		P.	resulting in deeling	/	to (or as e consequence of):	0				
	nst hsm	uju.		. //	e perturation a	and repair			h	reeks
,	ate be executed whysician and the burial-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury		to (or es e consequence of):	•			į,	10.61
68760	physician the buria	edicai	thet initieted events	parcrea	to (or es e consequenca of):				1 4	seits
89	ing ph e as th	Med	resulting In death) Last		to (or or o ornordoniaz or).					
Вох	tendir tendir or use	and		d					1	
D. E	the att	Physician/	Pert II. Other significant conditions cor	ntributing to death but no	ot resulting in the underlying cause	e given in Part I.	23b. Did tol	acco use co	ntribute to t	the cause of death?
P.O	requires mat the deem certificate be, een signed by the attending physicia hould be detached for use as the bur	P.					1□ Ye	8 2□ No	3 Probe	ably 4 Unknown
Records,	signed I	d by					24a. Was en	autoney	24b. Were	e autopsy findings
Ö	D 00	Completed					perform	ed?	com	lable prior to
I Rec	certificate has rector, page 2	mc					a Milya	0 D N -		eath?
= 5	ificate or, pe	0	25. Wes case referred to medical			On Diseased December		s 2 No	10	Yes 2 No
of Vita	s cert	To B	exeminer?	lospitei: 1 Linpatiant	2 ☐ ER/Outpatient 3 ☐ DOA	Other: 4 Nursing Ho	me 5 Resider		er (Specify)	
of	er this		27. Manner of Deeth	28e. Dete of Injury (Month, Day Ye			26d. Describe ho			
vision	r: Aft	atio	1 Natural 5 Panding 2 Accident investigation	(MOIIII, Day 19		1 Yes 2 No				
7	글목목	Certification:	3 ☐ Suicide 6 ☐ Could not be determined	28e. Pieca of Injury - building, atc. (S	At home, ferm, street, fectory, of pecify)	fice	28f. Location (Str. City or Town,		ber or Rural I	Route Number,
1	within 24 hours To the Funeral completely filled	edicai (	29a. Certifier (Check only one) Certifying Physical Examiles	sician: To the best of my ner: On the bests of exa and menner steted.	y knowledga, daeth occurred at the minetion end/or investigation, in r	na tima, data and place, only opinion, deeth occurr	and due to tha ca ed et tha time, de	use(s) and me ta end pleca,	enner as state	ted. the cause(s)
4	vithin To the	Me	29b. Signature and this of certifier	1	29c. Lic	cense number	29	d. Dete signe	d (Month, Di	ey, Year)
,	> - 0		1年级上下	A	7	22461		9.9.9	76	
	0		30. Name and address of person who co	implaind cause of death	(Item 23a) (Type, Print)	- 101				
	A	1	Richard Ben	and Han	5505 Hanks	25 Bayver	s Bo	Story	D71	774
	Sta	te	31. Dete filed (Month, Dey, Year)	32. Registrar's	Signeture	1				

DHMH 16 Ray 6/95



item #7, filmg 739, 9/13/96,cyw, per fh Certificate of Death

	_		1. Decedent's Name (First, Middle, L		per in	* Certi	ificate of	Death	2. Dete of D	Reg. No.		3. Time of Dea	ath
	Physic	ian	DELEDICE .		TADMANT				Month	Dey	Yeer		
	_/Medi		BEATRICE Et		VARMAN			Ab City To	wn, or Location of Dea	ber 11,		2:00 pr	m
å	Exami	ner		Contract of the Contract of th	,			40. City, 10	WIT, OF LOCATION OF LINE	th 4c. County	of Death		
			Stella Maris Ho				Killeder 4 Mag	Tov	vson			re Co.	
п	Funeral	m	Social Security Number     6.	Sex 7. A	ge (In yrs. lest		If Under 1 Yae Months Deys		Min. 8. Dete of Bi	rth e <i>y, Year)</i>	9. Birthp	placa (Steta or For	reign
	Director		051-22-2365		-07	Yrs.				1910		ham, N.Y.	
	pu *		Usuei Residance of Decadent  10a. State 10b. County		Tan City T	own or Loca	Al e -						
	aryla sho	-									1	0d. Inside City Lir 1 ☐ Yes 2	
	h the Marylan r 28a-f show	ct	Maryland Balt:	imore Co.	Ca	itonsv.	ılle					1 Yes 22	OVA
	hours after death with the Maryland urel; or items 23a or 28a-f show all Examples must be purified at	Director	10e. Street end Number				10f. Zip Coda			10g. Citizen of	What Coun	itry?	
	th w		715 Maiden Choice	e Lane			212	228		United	Stat	es	
	dea	Funerai	11. Meritai Status	12. Wes Decedent Armed Forces	Ever in U,S.	13. Wa			gin? (Specify Yas or N , Puarto Rican, atc.)	o- 14. Rad	ca - Americ	an Indian,	
0	after or its		1 ☐ Never Married 2 ☐ Married	1 ☐ Yes 2 🔼					, ruanto rican, atc.)		ck, White,		
21215-0020	vurs after death with al', or items 23a or Examiner munt be	by	3 Widowed 4 □ Divorced	If Yas, Give Year or Detes:		1 L	Yas 2X No	Specify:		Specif	Whi	te	
0	72 hours natural',	Completed	15. Decedent's		11	6e. Deceder	nt's Usuei Occi	petion		16b. Kind of B	usiness/Ind	dustry	
21		ple	(Specify only highest g Elementery/Secondery (0-12)	College (1-4or	54)	life. DC	nd of work done NOT use retir	ed)	t of working				
21	TO TO SE	E	12	03	54)	Regie	stered	Mirco		Nursi	or Ho	mo	
D	be filed that that dother to	Be C	17. Fether's Neme (First, Middle, La.			14091	S CCI CU		r'a Neme (First, Middle				-
a	0 0 0 0	ToB	Joseph Casey					Flor	rence Bruce				
Maryland	d 2 should be the end Mantal T is marked or traumatic even	1	19a. Informant's Neme/Reletionship	(Type Print)	1	19h Mailino	Address (Street		er or Rural Route Numi		State Zin	Code	
N	d T		Joyce L. Schultze				Cloverl						
e,	# # # # #		20e. Method of Disposition	(Daugneer)			ion (Name of	ea ruc	Data	Marylai 20c. Location			
Baltimore,	5 5 5		12 Buriei 2 ☐ Crametion 3	Removel from Stete	0.000.0	etery, creme	tory or other pl	eca)		200. LOCATION	City of To	WII, Stata	
Ë	permit. Pege Department of Important: If any Injury or once.		4 ☐ Donation 5 ☐ Other (Spec	* *	Kind	lerhool	k Cemet	ery	9/16/96	Kinder	nook,	New Yor	ck
a la	Departiment In pour In Pour In In Pour In In Pour In In Pour In In Pour In In In In In In In In In In In In In		21. Signeture of Funerel Service Lic	9800 Jeffrey	L. Ga	ir 22.1	Neme end Add	ress of Facilit	y				
10	20 = 9 g		Jeff Jun of	Shu	_				neral Home		3 212	0.4	
			23e. Part. Bhter the disease, or co shock, or heart feilure. List on	nplications that cause	d the deeth. D	o not enter	the mode of dy	ring, such es	Towson,	Prost,	1_212	Approximata	
9	Physician		shock, or heart fellute. List on	y one cellue on each l	ine.						1	Intervel Between Onset end Deeth	
	/Medical		Immediate Cause (Finet	RRA	1170	1000	horse	000	GGN		1	2 ~ ~ ~	
	Examiner		diseesa or condition resulting in death)	BRA	1070	אושווי	-/ UNS	STEC !	1700			3mos.	,
		9			Due to (or es	e conseque	ince of):				ŧ		
	ted nsit	듄		b. ————							1		
_	certificate be executed office the control of the c	Examiner	Sequentially list conditions, if eny, leeding to immediate cause. Enter Undarlying Cause (Disease or Injury		Due to (or es	a conseque	nca of):				1		
9	be e clan burie		cause. Enter Undarlying Ceuse (Diseese or Injury	C							i		
68760,	Shys the	edicai	thet initieted avents resulting in death) Lest		Due to (or es	a conseque	nce of):				i		
×	E 0 8	ΙΣ.		d							i		
Bo	eath cert attendin I for use	an		0.							1		
	e death the atter hed for u	Physician/	Pert II. Other significant conditions	contributing to death t	out not resulting	g in the unde	erlying cause g	iven in Pert I	. 23b. Dio	tobacco use co	ntribute to	the cause of de	ath?
P.0	\$ > 0	h	Cerebrovasci	200 .00	2010	. +			10	Yes I No	3 Prol	bably 4 Unki	nown
		by F	Ceresional	a ve	ader	1				/			
Records,		P								s en eutopsy	24b. We	ere autopsy findin	105
8	_ 0 0	iet							pen	ormed?	COI	aileble prior to mpletion of cause deeth?	
Re	The law ata has t page 2 s	Completed								14			
	cata h								10	Yes No	1	Yes 2□ No	
Vital	Physician: The this certificata rai director, pag	Be	25. Wes case referred to medical exeminer?	Hospitel:				.1	of Deeth (Check only				
o	Physic this c	2	1 Yas 3/2 No	1 ∐ Inpati		Outpetient	3LI DOM		rsing Home 5 🗆 Res			HOSPIC	E
	fler t	Certification:	27. Menner of Deeth  1 Neturel 5 □ Pending	28e. Dete of Inju (Month, De	ary Year) 281	b. Tima of Injury	28c. tnj	ury et ork?	28d. Describe	how Injury occur	red		
Division	or Attending I after death. Director: After I in by the fune	ati	2 Accident invastigati				M 1[	☐Yes 2☐	No				
Š	ar de de by t	tiff	3 ☐ Sulcida 6 ☐ Could not determine	200. Pleca of in	jury - At homa, tc. (Specify)	, farm, street	t, fectory, office	à		(Street and Numi	per or Rura	I Routa Number,	
	a after	e		building, u	id. (Opediny)					init didio)			
	To the Hospital or Attending is within 24 hours after death. To the Funeral Director: After completely filled in by the funer		29e. Certifier Certifying F	hyetotan: To the best	of my knowied	dge, deeth o	ccurred et the	time, dete en	d piece, end due to the	cause(s) and m	enner as si	lated.	
	Pu Fu	edicai	(Check only 2 Medicat Exa	miner; On the basis of end menner st	of examinetion	and/or Inves	stigetion, in my	opinion, dee	th occurred et the time	, dete end pleca,	and due to	the cause(s)	
	To the within 2 To the	<b>∑</b>	29b. Signeture end title of certifier	111111111111111111111111111111111111111			29c. Licer	nse number	T	29d. Data signe	d (Month.	Dav. Year)	
	F ≱ F 8		NCKO dano	050	000		1	200	42	61	10	7	
			TIEMPOUL	" cell	xun	>	U	050	T	7/11	190		
	10		30. Neme and address of person who	completed ceuse of	deeth (Item 23	e) (Type, Pri	int)			/			
			DR. KENDALL FAUL				LLEY RD	. TOW	SON, MD 21	204			
	Sta	ate	31. Date filed (Month, Day, Year)	32. Regis	rer's Signature	' Ya	dolla						
	Registi	rar	SEP	1996	ha David	oon-Na	Indiana.						

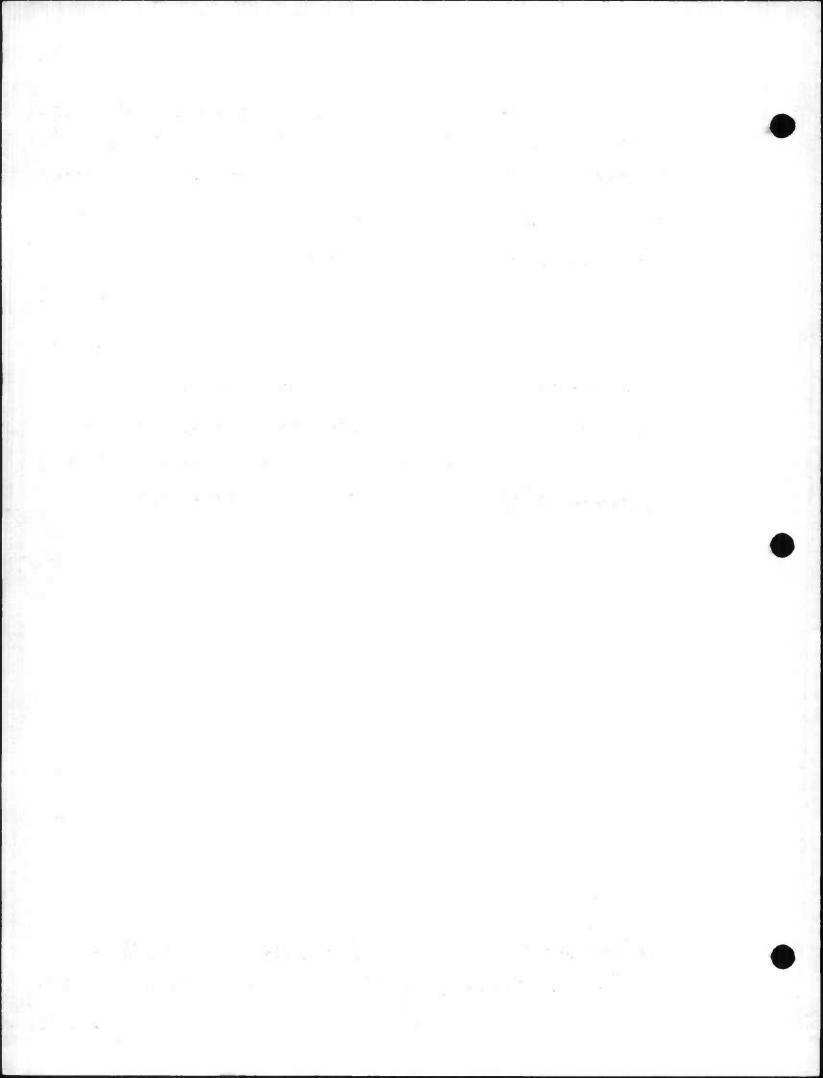
es grando no e 5.0 in the tipe of the state of the 

The Property of the Control of the C

# Please Type or Print in Black Indelibie Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9.5. 2.7.3.8.1

Physician Medical Examiner  Recitive Name (If not institution, give street and number)  FREDERICK MEMORIAL HOSPITAL  Funeral Director  Frequency  Social Security Number  227-20-7588 1 M								rtificate of	Death	F	Reg. No.	J (	. / 301
Reference   10, 1996   7:25 AM   Court of positions and court of pos		Physici	an	1. Decedent's Name (First, Middle, La	st)							Year	3. Time of Deeth
PREDERICK MEMORIAL HOSPITAL  FORCED TO SEA SEA SEASON SERVICE AS A SEA SEASON SERVICE AND SERVICE AND SEASON SEASON SERVICE AND SEASON SERVICE AND SEASON SERVICE AND SEASON SEASON SERVICE AND SEASON SERVICE AND SEASON SEAS	J											1996	7:25 AM
5. South Scriptions of Directions  1. South Scriptions  1. South Scriptions of Directions  1. South Scriptions of Directions  1. South Scriptions of Directions  1. South Scripti	7	Examir	er				AL	4					CK
Uses Terrestance of Decedary   Time, States   Tim												9. Birthpl Count	ece (Stata or Foreign
MD. FREDERICK PREDERICK  100, Single- on third Double- 100, Citizen of White Condition  100, Frederic Statistics  100, Fre	-	p										VII	KGINIA
1   New Paradial Scholar   12   Wash Depositor (Fare In U.S.   12   New Paradial Children (South Action Continued)   12   New Paradial Children (South Action Children Continued)   12   New Paradial Children (South Action Children Child		anytan show dat	_									10	
1   New Paradial Scholar   12   Wash Depositor (Fare In U.S.   12   New Paradial Children (South Action Continued)   12   New Paradial Children (South Action Children Continued)   12   New Paradial Children (South Action Children Child		The M	ecto		RICK	F	REDER						
1   New Paradial Scholar   12   Wash Depositor (Fare In U.S.   12   New Paradial Children (South Action Continued)   12   New Paradial Children (South Action Children Continued)   12   New Paradial Children (South Action Children Child		with a second						C.11 100		1	10g. Citizen of V		
Description   Description		has 23	era		12. Was Dece	dant Evar in U.S	13.1			acify Yes or No-	14 Rece		
PRINCE WITH SUBJECT LANGE FREDERICK MID.  20. Inspiration of Disposition (Name of Disposition) (Name of Dispos	020	art, or han Examiner.	by	1 Nevar Married 2 Married	Armed For 1 Tes if Yas, Give	0es? 2 2 No a				Rican, etc.)		k, Whita, e	etc.
PRINCE WITH SUBJECT LANGE FREDERICK MID.  20. Inspiration of Disposition (Name of Disposition) (Name of Dispos	5	72 he netur	eted	15. Decedent's E.	lucation		16e. Deced	dent's Usuel Occup	ation	ina	16b. Kind of Bu	siness/Ind	lustry
PRINCE WITH SUBJECT LANGE FREDERICK MID.  20. Inspiration of Disposition (Name of Disposition) (Name of Dispos	121	Me. Dan.	mp/		-	-4or 5+)				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
PRINCE WITH SUBJECT LANGE FREDERICK MID.  20. Inspiration of Disposition (Name of Disposition) (Name of Dispos	d 2	Hygie Hygie nt, th	S	17 Fathar's Name (First Middle Lest	-		SUF	ERVISOR		/Eiret Middle			
PRINCE WITH SUBJECT LANGE FREDERICK MID.  20. Inspiration of Disposition (Name of Disposition) (Name of Dispos	an	d be and be set o	Be C									a,	
PRINCE WITH SUBJECT LANGE FREDERICK MID.  20. Inspiration of Disposition (Name of Disposition) (Name of Dispos	Ž	shoul nd Ma mark mark	Ĕ				19b. Meilir	ng Address (Street				State. Zip	Code)
Date   Disposition   All Britist 2   Commission 3   Parnoval from Stete   All Donallon 5   Diversification   All Britist 2   Commission 5   Diversification   All Britist 2   Commission 5   Diversification   All Britist 2   Commission 5   Diversification   All Britist 2   Commission 5   Diversification   All Britist 2   Commission 5   Diversification   All Britist 2   Commission 5   Diversification   All Britist 2   Commission 5   Diversification   All Britist 2   Commission 5   Diversification   All Britist 2   Diversification   All Britist 2   Diversification					,								
Physician Medical Examiner  Ph	ore,	- 1 mg		20a. Mathod of Disposition			eca of Dispo	sition (Nama of					
Physician Medical Examiner  Ph	-Ĕ	0 = 0				1010		101010000000000000000000000000000000000	1	SEPT 1	4,96	FRED	ERICK, MD
Physician Medical Examiner  Ph	alt	2 4 5 5 4		21. Signeture of Funaral Sarvice Licer	1997		22	. Nema end Addra	ss of Facility				
Prysician Medical Examiner    Medical Examiner   Me		88 2 2 2 3		Day &	Keller	5	GA	RY L. R	OLLINS	FUNERA	L HOME		
Madical Examiner    Madical Examiner   Madical Exam		Physician		23a. Part1. Entar tha diseasa, or com shock, or haart failura. List only	lications that ca one causa on as	used the death ach line.	. Do not ent	Othe Wolld'St Tyln	Audias Salat	NrEsprator Tr	rest, FRED	ERIC	Approximate • Intervel Batween Onset and Death
Due to (or as a consequence of):    Sequentially list conditions, lary, lasting to learning the sequence of th	7	/Medical		Immediate Causa (Final		1 15	NIC	CANIC	FID				RYRS
Course (Cheases of Injury - At home, farm, street, factory, office and part of the course of the cou	н	Examiner		resulting in deeth)	a								
Course (Cheases of Injury - At home, farm, street, factory, office and part of the course of the cou	-	p	line		h	5	MUT	<1W/ G	7			i	15 YRS
Course (Cheases of Injury - At home, farm, street, factory, office and part of the course of the cou		al-tran	хап	Sequantially list conditions, if any, laading to immadieta	0.	Dua to (or	as a conseq	uence of):					
The state of the second of the	760	siciar b buni		Cause. Entar Underlying Ceusa (Disaasa or Injury that initiated events	C	Due to for		was all					
Perf II. Other algorificant conditions contribute to the cause of death?    Perf II. Other algorificant conditions contribute to the cause of death?		ertificati ding phy se as the		rasulting in deeth) Last	d	Dua to (or	as a conseq	uanca or):					
State   Stat	Bo	attend for us	clan										
24a. Wes an autopsy performed?  24a. Wes an autopsy performed?  24b. War autopsy findings available prior to completion of cause of casts?  1	0	y the d	ysi						an in Part I.				
State   Stat	0.	that hed by deta		ENDST	16EK	EWAL	-DIS	EASE		12 Y	res 2 No	3 Prob	ably 4 Unknown
State   Stat	rds	quires an sig uld by								24a. Wes a	an autopsy	24b. Wa	ra autopsy findings
25. Was case referred to medical examiner?    1	ပ္တ	- JU (0)	plet			-				репог	med?	con	nplation of causa
28. Place of Death (Check only ona)  28. Place of Death (Nonth, Death or Death (Month, Death or Death	æ	6 - 6	E O							1	es 2 No		
The state of the s	ita								28. Piace of Death	(Check only or	na)		
1	ž V	hysic nis ce il dire	To		Hospital:	patient 2 E	R/Outpatien	t 3 DOA Oth	er: 4 Nursing Ho	ma 5 Resid	ance 8 DOthe	ar (Specify	)
29e. Cartifiar (Check only one)  29b. Signature end titia of our lier  29c. License number  29d. Date signed (Month, Day, Year)  30. Name and address of parson who complated causa of daath (Itam 23a) (Type, Print)  10	n	mg Pl		The state of the s	28a. Data o (Monti	Injury n, Day Year)					ow injury occurr	ed	
29e. Cartifiar (Check only one)  29b. Signature end titia of our lier  29c. License number  29d. Date signed (Month, Day, Year)  30. Name and address of parson who complated causa of daath (Itam 23a) (Type, Print)  10	Sic	tendi Jeath tor: A	cat	E CO / tooldalit					Tes 2LINO				
29b. Signature end titia production  29d. Dete signed (Month, Day, Year)  30. Name and address of parson who complated causa of death (Itam 23a) (Type, Print)  31. Data filled (Month, Day, Year)  32. Registrar's Signatura  33. Pagistrar's Signatura	Divi	or At efter Direc I in by	ertit	data la a d	288. Place	of Injury - At hor g, etc. (Specify)	na, farm, str	eat, factory, office				er or Hurai	Houta Number,
29b. Signature end titia production  29d. Dete signed (Month, Day, Year)  30. Name and address of parson who complated causa of death (Itam 23a) (Type, Print)  31. Data filled (Month, Day, Year)  32. Registrar's Signatura  33. Pagistrar's Signatura	_	Hospital 24 hours Funeral stely filled	dlcal C	(Check only 2 Medical Exam	inar: On tha be	sis of axamination	riedga, deeth on end/or inv	occurred at tha time vastigation, in my o	ne, data and piece, plnion, deeth occurr	and dua to tha c ed at tha tima, d	ausa(s) and ma lata and place, e	nnar as st	ated. tha cause(s)
30. Name and address of parson who compilated causa of death (Itam 23a) (Type, Print)  OULLIAM H. TOWNSON DOI 1 HEWAS TOWNSON DRIVE FREDEVICK.  State 31. Data filled (Month, Day, Year)  32. Registrar's Signatura		o the	Me	7	and main	a. stated.		29c. Licenso	e number	2	29d. Dete signed	i (Month, L	Day, Year)
20 WILLIAM H. JCHNSCN DOI THEWAS JCHNSCH DRIVE FREDERICK State 31. Data filed (Month, Day, Year) 32. Registrar's Signatura		- s - ŏ		V/Soda no				74	2556		9/111	161	
20 WILLIAM H. JCHNSCN DOI THEWAS JCHNSCH DRIVE FREDERICK State 31. Data filed (Month, Day, Year) 32. Registrar's Signatura				30. Name and address of parson who	complated cause	of death /Itam	23a) (Type	Print)	1330		1100	IX	/
State 31. Data filed (Month, Day, Year) 32. Registrar's Signatura		20		all-LIAM H	. JUH	NON	2	1 HeMI	AR JUSTA	Sow	DRIVE	FR	EDERICH
Registrar SEP 13 1936 guarandon fonda.		Sta	te				ura		M7 4-1				Mn
		Registr	ar	SEP 13 1996	Juna	midson-No							21702

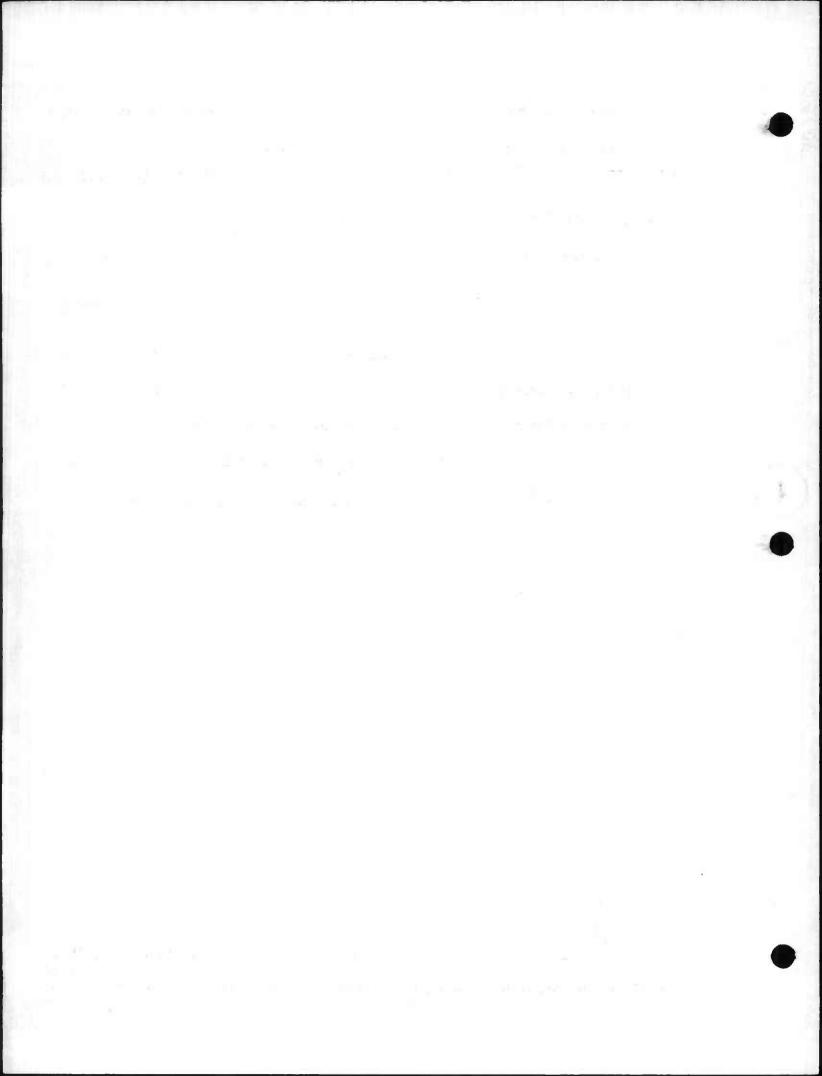
**DHMH 16 Rev 6/95** 



State of Maryland / Department of Health and Mental Hygiene 9.5

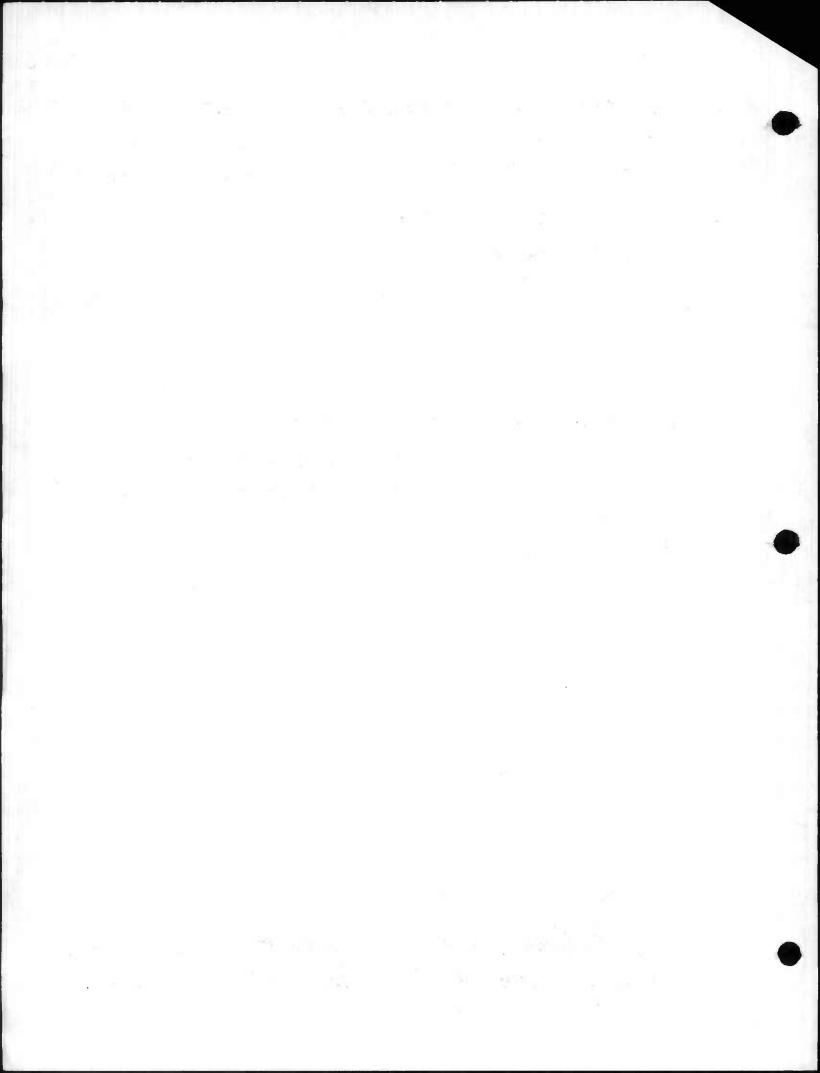
96 27382

Maryland   Anne Arundel   Brooklyn Park   10/12   Code   10g. Citizen of What Country   217 W. Arundel Road   21225   U.S.A. American Indian, Black, White at 10   10/12   11. Marial Status   10/12   Nover Married   20/12   Married   20/12   Nover Married   20/12   Nov		,14 per FH 9-19-96  1. Decedent's Neme (First, Middle,			Certifica			2. Data of De			3. Time of Death
## Security Name (Price Internations, per server and number)  ## Security Name (Price Internations)  ## Security Name (Price Internatio		Ruth	7ichos								0220
S. S. Social Security Numbers & Sec. Agrices Hospital  S. Social Security Numbers & Sec. Agrices Hospital  S. Social Security Numbers & Sec. Agrices Hospital  S. Social Security Numbers & Sec. Agrices Hospital  S. Social Security Numbers & Sec. Agrices & Sec. A							4h City Town or				0230
Social Security Number 217-0-3798  10 207-3798  20 207-37	niner		CIC SEASON TO THE						,		
217 - 09 - 3798   1		St. Agnes Ho		e /le use le	et hiethele u) if Une	lar 1 Year	Baltim	ore City	, , , , , , , , , , , , , , , , , , ,		
No. State   10c. County   Brooklyn Park   10c. Ray Town or Location   10c. State and Number   10c. State		217-09-3798			Month		Hours Min.	(Month, Da	y, Year)	9. Birthple Country Mary	ca (State or Foreign 7) 7)land
Maryland   Anne Arundel   Brooklyn Park   10 / 25 code   10 / 25				10c. City,	Town or Location					100	d. Inaide City Limits
11. Marias Status   12. Was Decedent For in U.S.   13. Was Decedent of Hispape Coling in (Specify vas or No-Marias CID Marias CID	to	Maryland Anne	Arundel		Brookly	n Par	k				1 ☐ Yas 2 ☐XNo
11. Martial Station   12. Wes Decedent Ever in U.S. Arms of Protes   12. Martial Station   12. Wes Decedent Ever in U.S. Arms of Protes   12. Martial Station   12. Martial St	i Direc		Road	1	10f.	ZIp Code	21225		- 40		y?
Per II. Other significant conditions and caused the death. Due to (or es a consequence of):   The substitute of the significant conditions and caused the but not rasulting in the underlying ceuse given in Pert I.   Or or or or or or or or or or or or or or	by	1 Never Merried 2 Married	Armed Forces?  1 Yes 2 If Yea, Give					pecify Yas or No o Rican, atc.)		White et	С.
Frederick Metzger  19e. Informant's Neme Relationship (Type, Print)  Mr. Joseph M. Zichos  20e. Method of Disposition  No. Stulia 2   Crementon 3   Reamoval from Stele    Description   Crementon 3   Reamoval from Stele   Description   Crementon 3	mpleted	(Specify only highast (	rade completed) College (1-4or 5	i+)			pation during most of wor ad)	king			stry
Frederick Metzger  19e. Informants Nema-Relationship (Type, Pint)  Mr. Joseph M. Zichos  20e. Method of Disposition  Mr. Joseph M. Zichos  20e. Method of Disposition  Mr. Joseph M. Zichos  20e. Method of Disposition  Mr. Joseph M. Zichos  20e. Method of Disposition  Mr. Joseph M. Zichos  20e. Method of Disposition  Mr. Joseph M. Zichos  20e. Place of Disposition (Name of Managery of the Pints)  21. Signature of Funeral Service Licenses  4   Donation 5   Other (Specify)  22. Name and Address of Feolity  McCully Funeral Home  320.4 Mountain Road Pasadena, Maryland  21.122  23e. "fart: Enter tha disease, or complications their daused the deem. Do not enter the mode of dying, such as cardisc or respiratory errest, approximate the days of the medical cause of the days of the medical cause of the days of the medical cause. Enter Underlying  1 if why, leading to immediate acuse. Enter Underlying  1 if why, leading to immediate cause. Enter Underlying  2 acuse Enter Underlying  2 but to (or es a consequence of):  Due to (or es a consequence of):  2 coronary artery disease  2 disease or conditions.  1 if why, leading to immediate  2 cause. Enter Underlying  2 the triplication of cause of the	Ü	17. Father's Name (First, Middle, La			Homema	ANCI	18. Mothar's Nar	na (First, Middla,			
19e. Informent's Neme-Relationship (Type, Print)   19e. Maling Address (Street and Number of Prust Route Annaber, City or Town, Stells, 25 Code)   437 W.5th Ave. Baltimore, Maryland 21225   20e. Method of Disposition   10 Data   20e. Decision of Data   20e. Decision of Data   20e. Location of Committee   20e. Decision of Data   20e. Location of Committee   20e. Decision of Data   20e. Location of Committee   20e. Decision of Data   20e. Location of Committee   20e. Decision of Data   20e. Location of Committee   20e. Decision of Data   20e. Location of Committee   20e. Decision of Data   20e. Location of Committee   20e. Decision of Data   20e. Location of Committee   20e. Decision of Data   20e. Decision of Committee   20e. Deci	O O	Frederick	Metzger				Cat	herine	Rayner		
Mr. Joseph M. Zichos    A37 W.5th Ave. Baltimore, Maryland 21225	-				19b. Melling Addre	ss (Stree			-		Code)
20a Method of Disposition   20c Ceremetry   20c   20c Location - City or Town, State   20c Location   20c Loc											,
Holy Cross Cemetery Sept. 13,1996   Baltimore, Maryland   A   Donelon S   Other (Specify)   Sept. 13,1996   Baltimore, Maryland   21.122   Signature of Funeral Service Licenses   Maryland   22. Name and Address of Fealily   Mountain Road Pasadena, Maryland   21.122   23a. Ann. Enter this disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest.   Approximate   Approxima		-		20b. Pla	ce of Disposition (A	eme of			-		n, Stata
21. Signature of Funeral Service Ucenses  22. Name and Address of Fecility MCCULITY Funeral Home 32.04 Mountain Road Pasadena, Maryland 21122  23a. Fant : Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, infrared between the control of the state of				1				13,1996	Baltimo	re.Mar	vland
MCCULly Funeral Home 3204 Mountain Road Pasadena, Maryland 21122  23a. Fant: Enter the disease, or complications their caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest.  Immediate Cause (Fine) disease or conditions assuring in deeth)  Baquentially list conditions, and their cause (Fine) disease or conditions and their cause (Fine) disease or conditions, and their cause (Fine) disease or conditions, and their cause (Fine) disease or conditions, and their cause (Fine) disease or conditions, and their cause (Fine) disease or conditions, and their cause (Fine) disease or conditions, and their cause (Fine) disease or conditions, and their cause (Fine) disease or conditions, and their cause (Fine) disease or conditions, and their cause (Fine) disease (Conditions) and their cause (Fine) disease (Conditions) and their cause (Fine) disease (Conditions) and their cause (Fine) disease (Conditions) and their cause (Fine) disease (Conditions) and their cause (Fine) disease (Conditions) and their cause (Fine) disease (Conditions) and their cause (Fine) disease (Conditions) and their cause (Fine) disease (Conditions) and their cause (Fine) disease (Conditions) and their cause (Fine) disease (Conditions) and their cause (Fine) disease (Conditions) and their cause (Fine) disease (Conditions) and their cause (Fine) disease (Conditions) and their cause (Fine) disease (Conditions) and their cause (Fine) disease (Conditions) and their cause (Fine) disease (Conditions) and their cause (Conditions) and their cause (Conditions) and their cause (Conditions) and their cause (Conditions) and their cause (Conditions) and their cause (Conditions) and their cause (Conditions) and their cause (Conditions) and their cause (Conditions) and their cause (Conditions) and their cause (Conditions) and their cause (Conditions) and their cause (Conditions) and their cause (Conditions) and their cause (Conditions) and their cause (Conditions) and their cause (Conditions) and their cause (Conditions) and their cau				4	4			20,1330	202 020	20/1101	7 201.0
Immediate Cause (Fine)   Greate and De days	8	Juno 6	Boss	w/k	McCu 3204	lly F Mour	uneral Ho ntain Road	d Pasade		land 2	21122
Immediate Cause (Fine)   days	an	23a. Fart1. Enter tha disaasa, or co shock, or heert feilura. List on	mplications thet caused ly one cause on eech li	the deeth. ne.	Do not enter the m	ode of dy	Ing, such es cardied	or respiretory e	rrest,	A Ir	Approximete nterval Between Onset and Deeth
Due to (or es a consequence of):    Due to (or es a consequence of):	al	disease or condition	Isch	emic	bowel					da	avs
Cause (Disease or Influty traulting in death) Lest  Due to (or es a consequence of):  Due to (or es a conseq		rasulting In deeth)	a	Dua to (or	ea a consequence o	f):					
Cause (Diseases or Influy traded events reaulting in death) Lest  Due to (or es a consequence of):  Due to (or es a consequence of):  Due to (or es a consequence of):  Due to (or es a consequence of):  Due to (or es a consequence of):    Coronary artery disease	min	Composite the list conditions	b. ————	Due to (or	90 9 0000000000000000000000000000000000	Ð:					
Due to (or es a consequence of):    Due to (or es a consequence of):   Due to (or es a		if any, leading to immadiata cause. Enter Underlying Cause (Diseese or Injury	c	200 10 (01	oo a sonsoquanoa c	-,-					
24a. Was an autopsy performed?  24b. Wers autopsy find available prior to completion of cau of death?  25c. Wes case referred to medical examinar?  27c. Menger of Death   Check only one)  27c. Menger of Death   Check only one)  28d. Describe how injury occurred   Check only one)  28d. Describe ho	1.5	thet initieted events	l. d	Due to (or o	es a consequance o	f):					
24a. Was an autopsy performed?  24b. Wers autopsy find available prior to completion of cau of death?  25c. Wes case referred to medical examinar?  27c. Wenger of Death   Topetien   2   ER/Outpatient   3   DOA   Other: 4   Nursing Homa   5   Residence   6   Other (Specify)    27c. Menger of Death   1   Netural   5   Pending investigation   2   Accident   3   Sulcide   4   Homicide   4   Homicide   28c. Piece of Injury - At home, farm, street, fectory, office   28f. Location (Street and Number or Rural Route Number of Death   1   Netural   2   ER/Outpatient   2   Sec. Piece of Injury - At home, farm, street, fectory, office   28f. Location (Street and Number or Rural Route Number of Death   1   Netural   2   Sec. Piece of Injury - At home, farm, street, fectory, office   28f. Location (Street and Number or Rural Route Number of Death   1   Netural   2   Sec. Piece of Injury - At home, farm, street, fectory, office   28f. Location (Street and Number or Rural Route Number of Death   1   Netural   2   Sec. Piece of Injury - At home, farm, street, fectory, office   28f. Location (Street and Number or Rural Route Number of Death   1   Netural   2   Sec. Piece of Injury - At home, farm, street, fectory, office   28f. Location (Street and Number or Rural Route Number of Death   1   Netural   2   Sec. Piece of Injury - At home, farm, street, fectory, office   28f. Location (Street and Number or Rural Route Number of Death   2   Sec. Piece of Injury - At home, farm, street, fectory, office   28f. Location (Street and Number or Rural Route Number of Death   2   Sec. Piece of Injury - At home, farm, street, fectory, office   28f. Location (Street and Number or Rural Route Number of Death   2   Sec. Piece of Injury - At home, farm, street, fectory, office   28f. Location (Street and Number or Rural Route Number of Death   2   Sec. Piece of Injury - At home, farm, street, fectory, office   28f. Location (Street and Number or Rural Route Number of Death   2   Sec. Piece of Injury - At home, farm, street, fectory, office   28f	cian							1			
24a. Was an autopsy performed?  24b. Wers autopsy find a variable profer to completion of cau of death?  25c. Wes case referred to medical examinar?  27c. Wenger of Death   Hospitel:   Dinpatient   2 ER/Outpatient   3 DOA   Other:   4 Nursing Homa   5 Residence   6 Other (Specify)    27c. Menger of Death   1 Netural   5 Pending investigation   2 Accident   3 Sucide   4 Homicide   4 Homicide   28c. Piece of Injury - At home, farm, street, fectory, office   28c. Location (Street and Number or Rural Route Number of Death   1 Number of Town, State)    28c. Piece of Injury - At home, farm, street, fectory, office   28c. Location (Street and Number or Rural Route Number of Death   1 Number of Town, State)    29c. Certifier (Check only one)    28d. Describe how injury occurred   28d	Physi			ut not rasuli	ting In the undarlyin	ceusa g	lven in Pert I.	1			
25. Wes case referred to medical examinar?  1								24a. Waa perfo	an autopsy rmed?	avail	able prior to pletion of cause
25. Wes case rafarred to medical examinar?    Continuous	mo							1014	Yes 2□No	1 224	198 20 No
Hospitel: 1 In patient 2   EPVoutpatient 3   DOA   Other: 4   Nursing Homa 5   Residence 6   Other (Specify)		25. Wes case rafarred to medical					26 Place of Dec	th (Check only )	71 6		100 223110
27. Menner of Death   1	0	examinar?	Hospitel:	nt 2∏ F	B/Outpatient 3	DOA O	han			ar (Snacihi)	
29e. Certifier (Check only one)  1 Certifying Physician: To the best of my knowledge, deeth occurred et the tima, data and piece, end due to the causa(s) and manner as stated. 29b. Signature and the best of my knowledge, deeth occurred et the tima, data and piece, end due to the causa(s) and manner as stated. 29b. Signature and the best of my knowledge, deeth occurred et the tima, data and piece, end due to the causa(s) and manner as stated. 29b. Signature and the best of my knowledge, deeth occurred et the tima, data and piece, end due to the causa(s) and manner as stated. 29b. Signature and the best of my knowledge, deeth occurred et the tima, data and piece, end due to the causa(s) and manner as stated. 29b. Signature and the best of my knowledge, deeth occurred et the tima, data and piece, end due to the causa(s) and manner as stated. 29b. Signature and the best of my knowledge, deeth occurred et the tima, data and piece, end due to the causa(s) and manner as stated. 29c. License number 29d. Dete signed (Month, Day, Year)		27. Menner of Death 1 ☑Netural 5 ☐ Pending	28a. Dete of Inju (Month, De	y 2	26b. Time of Injury	28c. Inju	ork?				
29e. Certifier (Check only one)  1 Certifying Physician: To the best of my knowledge, deeth occurred et the tima, data and piece, end due to the causa(s) and manner as stated.  29h. Signature and the bit carlifier  29c. License number  29d. Dete signed (Month, Day, Year)	Sertifica	3 ☐ Sulcide 6 ☐ Could not	A Zoe, Piece of Init	ury - At hon :. (Specify)	ne, farm, street, fect	ory, office	9	28f. Location (City or Tou	Street and Numb vn, State)	per or Rural F	Route Number,
29b. Signature and this of cartifier 29c. License number 29d. Dete signed (Month, Day, Year)	dicai	(Check only 2 Medical Ex	iminer: On the basis of	exeminetic	edge, deeth occurre on and/or Invastigeti	d et the ton, in my	ima, data and plece opinion, daeth occu	, end due to tha rred et the time,	causa(s) and modera	anner as stat end due to ti	ted. he cause(s)
D30802 September 11, 1996	×	29b. Signature and fitte by certifier				9c. Licen	se number		29d. Dete signe	d (Month, De	ay, Year)
		1 then				D308	02		Septembe	r 11.	1996
Manager and Control of the Control o		30. Neme and edd ass of person wh	o complated causa of d	eeth (Item 2						,	21229



State of Maryland / Department of Health and Mental Hygiene

by Funeral Director	Usuel Residence of Dacedent  10a. State 10b. County  Md. N  10e. Street end Number  2119 Hollins Fer  11. Marital Slatus	street and number)  ry Road  x 7. Age  DM 2MF 64	(In yrs. last bi	Yrs. Months Deys	4b. City, Town, or Baltim	ore	Day 13 h 4c. County	1996	3. Time of Death 3:40 A
by Funeral Director	4a. Facility Name (If not institution, give 2119 Hollins Fer 5. Social Security Number 100-24-4576  Usuel Residence of Dacedent 10a. State 10b. County Md. N 10e. Street end Number 2119 Hollins Fer 11. Marital Slatus	ry Road x 7.Age 64	(In yrs. last bi	irthday) If Under 1 Year Yrs. Months Deys	4b. City, Town, or Baltim	Location of Deat	h 4c. County		3:40 A
by Funeral Director	2119 Hollins Fer  5. Social Security Number 100-24-4576  Usuel Residence of Dacedent 10a. State 10b. County Md.  N  10e. Street end Number 2119 Hollins Fer  11. Marital Slatus	ry Road x 7.Age 64	10c. City, Tov	Yrs. Months Deys	Baltim	ore			
by Funeral Director	5. Social Security Number 100-24-4576 1. County Md. 10b. County Md. No. Street end Number 2119 Hollins Fer 11. Marital Slatus	7. Age 64	10c. City, Tov	Yrs. Months Deys			th	N/A	
by Funeral Director	100-24-4576  Usuel Residence of Dacedent  10a. State  10b. County  Md.  N  10e. Street end Number  2119 Hollins Fer  11. Marital Status	/A	10c. City, Tov	Yrs. Months Deys	Hours Min	. (Month. Di			
by Funeral Director	Md. Nob. County Md. N  10e. Street end Number 2119 Hollins Fer  11. Marital Status	<u></u>				NOV. 15	y, Year) , 1931	9. Birthplace Country) New	
by Funeral	10e. Street end Number 2119 Hollins Fer 11. Marital Slatus	<u></u>	Do 1+	vn or Location				10d.	Inside City Limits
by Funeral	10e. Street end Number 2119 Hollins Fer 11. Marital Slatus	<u></u>	DOTE	imore					N☐ Yes 2☐ No
by Funeral	11. Marital Status			10f. Zip Code			10g. Citizen of N	Whet Country	//
þ	11. Marital Status	rv Koad		212	30		US		
þ		12. Was Decedent E	ver in U,S.	13. Was Decedent of If Yes, specify Cub		Specify Yes or No		e - American	
7	1 ☐ Never Married 2 ☐ Married  3 ☐ Widowed 4 ☐ Divorced	Armed Forces?  1 Yes 2 XX  If Yes, Give Yeer or Dates:		1 ☐ Yes 2X No		to Hicen, etc.)	Specify	ck, White, etc. v: Whi	
1 2	15. Decedent's Edu (Specify only highest grad	cation	168	Decedent's Usual Occu	pation	and the an	16b. Kind of B	usiness/Indus	lry
Completed	Elementary/Secondary (0-12)	College (1-4or 5-	•)	(Give kind of work done life. DO NOT use retire	ed)	rking			
00		2		Homemaker				Own Ho	me
m	17. Fether's Neme (First, Middle, Last)					me (First, Middle	, Meiden Surnan	ne)	
2	McKinley Allen				Claire				
	19a. Informant's Name/Ralationship (Ty			o. Mailing Address (Street				State, Zip Co	de)
1	David Andreasen -	Son	21:	19 Hollins F of Disposition (Name of	erry Roa			21230	
	1 ☐ Burial 2 ☐ Commation 3 ☐ R	lemoval from State	cemete	ry, cramatory or other pla	. 1	Date / 13/	20c. Location -	City or Town,	State
1	4 Donation 5 Other (Speelly)	71	Chesap	eake Cremat		2/13/96	Beltsvi	ille, M	ld.
	21. Signature of Fundral Sérvice Lipense	· //	,	Gary   Ka		neral Ho	me of El	lk To	
Ш	23a. Part1. Enter the disease or compli shook, or heart failure. List only or	1		Gary L. Ka 5695 Main	St., Elki	ridge, M	d. 2122	27	
	Immadiata Cause (Final disease or condition resulting in death)			consequence of):	rancer			5	mental S
Examiner	Sequentially list conditions,	). —	ue to (or as a	consequence of):					
	Sequentially list conditions, if any, leading to Immadiate ceuse. Entar Underlying Ceuse (Disease or Injury							i	
0	Ihat initiated events resulting in death) Last	D	ue to (or as a	consequence of):		_			
								i	
Physician.	Part II. Other significant conditions con	tributing to death bul	not resulting l	n lhe underlying ceuse gi	ven in Part I.	23b. Dld	tobacco use co	ntribute to the	cause of death?
Phy						10	Yes 2□No	3 Probabi	ly 4 Unknow
þ									
Completed						24a. Was	an autopsy rmed?	availat	autopsy findings ole prior fo
nple								of deal	etion of ceuse th?
3						10	Yes 2 No	1 □ Ye	s 20 No
e 2	25. Was cese referred to medical examinar?					ath (Check only o	ona)		
2	10 165 20 110	ospital: 1 Inpatien		itpatient 3L DOA	ner: 4 Nursing I	-	dance 8 Oth		
Certification:	27. Mannar of Death  1 Natural 5 Pending 2 Accident Investigation	28a. Data of Injury (Month, Day	Year) 28b.	Time of 28c. Injury Wo	ryat rk?  Yas 2∐No	28d. Describe	now injury occur	red	
eniff	3 Suicide 6 Could not be determined	28e. Place of Injur- building, etc.	/ - At homa, fa (Specify)	irm, street, factory, office		28f. Location ( City or To	Street and Numb vn, State)	er or Rural Ro	ute Number,
Children III	29a. Certifier (Check only one)  Certifying Phys  Certifying Phys  Check only one)	er: On the basis of e	xamination an	, death occurred at the tid d/or Investigation, in my o	me, data end place	, and due to the irred at the lime,	ceuse(s) and ma	nnar as stated	d. ceuse(s)
	29b. Signature and little of certifier	end mannar slate	d.	29c. Licens			29d. Dele signe		
	1 11 213	rolly v	R	Zac. Eldens	18582				
	Jew X ev	7			703-7		SEPT	17 4	176
1 3	0. Name and address of person who co	mpletad gausa of das	th (Item 23a)	Appe, Print)	2 0	hom 1	MX	7/22	0



State of Maryland / Department of Health and Mental Hygiene

9	-7	0	0	1
6	1	0	8	4

3. Time of Deeth

10d. Insida City Limits

STATES

BLACK

STATE

**AVENUE** 

Approximete Interval Between Onset end Death

XX Yes 2 □ No

9:05 am

Certificate of Death 1. Decedent's Neme (First, Middle, Lest) 2. Dete of Deeth **Physician** September 11,1996 ARMSTRONG CHRISTINA F. /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner PULASKI STREET BALTIMORE n/a 1521 N. 5. Social Security Number If Under 1 Year | If Under 24 Hrs. 7. Age (In yrs. lest birthday) 8. Date of Birth 1935 9. Bi (Month, Dey, Tear) 5 9. Bi DEC. 30, 19935 9. Birthplece (State or Foreign Country)
MARYLAND Funeral Months 1 M 2 X Deys Hours 215-34-7720 60 Yrs Director Usuet Residance of Decedent with the Maryland 10a. Stete worls 10b. County 10c. City, Town or Location r than "natural", or items 23s or 28s-f show the Medical Exeminer must be notified at Director n/a BALTIMORE 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? UNITED 1521 **PULASKI** STREET 21217 Funeral daath 12. Was Decedent Ever In U,S. Armed Forces? 1 ☐ Yes ★ No If Yes, Give Yeer or Detes: 11. Maritel Status 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. permit. Pages 1 and 2 should be filed within 72 hours after Department of Haalth end Mental thygiene. Important: If Item 27 is marked other than "natural", or ite any Injury or other traumatic event, ITE Medical Exercise 1 Never Married 2 Married altimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: Specify: à 3 Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry MORGAN Elementery/Secondery (0-12) 12 th College (1-4or 5+) UNIVERSITY SECRETARY 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be DORA ORANGE JULIUS BOYD 0 19e. Informant's Name/Retetionshtp (Type, Print) 19b. Meiling Address (Street and Numbar or Rural Route Number, City or Town, State, Zip Code) AVENUE, BALTIMORE, MD 1743 KEAN CYNTHIA BOYD 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete 1 ☑ Burlet 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) 9-16 RANDALLSTOWN, MD KING MEMORIAL PARK 21. Signeture of Funeral Service Licenses 22. Name end Address of Fecility WM. C. MARCH FH.-1101 E. NORTH 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feiture. List only one cause on each line. Physician tmmediata Cause (Finel disease or condition resulting tn daath) /Medical **Examiner** Examiner

Sequentially tist conditions, if any, teading to Immediate cause. Enter Underlying Ceuse (Diseese or injury that Initiated events resulting in daath) Lest

e. My o cardial Infarction

Dua to (or es e consequence of)

b. Atheros clerodie Pardio-vasula disease

Due to (or es e consequence of)

Pert fl. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I.

23b. Did tobacco use contribute to the cause of death?

1 ☐ Yes 2 ☐ No

3 □ Probably ★□ Unknown

24e. Wes en eutopsy

24b. Were eutopsy findings eveileble prior to completion of cause of deeth?

1 Yes 2 XXo

1 ☐ Yes 2 XNo

25. Wes case referred to medical exeminer? 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify)

1 ☐ Yes X2X No 1 Inpatient 2 ER/Outpetient 3 DOA 27. Menner of Deeth 1 Naturat 2 Accident 5 Panding investigation

28e. Date of Injury (Month, Day Year) 28b. Time of

28c. Injury et Work? 1 ☐ Yes 2 ☐ No

28d. Describe how Injury occurred

6 Could not be determined 28e. Plece of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 4 Homlcida

28f. Location (Street end Number or Rural Route Number, City or Town, Stata)

the Certifying Physician: To the best of my knowledga, daeth occurred et tha tima, data end pleca, and due to the cause(s) end manner as steted.

2 Medicat Examinar: On the basis of exeminetion and/or investigation, in my opinion, daath occurred et tha tima, data and piece, and dua to the ceuse(s) and menner steted. 29b. Signeture end title of certifier

29c. License number 016940 29d. Date signed (Month, Dey, Year)

30. Name and eddress of person who completed cause of death (Item 23e) (Type, Print)

2118-2120 PrattSL

Baldmon MD21223-SAKOABENCHANG

Registrar

led by the attanding physician and datached for usa as the buriel-transit

should be

cartificata hes

After this

To the Hospital or Attending PI within 24 hours after death.
To the Funeral Director: After the complately filled in by the funera

Physician/Medicai

by

Completed

Be

P

Certification:

Medical

3 Suicide

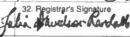
29e. Certifiai (Check only one)

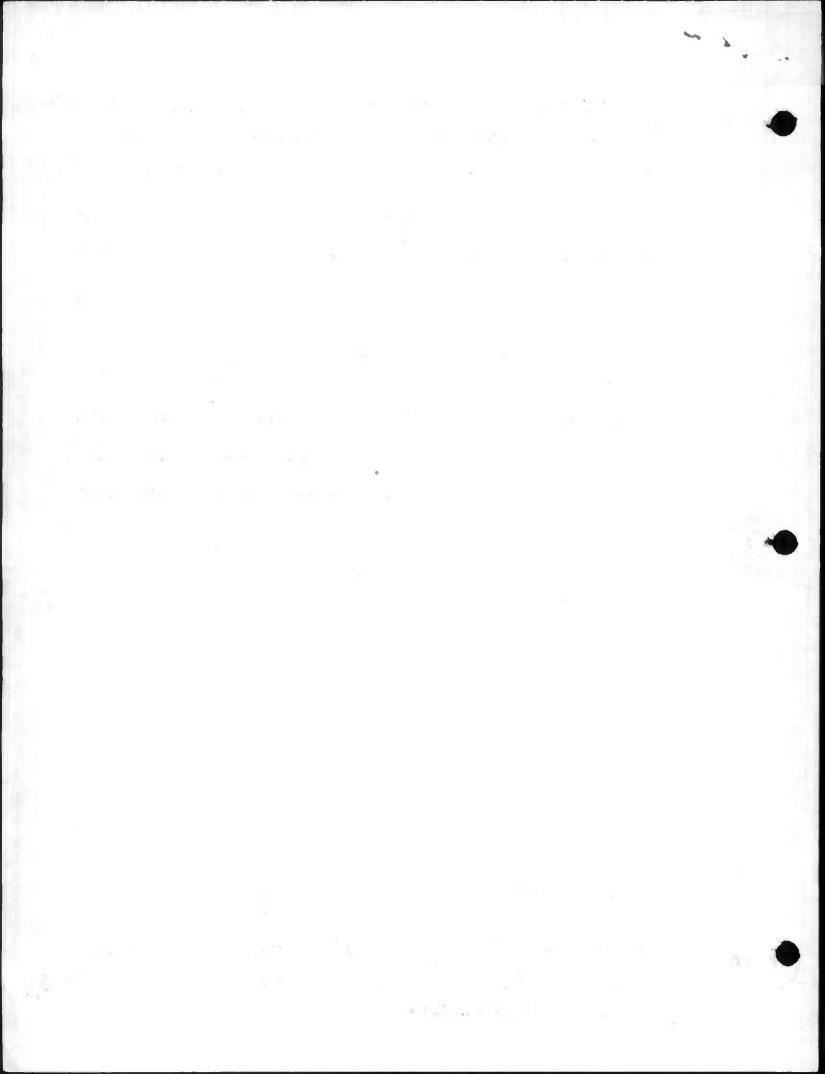
that the death certificate be execu

Records, P.O. Box 68760.

Division of Vital

31. Dete filed (Month, Dey, Year) SEP1 6 1996



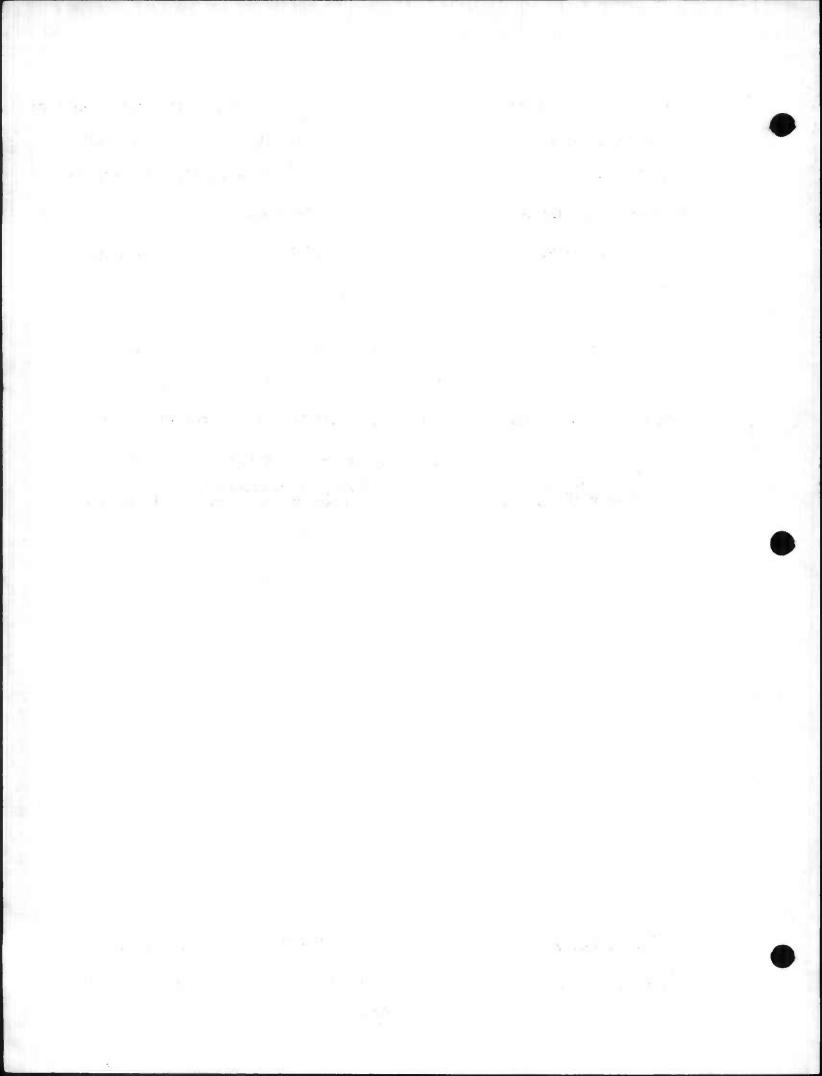


State of Maryland / Department of Health and Mental Hygiene

27385

					Certi	ficate of	f Death		1	Reg. No.		
Dhualala		1. Decedent's Neme (First, Middle,	Last)						2. Date of Dec	eth Dey	Voer	3. Time of Deeth
Physicia /Medic		Anna T. B	rennan						Sept.		996	6:42 PM
Examine		4a. Facility Name (If not institution,	ive street and riumbe	r)			4b. City, To	wn, or Lo	ocation of Deeth	4c. County	of Deeth	
		1916 Haverhill	Rd.				Balt	imor	e	E	altin	more
uneral		Societ Security Number     6	Sax 7. A	ige (In yrs. last bi		If Under 1 Yaa Months Days		24 Hrs. Min.	8. Data of Birt (Month, Da	h v. Year)	9. Birthp	place (Steta or Foreign
ector	1	215 22 1815	1LM 2MF	91	Yrs.				Aug. 1	2,1905	Ire	eland
		Usuai Residence of Decedent  10a. Steta 10b. County		10c. City, Tow	vn or Locat	tion					1.	10d. Inside City Limits
the Medical Examiner, must be notified at	Director	Maryland Balti	more	100.00,100	VII) OI 20021		Balt	imor	e			1 □ Yes 2 No
2	Sire	10e. Street end Number				10f. Zip Coda				10g. Citizen of	What Cour	ntry?
	le	1916 Haverhill	Rd.				21234			United	Sta	tes
5	Funeral	11. Marital Status	12. Was Deceder Armed Forces	t Ever in U,S.	13. We	s Decedent of as, specify Cu	Hispanic Or ban, Mexical	igin? (Sp n. Puerto	ecify Yes or No Rican, etc.)	- 14. Rec	e - Americ	can Indien,
		1) Nevar Married 2  Married	Armed Forces 1 Yes 2 it Yes, Give	No No		Yes 210 No				Specifi		hite
	d by	3 Widowed 4 Divorced	Year or Dates						-1	Open,		iii ce
	Completed	15. Decedant's (Specify only highast of	Education trade complated)	16a	(Give kin	it's Usuai Occi ad of work don	e durina mos	t of work	ing	16b. Kind of B	usiness/In	dustry
	du	Elementery/Secondery (0-12)	Coilege (1-4o	5+)		NOT usa retir	,			Ba	kery	
		8 17. Father's Neme (First, Middle, La	net		54	ICS CI		ada blam	o /Finat Adiabatha			
	Be	James	st)	Bren	nnan		_	na nem	e (First, Middle,	Maiden Sumen Guark		
	2											
and and and a		19e. Informent's Neme/Relettonship Anna C. Quinn	(Type, Print) / niece		_				al Route Numbe lltimore			
	ł	20e. Method of Disposition		20b. Piece o	of Dispositt	on (Nema of			Date	20c. Location	City or To	own, Stata
		1 Buriei 2 Cremation 3		9		tory or other pi		0/1	.6/96	Po1+im	oro	MD
	-	4 □ Donetion 5 □ Other (Special Supplied of Funeral Supplied of F	any)	Green	-	t Cremi			.0/ 90	Daltin	ore,	ניוט
once.		4104	77	FA Ste	phen D	LC	hrmann	P.A.				
		SUSPERIOR	lmann	-							re, l	
		23e. Pert1. Enter the disease, or co shock, or mart tellure. List on	mplications that causely one ceuse on eech	line.	not enter t	the mode of dy	ying, such es	cardiec	or respiretory a	rrest,	=	interval Between
ian cai		tempodiate Cours /Finei	0000								1	Orisat eng Deeut
ner		tmmediete Cause (Final disaese or condition resulting in death)	a. COROI	NARY AR	RTERY	DISE	ASE					2 years
	5			Due to (or es a	conseque	nce of):					!	
٦	Examine		b									
	Xar	Sequentielly list conditions, if any, leeding to immadiete cause. Entar Undarlying	nce of):				Baltimore, MD  nn P.A, Baltimore, MD 21286 ory arrest, Approximata interval Between Onset end Deeth					
		Cause (Disease or injury	c								t	
	Cause (Disease or injury that initiated events resulting in deeth) Lest  Dua to (or as a consequence of):										i	
			d									
	Physician											
	ysi	Pert II. Other significant conditions										o the cause of death?
9		CEREBROVASCULA	R DISEAS	E, PER	NICI	OUS A	NEMIA		10	Yss 2)() No	3 ∐ Pro	bably 4 Duknow
	d by								24e. Wes	an autopsy		ere autopsy findings
	ete								perfo	rmed?	CO	valleble prior to empletion of cause
page	Completed									400 057.		death?
	ပိ	25. Wes casa referred to medical								res 2 km No	11	Yes 2 No
	o B	exeminer?	Hospitel:				ub		h (Check only o			
. 1	- 1	27. Menner of Deeth	28e. Dete of In	tient 2 ER/O	Tima of	3LI DOA	4U NI			denca 8 Oth		<i>y)</i>
	6	1 Netural 5 Pending	(Month, D	ay Year)	Injury NA	28c. Inj W	ork? □Yes 2∏		200. 0000.00		,,,,	
	ca	3 ☐ Suicida 6 ☐ Could not	be on Dian of t	Anjury - At home, fa					28t Location /	NA Street and Numb	er or Run	al Routa Number,
1	Certification:	4 ☐ Homicide determine	building,	ic. (Specify)		NA			City or Tov	vn, Stete) NA		arrivata ratibor,
		29a. Certifier 1 Certifying	Physician: To the bes	t of my knowledge			time, date ar	nd piece.	and due to the		anner es s	stated.
Jena	edical	(Check only 2 Medical Ex-	eminer: On the basis end mennar s	ot examtnetion er	nd/or inves	tigetion, in my	opinion, des	th occur	red at the time,	dete end ptece,	and due to	o the cause(s)
	×	29b. Signature and title of certifier	/ .				nse number			29d. Dete signe	d (Month,	Dey, Year)
		Duna RN	len			D	25010			9/16/	96	
	-	30. Name and address of person wh	o completed cause of	death (Item 23a)	(Type Pri	nt)						
		30. Neme end address of person who completed cause of deeth (Item 23a) (Type, Print)  Serena R. Nolan, M.D. 8035A Harford Rd., Baltimore, Md. 21234										
Stat	0	31. Dete fited (Month, Dey, Year)						, _				
egistra		SED 16	1006	trer's Signetura	Mande	N2.						

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2 Date of Death 3. Time of Death **Physician** Blyth Month SEP James W. 1230AM /Medical 4a. Facility Name (If not institution, giva street and number) 4b. City. Town, or Location of Deeth 4c. County of Death Examiner Howard County General Hospital Columbia Howard 5 Social Security Number 7. Aga (In yrs. last birthday) If Under 1 Yaer | If Undar 24 Hrs. Birthplaca (State or Foreign Country)
 Oklahoma 6 Say 8. Date of Birth (Month, Day, Year) **Funeral** 1 M 2□ F Houra 445-10-5349 Yrs. Director DEC. 1, Usuel Rasidence of Decedant the Maryland 10a Stata 10b County 10c. City, Town or Location 10d. Inside City Limits ref', or items 23e or 28a-f show Exercines must be notified at Md. Howard Ellicott City 1 Yas 2 No Director 10e. Street and Number 10f. Zip Coda 10g. Citizen of Whet Country? 21043 3401 Pierce Drive USA Funeral should be filled within 72 hours after death and Mentel Hygiene.

marked other than "naturel", or Items 23 12. Was Decedant Evar in U,S. Armed Forces? 1 ☐ Yes 2 1 No tt Yas, Giva Yaar or Dates: Was Decedant of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Biack, White, etc. 1 Nevar Married 2 Married Baltimore, Maryland 21215-0020 1 Yas 2 No Specify: specify: white þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usuel Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) the Medical 15. Decedant's Education (Specify only highast grada completed) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) College (1-4or 5+) 12 Printer Washington Post permit. Peges 1 and 2 should be file Department of Health and Mentel Hy Important: If item Z? In marked other any Injury or other treumatic event once. 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Malden Sumama) Be Mary Everett James Wilson Blvth 19a. tnformant's Neme/Ralationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Steta, Zip Code) 3401 Pierce Drive, Ellicott City, Md. Debbie Blyth - wife 20b. Place of Disposition (Nama of cematary, crematory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, State 1 ☐ Buriel 2 Ø Crametion 3 ☐ Ramoval from Stata Chesapeake Crematory, Inc. 9/14/96Beltsville, Md. 4 Donation 5 Donar (Specify) 22. Nama and Address of Facility
Gary L. Kaufman Funeral Home of Elk., Inc. 21. Signature of Fulneral Service bicense 5695 Main St., Elkridge, Md. 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, abook, or heart failure. List only one cause on each line. Approximata Intarval Between Onset and Death **Physician** Immediata Cause (Finel disaasa or condition rasulting In daath) 5 nd strag /Medical Cardiany o pathy Examiner Examiner attending physician and for use as the burlaf-transit The lew requires that the deeth certificate be executed Sequentially list conditions, if any, laading to immadiata ceuse. Enter Underlying Causa (Disease or Injury that initiated events resulting in death) Last Dua to (or as a consequence of) Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or as a consequance of) signed by the a Pert II. Other significant conditions contributing to death but not rasulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? uncrentitis 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Wara autopsy tindings available prior to completion of cause of death? should 24a. Was an autopsy performed? Completed certificate has b 6 uptro intestinal 1 Yas 2 TNo 1 Yas 24 No Hospital or Attending Physician: 24 hours after death.
Funeral Director: After this certifica ettel filled in by the funeral director; ptely filled in by the funeral director; Be 25. Was casa ratarred to medicel axaminar? 26. Place of Death (Check only one) Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 1 Yaa 2 10 Certification: To 28e. Data of Injury (Month, Dey Year) 27. Manner of Deeth 28d. Dascribe how injury occurred 28b Time of 28c. Injury at Work? 1 BNatural 5 Pending 1 Yas 2 No invastigetion 2 Accidant 6 Could not be determined 3 Suicida 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, street, factory, office building, atc. (Specify) 4 Homicide 24 hours a Funeral ( 1 Certifying Physician: To the best of my knowledge, death occurred at the time, data end place, and due to the ceusa(s) and mannar as stated.
2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the ceuse(s) and manner stated. 29a, Cartifier Medical 29b. Signature and title of certiflar 29c. License number 29d. Date signed (Month, Day, Year) MO D33979 9/12/96 T. KIM

State Registrar 31. Data tiled (Month, Dey, Year)

SEP 161996

Mitchelville

30. Nama and addrass of person who completed ceusa of daath (Itam 23a) (Type, Print)
460 0 Mrthelville Rd Banker

32. Registrer's Signetura

galia Davidson

BoNLE

20716

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Daath **Physician** SEPT. 1 Day BRIAN 1996 BUTLER 9:40 AM /Medical 4e. Facility Neme (If not institution, giva straat and number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** SINAI HOSPITAL BALTIMORE
If Under 1 Year | If Under 24 Hrs. | 8. Data of Birth
(Month, Day, Year) 5. Social Security Number 9. Birthplaca (Stata or Foreign Country) 7. Aga (In yrs. last birthday) **Funeral** 100 M 2□ F Deys 213-27-9406 Yrs. Director Murch 30, 1985 Usual Rasidence of Dacedent 10a Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 28a-f show Examiner must be notified at NIA Balto Director 1 Yes 2 No 10e. Street end Number 10f. Zip Coda 10g. Citizan of What Country? 6 U.S.A 3833 21215 View 238 Funeral Herna 2 12. Was Dacadant Evar in U,S. Armed Forcas? 1 ☐ Yes 2 0 No if Yas, Giva Yaar or Dates: Was Dacadant of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puarto Rican, etc.) 14. Raca - American Indien, Biack, Whita, atc. 11. Maritei Status filed within 72 hours after 1 Nevar Married 2 Married Baltimore, Maryland 21215-0020 'natural', or 1 ☐ Yas 2 No Specify: by Specify: Black 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedant's Usual Occupetion (Giva kind of work dona during most of working lifa. DO NOT usa ratined) Die Medical 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry nd Mentel Hygiene. marked other than Elamantary/Secondary (0-12) Collage (1-4or 5+) Balto Public School Student 6 17. Father's Nema (First, Middle, Last) 18, Mothar's Nema (First, Middle, Maiden Surnama) . Peges 1 and 2 should be fit ment of Heelth end Mentel Hant: If Item 27 is marked oth lury or other traumatic even Be Butler James Beckford 19a. Informant's Name/Ralationship (Type, Print) 19b. Malling Addrass (Streat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Beckford-3833 Rollinview Balto, md 21215 mother 20a. Mathod of Disposition 20b. Placa of Disposition (Nama of cametery, cramatory or other placa) 20c. Location - City or Town, State Data 9/10/96 1 ☐ Buriai 2 ☐ Cremation 3 ☐ Removel from Stata 4 ☐ Donation 5 ☐ Othar (Specify) permit. Pege Department of Important: If any injury or once. Wood lawn, md Noodlawn Cemetery 21. Signature of Funarei Servica Licensaa 22. Nama and Address of Facility march & H west all 4300 wabash 23a, Part. Entar the disease, or complications that caused the deeth. Do not antar the mode of dying, such es cardiec or respiratory errest, hock, or heart failure. List only one cause on each line. Approximeta Intarval Batween Onsat and Death Physiclan Immediata Causa (Final diseasa or condition rasulting in death) /Medical Multiple Injunies Examiner Examiner if or Attending Physician: The law requires that the death certificate be executed efter death.

Directors. After this certificate has been signed by the ettending physician end of his by the funeant director, page 2 should be deteched for use as the burlet-transit Sequantially list conditions, if any, laading to immadiata cause. Entar Underlying Causa (Disaasa or Injury that initiated evants resulting in daath) Lest Dua to (or as a consequence of): Box 68760. Physician/Medical Dua to (or as a consequence of): P.O. F Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☑ No 3 ☐ Probably 4 ☐ Unknown of Vital Records, by 24b. Wara autopsy findings available prior to completion of cause of daath? Completed 24a. Was an autopsy 1 XYas 2 No 1 ☑ Yas 2 ☐ No Be 25. Was casa rafarred to madical 26. Placa of Daath (Check only ona) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospital: 1 ₺ Inpatient 2 □ ER/Outpetient 3 □ DOA Certification: To 1X Yes 2 No 28b. Tima of Injury 27. Mannar of Death 28a. Data of Injury (Month, Day Year) 28d. Dascribe how Injury occurred 28c. Injury at Work? Division 5 Panding invastigation 1 Natural 1 ☐ Yes 2.2 No Subject hit by Car 28t. Location (Streat and Number or Rural Routa Number, City or Town, State) 4700 Green Spring 2 Accident 9-10-96 1515 6 ☐ Could not be datamined 3 Suicida 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) filled in by 4 ☐ Homicida AVE Street To the Funeral Completely filled Medical 29a, Cartifian (Check only one) ä 29b. Signatura end titla of certifiar 29c. Licansa number 29d. Data signed (Month, Day, Year) SEPT. 12, 1996 O.C.M.E.

State Registrar

D

5,

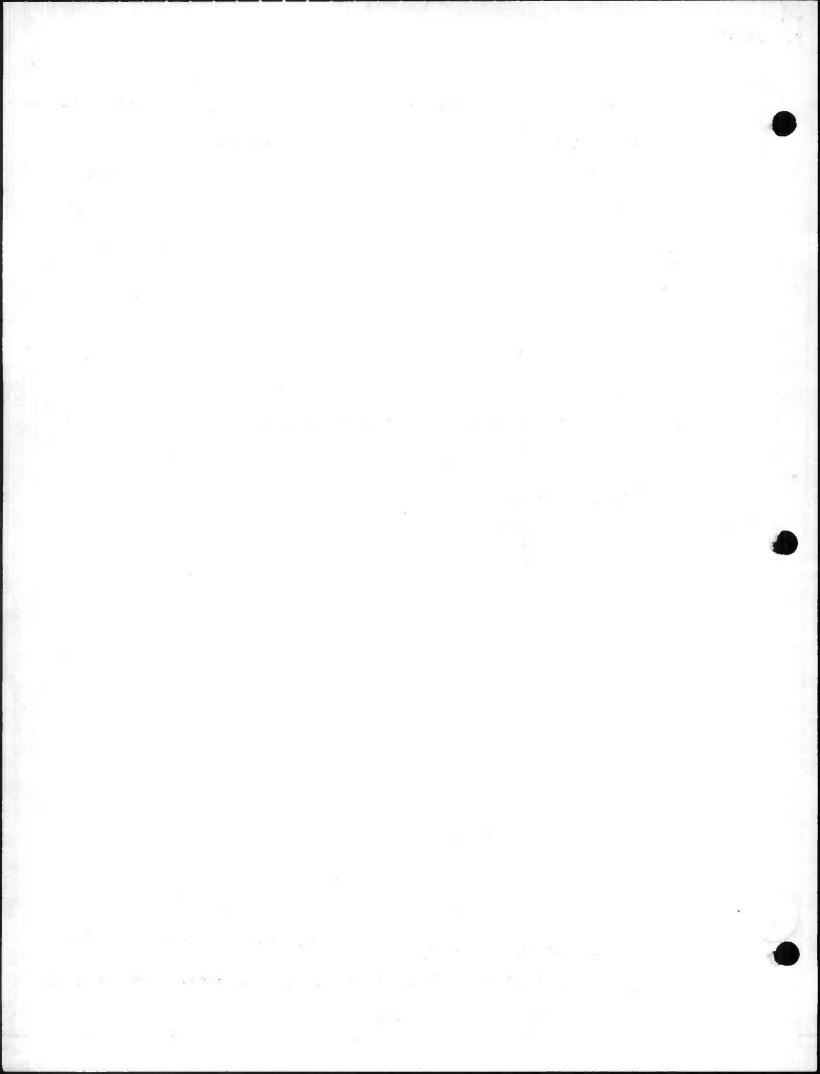
Stephen S.
31. Data filed (Month, Day, Year)

30. Nema and address of person who complated cause of deeth (item 23a) (Type, Print)

Radentz

32. Registrer's Signatura Jana Davidson

111 Penn Street, Baltimore, Maryland 21201

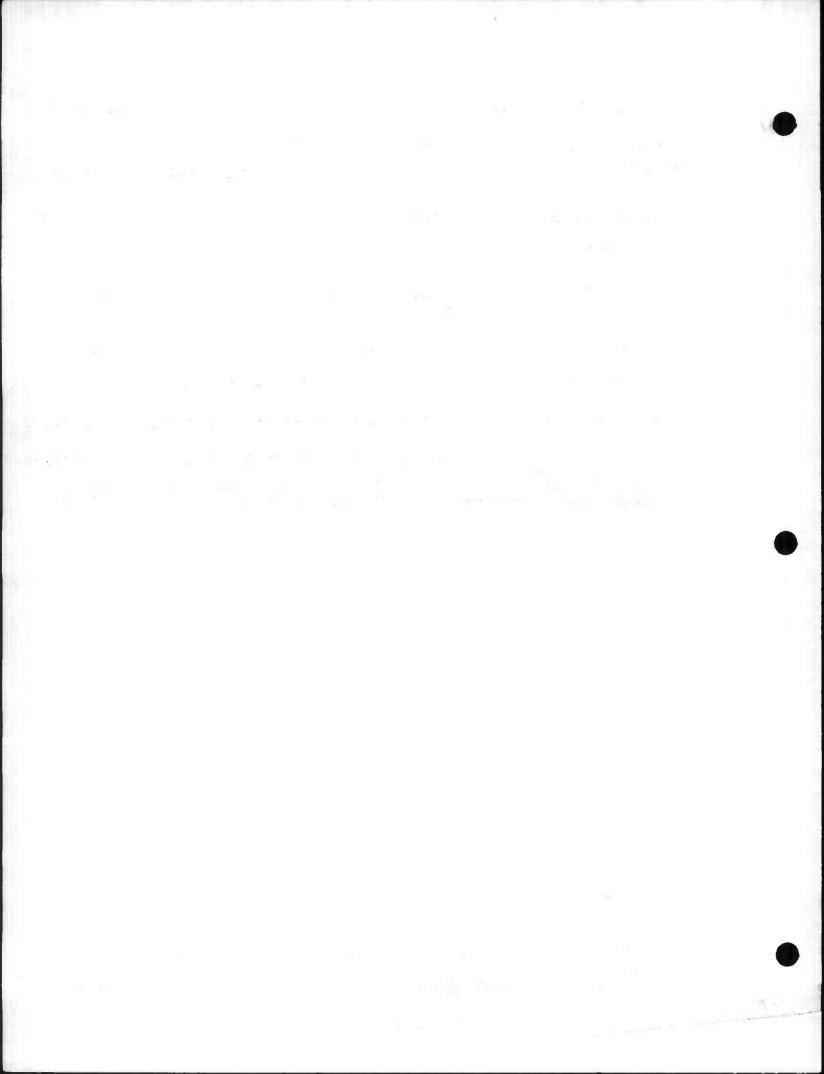


State of Maryland / Department of Health and Mental Hygiene

27388

					Cei	tificate of	Death		Reg. No.		1000
			1. Decedent's Neme (First, Middle, La	st)	-			2. Dete of D	2.4	V	3. Time of Death Ar
	Physic /Medi		EDWARD	BUTLER				SEPT	Day //+/	1996	02:05
)	Exami		4a. Facility Name (If not institution, giv				4b. City, Town, or				
			SINAI HOSE	PITAL OF	BALTI	MORE	BALTI	MORE	BAL	TIME	DR6
	Funeral		5. Social Security Number 6. S	ex 7. Aga (In y	rs. last birthday)	If Under 1 Year	If Undar 24 Hr	s. 8. Data of B	irth Vanel	9. Birthpl	laca (State or Foreign try)
	Director	П	215-07-7389	ØM 2□F 8	O Yrs.	Months Days	Hours Mir	May 3	irth Year) 81,1916	Mar	yland
	p .		Usual Rasidance of Decedant								
	unylar show		10a. Stata 10b. County		City, Town or Lo	cation				10	Od. Inside City Limits
	e Ma	cto	Maryland Baltim	ore A	rbutus						1 ☐ Yas 2 ☐ No
	or 20	Director	10e. Street and Number	D 1		10f. Zip Code	,		10g. Citizen of V		
	72 hours after deeth with the Maryland natural; or items 23a or 28a-f show deal Examiner must be notified at	ie	5102 Shelbourn	e Road		21227			United	Sta	tes
	dee a se	Funerai	11. Meritel Stetus	12. Wes Decedant Evar in Armed Forces?	U,S. 13. \	Was Decedent of I	Hispanic Origin? ( an, Maxican, Pua	Specify Yes or N	o- 14. Reci	e - Amarica	
5	or it		1 ☐ Never Marriad 2 ☐ Married	Yes 2 No		I □ Yas 2 □ No		ito i nomini utorij		whi	
	Par.	d by	3 Widowed 4 Divorced	Yeer or Datas: WU	UIL				эреспу		
5	72 h	Completed	15. Decedant's Ed (Specify only highast gra	lucation da complatad)	16a. Deced (Giva	lent's Usual Occu kind of work dona	pation during most of world)	orking	16b. Kind of Bu	siness/Ind	ustry
7700-01717	within ene.	du	Elementary/Secondery (0-12)	College (1-4or 5+)		00 NOT usa ratire rvisor	od)		Count		wormont
	Hygie ther t		17. Fathar's Nama (First, Middle, Last)		supe	IVISOI	40. \$4=45=4= \$1=	- Alicent Adiabat			vernment
	S E S	Be	Edward J. But					A. Mori	a, Maiden Sumam	a)	
	1 Men 1 Men	To					-				
mai yiaila	d 2 shd th and 7 is m traum		19a. informant's Name/Ralationship (				t and Number or F				
-	teath m 27 fher to		Natalie Butler 20a. Method of Disposition	The state of the s	DIUZ		ourne ko		7		1and21227
2	H DE PO		1 ☐ Burial 2 ☐ Crametion 3 ☐	Ramovai from State	cemetary, cren	natory or other ple	*	Dete	20c. Location -		
	tamt:		4 ☐ Donetion 5 ☐ Other (Specify		oudon	Park Ce	metery	9/13/9	6 Balt	imor	e,Marylan
saitimore	epart sport ny in		21 Signature of Funerel Sarvice Licer	<b>(</b> 00	O A	Nama and Addr	Funera:	Home.	Inc.	A	rbutus
_	00 E 8 0		Tel F		Acres (		phur S				21227
	- 1 X		239 Part1. Entar tha diseesa, or comshock, or haart fallura. List only	pilcations thet caused tha de							Approximate intervel Between
VIII.	Physician	M									Onsat and Death
	/Medical		Immediate Cause (Final disease or condition	ACUTE	MYDO	MICISA	1 TALE	HRITIE	Α.)		10 DAYS
	Examiner		disease or condition resulting in death)		(or as a conseq		C 3/01	71100110		1	10 0//12
٠	YI AL	nec		, CHRONIC	ORST	2 UCTIVE	PULMO	NAPY	DISEAS	F	
	oute man	xaminer	Sequentielly list conditions,	0.	(or as a conseq				510010		
Š,	be executed pician and burial-transit	m	Sequentielly list conditions, if any, leading to immadiata cause. Enter Undarlying Cause (Disaasa or injury	ADENDO	AVECIA	DOMA (	DE DATE	< NO WAL	PRIMI	ARY	7 MONTHS
00/00	Pysic President	edical	that initiated evants rasulting In death) Last		(or as a consequ		71 01-			11	
Š	erificate be fing physicis se as the bu	Mec		d. CEREBR	OVACCU	LAR I	DISEASE	-			6 YEARS
3	0 8 8		_	a. Coloc Biol	0 4 71.0 00		213013	W.			0 1011 3
	0 0 2	Physician	Part ii. Other aignificant conditions of	ontributing to death but not re	esulting in tha ur	ndarlying cause gi	ven in Part I.	23b. Dic	I tobacco une cor	tribute to	the cause of death?
5	5 2 2	Phy						15	Lyes 2□ No	3 Prob	eably 4 Unknown
ñ		by									
ol vital necord	- 0 D							24a. Wa	s an autopsy ormed?		are autopsy findings
2	_ D 05	piet						pon	01111001	con	npletion of cause daath?
č	0 - 2	Completed						10	Yas ZONO	1	Yas 20 No
9	iclan: The certificate rector, pag	Be C	25. Was case rafarred to medical				26 Place of De	eath (Check only			
>		To B	axaminar?	Hospitai:	☐ ER/Outpatien	t 3 DOA Ot	har		idence 6 Oth	er (Snacihi	(1
			27. Mannar of Death	28a. Data of Injury	28b. Tima of	28c. inju		1	how injury occurr		,
DIVISION		atio	1 Naturai 5 ☐ Panding 2 ☐ Accidant invastigation	(Month, Day Year)	Injury		rk? ]Yas 2 □ No				- 3
0	or Attending effer death. Director: After d in by the fune	fice	3 ☐ Sulcide 6 ☐ Could not be	288. Place of injury - At	homa, farm, stre	eat, factory, office			(Street end Numb	er or Rurai	Routa Number,
5	offer A Direct of in b	Certification:	4 ☐ Homicida Gataminao	building, atc. (Spe	cify)			City or To	own, Stata)		
	To the Hospital or Att within 24 hours effer of To the Funeral Direct completely filled in by		29a. Cartifier Certifying Ph	yalcian: To the best of my k	nowladga, daath	occurred at tha ti	ma, data and plac	e, end dua to the	causa(s) and ma	nnar as st	ated.
	Fun Jetely	edicai	(Check only 2 Medical Examone)	siner: On the basis of examinand mennar stated.	nation and/or Inv	astigation, in my	opinion, daath occ	urred at tha tima	, data and place,	and dua to	tha causa(s)
	within 2 To the	M	29b. Signature end title of certifier			29c. Lican	sa number		29d. Dete signed	d (Month, L	Dey, Year)
	100		() ~1	A	1 1	1	- 2	- , /3 - 3 -		1.+4	1901
	0)		20 Nama and determina	mun /V	(, U.		02321-3	W-4022	SEPI	11	1776
	1		30. Name and address of person who				100 to 500 cm =	Α (	.0.1		
	-		31. Data filed (Month, Day, Year)	32. Ragistrar's Sig		N BELV	FDEKE	AVE, B	HLIMON	-E / A	40 21215
	Sta Registr		AGA 4 2 A	Ja. Dai 1	d'a						
Du	MH 16 Rev 6/9		5EP 1 6 1996	Greha Davidson	-Mandelle						
4111	THE VERY OF	-	-	~							

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

27389

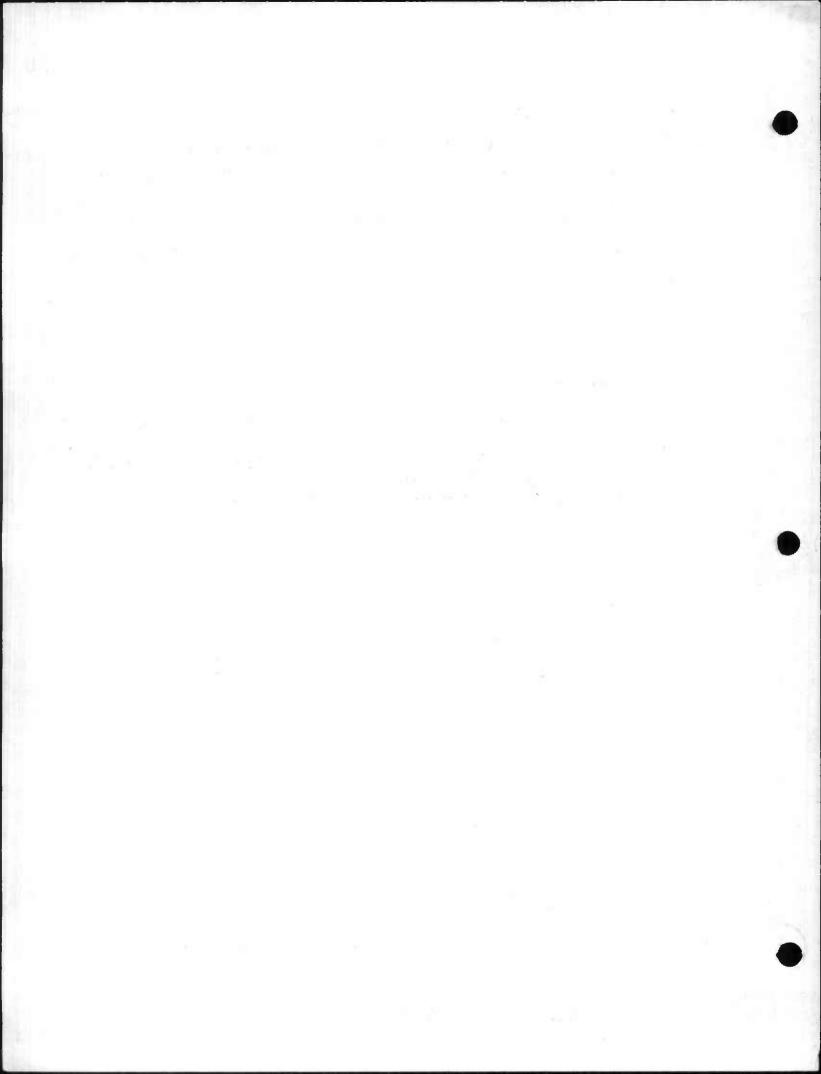
							Ce	ertificat	te o	f Death	7		Reg. No	٠,		lies I	000
-			1. Decedent's Nama (First, Mi	ddla, Las	it)							2. Dete of D	eath			3. Tirr	a of Death
	Physic		FREDDIE	Bou	HAN							Month SEPTEHE	Da SEN	//	Year 96	1.5	5P4
	/Medi Exami		4a. Fecility Nama (If not institu			mber)				4b. City, To	own, or L	ocation of Dea		• • • • • • • • • • • • • • • • • • • •	of Death		
	LAUIIII	101	HALBOR HOS	D.TA	CEAU	TER				BACT	THAN	PE		N/			
1	Funeral		5. Sociel Security Number			7. Aga (In yrs	s. last birthda	) If Unda	r 1 Yaa		r 24 Hrs.	8. Date of B	irth			lace /Str	ata or Foreign
п	Director		430-30-7213	11	X M 2□F	76	Yrs.	Months	Day	s Hours	Min.	9/7/ I	920	)	MISS	JURI	
	ซ		Usual Residence of Decedant						1								
	how		10a. Stata 10b. Cou	nty		10c. C	ity, Town or I	Location							1	0d. Insid	le City Limits
	e Ma	S	MARYLAND ANN	E AR	UNDEL		LIN	THICU	M							10	Yas 2K No
	\$ 50 E	ire	10e. Street and Number					10f. Zip	o Coda				10g. Cl	tizan of V	Vhat Coun	itry?	100
	23a	a i	414 HILL VIE	W DR	•				2	1090				U.	S.A.		
	within 72 hours after death with the Maryland ene. than "natural", or items 23s or 28s-f show he Medical Examinet must be notined at	Funeral Director	11. Maritai Status		12. Wes Dec	edent Evar in orces?	U,S. 13	Was Dece	dant of	Hispanic Or	rigin? (Sp	ecify Yas or N Rican, atc.)	0-		e - Americ		n,
0	afte or its	F	1 ☐ Nevar Married 2 ☒ N		1 X Yas	2 No				o Specify		rioun, atc.,					
21215-0020	n 72 hours natural",	d by	3 ☐ Widowed 4 ☐ Divord	ed	Yeer or D	atas: WWII		10143	2 (24)	O Opecity				эреспу	WHI	ΓE	
5	n 72 hc	Completed	15. Deced (Specify only hig				16a. Dec	edent's Usu a kind of wo	al Occi	upation a during mo	st of worl	dina	16b. K	and of Bu	siness/Inc	Justry	
121	within ene.	ign	Elamentary/Secondary (0-12	-	Collega (	I-4or 5+)	lifa.	DO NOT u	se ratii	red)							
	filed with Hygiene. ther than		12		NONE		PA.	LNTING	CO	NTRAC					PLOY	₫D	
n c	d off	Be	17. Fathar's Name (First, Midd	ia, Last)		DOID	f A DT					e (First, Middle	e, Maiden			117.011	
3	should be filed and Mental Hygid I marked other umatic event, the	9	ERNEST			BOWM	LAN			2021	EPHI	NE			SANQI	712H	
Maryland	0 4 4 4		19a. Informent's Name/Raiatio	nship (T	ype, Print)		19b. Ma	ling Addrass	s (Stree	et and Numb	er or Ru	ral Routa Numi	ber, City	or Town,	Stata, Zip	Code)	
	1 and Health em 27		ANN M	•	BOWMAN		414 Piaca of Dist			W DR.	, LII	NTHICUM	1			2109	
0	Pages nent of hint: If ite		20a. Mathod of Disposition 1 ☑ Burial 2 ☐ Cramatic	n 3 🗆 I	Ramoval from	State	cemetary, cr	amatory or o	other p		į	Deta			City or To		
E m	Pa Int:		4 □ Donetion 5 □ Other	(Speqly)	)	GI						/14/96	GLEN	BUR	NIE,	MAR	YLAND
Baltimore,	permit. Pages 1 and Department of Health Important: If item 27 any injury or other tr		21. Signature of Funeral Servi	oe Ligens	500			22. Nema ar	nd Add	rass of Fecil	ity SI	NGLETON	FUN	ERAL	HOM	E	
ш	70 E 9 W		N	11			1	SECO	ND	AVE. S	S.W.	, GLEN	BURN	IE,	MARY	LAND	21061
			23a. Part1. Enter the days. L	or comp	licetions that o	aused the dec	eth. Do not a	ntar the mod	da of dy	ying, such as	s cardiec	or raspiretory	arrest,			Approxi	mate Batween
	Physician															Onset a	nd Death
	/Medical		Immediata Causa (Final disease or condition		a PRAIN	1 877	1 570	OFF							-	Zu	Jeeks
	Examiner		rasulting in death)		a. Taratio		(or as a cons		:			THE RESERVE					
-	P #	ine			. ASPI	RATION	PHER	HON	A							ZWE	eK5
	and trans	Examiner	Sequentially list conditions,			Dua to	or as a cons								T		
Ö,	sian s		Sequantially list conditions, if any, leading to immadiata cause. Entar Undarlying Cause (Disease or Injury	J	. le	FIRATO	RY	ALLU	RE	7					- 1	Zh	veek5
68760,	certificate be executed use as the burial-transit	Medicai	that initiated events resulting in daeth) Last	1	0		or as e conse	quence of):									
9 x	death certific			L.	d										- !		
Box	ath o	Physician/			0										1		
0	law requires that the death as been signed by the atter 2 should be detached for a	/sic	Part II. Other significant cond	tions co	ntributing to de	eath but not ra	sulting in tha	undarlying o	ausa g	givan in Part	l.	23b. Dio	tobacco	use cor	tributs to	the cau	se of death?
σ.	d by detac	P	- INSULID DEF	FNZ	ENT T	rafe Ti	TIS ME	VITE	_			1□	Yss 2	₽□ No	3 Prot	bably	4 Unknown
S,	res th	by	200200		<u> </u>	11000	13 / 20	21/03	-						Ι		
0.0	v require been si should	pet	· HYPERTER	1510	11								s an auto lormed?	psy	ave	allable pr	osy findings flor to
ec	has b	pie	77770		70 1											death?	of cause
E E	E es	Completed	- ATHEROSCL	FROT	TIC CA	20100	ASCULI	72 2	DISE	FRSE		10	Yes 2	No	1 🗆	Yas :	2□ No
ita	delan: The certificate rector, pag	Be	25. Was casa rafarred to medi axaminer?							26. Plac	a of Deal	th (Check only	ona)				
of Vital Records,	hysic this ce ai dire	ဂ္ဂ	1 Yas 2 No	1	Hospitai:	npatiant 2	☐ ER/Outpatio	ent 3 DC	O AC	thar: 4   N	ursing Ho	oma 5 Ras	sidence	6 Oth	ar (Specif)	y)	
	ding Ph h. After th funeral		27. Mannar of Death 1.⊠Natural 5 □ Pan	dina	28a. Data	of Injury th, Dey Year)	28b. Time injury	of 2	28c. Inj W	ury at		28d. Describe	how inju	ny occurr	ed		
Division	tandir leath. tor: Af the fu	Certification:	2 ☐ Accidant inva	stigation		,,,	,,	М		☐Yas 2☐	No						
B	er der der recte	tific	3 ☐ Sulcida 6 ☐ Cou 4 ☐ Homicida data	mined	28a. Placa buildi	of Injury - At I	nome, farm, s	treat, factor	y, office	0		28f. Location City or To	(Straat ar	nd Numb	er or Rura	l Routa f	vumber,
Ø	rs after all Direction																
	To the Hospital or Attanding Physician: within 24 hours after death.  To the Funeral Director: After this certific completely filled in by the funeral director.	edicai	29a. Certifiar (Check only 2 Medic	ing Phy	sician: To the	bast of my kn	owladga, das	th occurred	at tha	tima, data ar	nd placa,	and dua to the red at the time	causa(s	) and ma	nnar as st	ated.	se(s)
	To the H within 24 To the F complete	8	one/		and man	nar stated.	a.on anwol l					- ou at the thile			-		
	Neith Con	Σ	29b. Signature and title of certi	fiar	. 1		, _			nsa numbar				ita signad	d (Month,	Day, Yea	(1)
			- The Sire of	caph	w	/	4.0	1	52	44161	436		9/1	11/96			
	4		30. Nama and addrass of person	on who co	omplated caus	a of daath (Ite	m 23a) (Type	, Print)									
			SOLOHON G.C		7 300	1 S. H	MOVE	e si	1	BACTIK	ORE	E FLD	21	225			
	Sta	- 1	31. Data filed (Month, Day, Yea	ar)	9 32. R	egistrar's Sign	atura										
	Registr	ar	SEP 1619	396	700	wydson	pondelle	•									

DHMH 16 Rsv 6/95



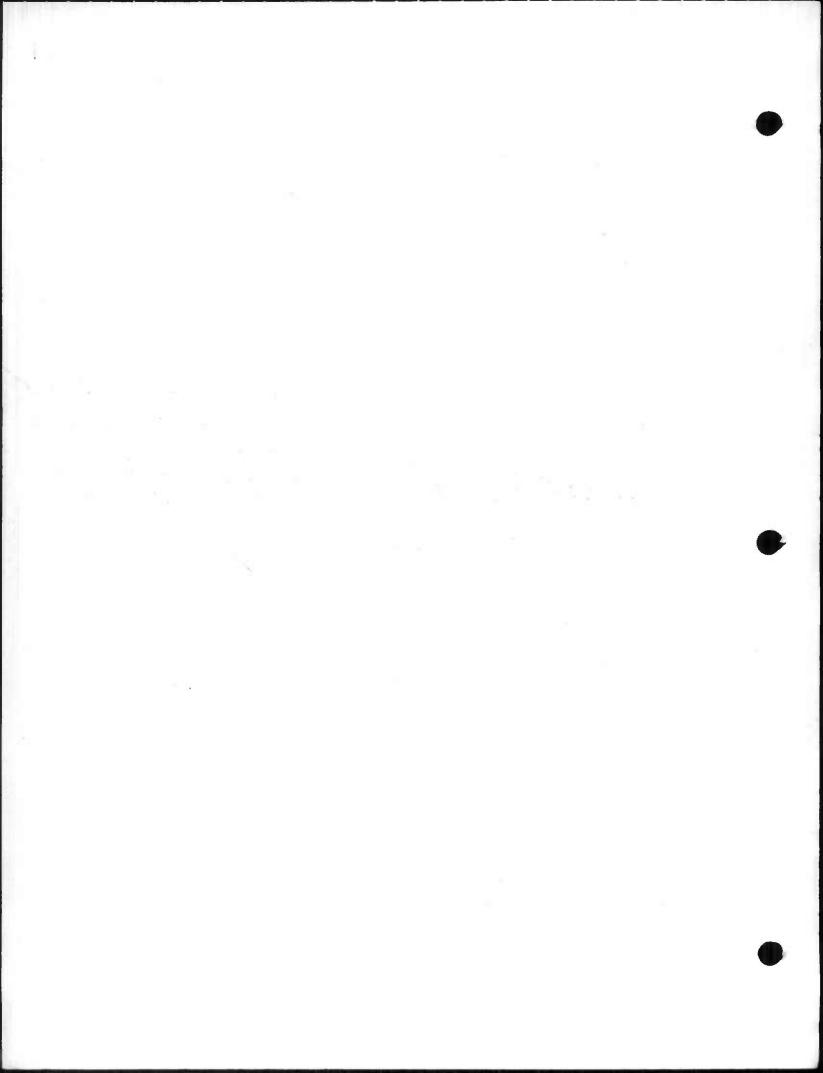
State of Maryland / Department of Health and Mental Hygiene

		Decedent's Name (First, Middle, La	ast)	Ce	rtificate of	Death	2. Dete of Death			739U
Physici /Medic Examir	cal	Ella May 4e. Facility Neme (If not institution, give		400-1		4b. City, Town, or Lo	0.1	Day 2 // 4c. County	1/	3:10 Ax
Funeral Director		5. Social Security Number 6.	1.0.1	yrs. last birthday 72 Yrs.	If Under 1 Year Months Days		8. Dete of Birth (Month, Day, OCT. 23	Year) , 19 <b>1</b> 3	9. Birthplace Country)	(State or Foreign
e Maryland la-f show	ctor	10a. State 10b. County MD n/		c. City, Town or L BA	ocation LTIMORE			П		nside City Limits
23a or 28	ral Director	10e. Street end Number 1612 ABBOTSTON	STREET		10f. Zip Code	212		g. Citizen of V UNITE		TES
172 hours efter death with the Maryland "natural", or frems 23a or 28a-f show tolcal Enaturer must be notified at	by Funeral	11. Marital Status	12. Was Decedent Ever Armed Forces? 1  Yes 2 YNo It Yes, Give Year or Dates:		Was Decedent of Hif Yes, specify Cub	dispanto Origin? (Speen, Mexicen, Puerto Specify:	ecify Yes or No- Ricen, etc.)		e - American in k, White, etc.	BLACK
jene. r than "	Completed	15. Decedent's E (Specify only highest gri Elementary/Secondery (0-12) 6 th	ducetion ade completed) Coltege (1-4or 5+)	(Give	dent's Usual Occup kind of work done DO NOT use retire	pation during most of worki d)	ng		NURSIN	
a fa b	To Be C	17. Fether's Name (First, Middle, Last	APLES		BOKEK	18. Mother's Name				G HOME
nd 2 sho aith and 27 is m r traum		19a. Informant's Name/Reletionship (	Type, Print) HOLLOWAY	196. Melli 1604		and Number or Rurs th STRE	ET, BAL			e) 218
2002		20a. Method of Disposition 1   ↑   ¶urial 2 □ Cremation 3 □ 4 □ Donation 5 □ Other (Specif	Removal from Sta	Ob. Place of Disponentery, cre	osition (Name of matory or other plan MEMOR ]	,	Date 2		City or Town, S	Stete
permit. Pag Department important: I any injury o		21. Sonatore of Juneral Service Licer	house	1	2. Name and Addre				AVENUI	
Mysician attended by Medical physician and physician attended by Medical physician and physician attended by Medical physician	an/Medical Examiner	23a. Part1. Enter the disease, or com shock, or heart failure. List only Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	a. B  Due  b. Due  c. Enc	acter to (or es a conse	ial (quence of):  a typis quence of):	Endo ca	erditi	1	finite ons	year year
5 6 0	by Physician/	Part II. Other significant conditions of Abdominak	ontributing to death but not		nderlying cause giv					cause of death?
should should	Completed t	X			<i>f</i>		24a. Was an perform	ed?	available complet of death	. /
entity settor.	89	25. Wes cese referred to medical examiner?	Hospitel:		lou	26. Place of Death		2 <b>S</b> No	1 🗆 Yes	20N6
or this	n: To	1 ☐ Yes 2 ☐ No  27. Manner of Deeth	28a. Dete of triury	2 ☐ ER/Outpatier 28b. Time o		4 Li Nuising noi	ne 5 ☐ Resider 28d. Describe hov			
or Attending after death. Director: Atte in by the fune	Certification:	1 ☐ Natural 5 ☐ Pending investigation 3 ☐ Suicide 4 ☐ Homlcide 5 ☐ Could not be determined		At home, ferm, str	M 1 🗆	Yes 2 □ No	28f. Location (Stre City or Town,	eet and Numbe State)	er or Rural Rou	te Number,
Hospi 24 hou Funer 6ely fill	edical Ce	29e. Certifier (Check only one)  Certifying Ph 2 Medical Exam	ysician: To the best of my niner: On the basis of exar and manner stated.	knowledge, death	n occurred at the tin vestigation, in my o	ne, date end place, a pinion, death occurre	and due to the cau ad at the time, dat	ise(s) and mar e end place, a	nner as stated.	cause(s)
	M	29b. Signature end title of certifie	mara, N	1.0.	29c. Licens	14369			(Month, Day,	Year)
0		30. Name and address of person who a	completed cause of death				notial	-	aspita	El



FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

		1 - STATE REGISTRAR	STATE OF MARYLAND / DEPART CERTIFIC	MENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.	
		1. DECEDENT'S NAME (First, Middle, Lest)  CATHERINE 4. SOCIAL SECURITY NUMBER	e F. B.	her	2. DATE OF DEATH MONTH DAY Sept 12 /	996 7°540 M
Should			70 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. HONTHS DAYS HOURS MIN. 9b. CITY, TOWN OR LOCATION OF DE	7. NATE OF BIRTH (Month, Day, Year)  VOV, 7 1905	BIRTHPLACE (State or Foreign Country)  A R Y A W
1, 2, 3	DIRECTOR	MCRIGIAN NURSING	Center Cronwell	TOWSON	B	altimone
permit. Pages		MARYLAND 10b. COUNTY  10c. STREET AND NUMBER	11	TOWN OR LOCATION  O & S O A  101. ZIP CODE		10d. INSIDE CITY LIMITS? 1 YES 2 NO IZEN OF WHAT COUNTRY?
cian. -transit	FUNERAL	8/0 Emge	12. WAS DECEDENT EVER IN U.S. ARMED	2123	IIC ORIGIN? (Specify Yes or No.	14. RACE - American Indian
nding sthe	D BY	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	If yes, specify Cuben, Maxica 1 YES 2 NO Specify	n, Puerto Rican, etc.)	Black, White, etc. Specify: White
D 21 spital or eed for u	ETE	15. DECEDENT'S EDUCA (Specify only highest grade co		ork done during most of working	Ment Pan	CESSING Plant
YLA by the be def	BE COMPL	17. FATHER'S NAME (First, Middle, Lest)	KLUCZV	1.07	ME (First, Middle, Malden Surname)	UNKAMULA
be retain ge 5 sho e notifi	TO B	190. INFORMANT'S NAME (Type/Print) Arthur Heide	RMAN BRAN	FORD Cincle	Roy Lythery	1/e, MD 21093
AOF e 6 m rector,		20a. METHOD OF DISPOSITION  1	14014 C		DATE 200. LOCATION -	Alk, Maryland
9 = 8		Mark a	Romach.	W. DALKOWS	IK AVE BAL	t, MAZIZY
theres hourstely filled in mation, or it, the me		immediate cause, or constitute. Limited in the cause, or constitute. Limited in the cause or condition resulting in death)	mplications that caused the deeth. Do no at only one cause on each line.  Merris Selent  Due to (or as a consequence or):			Approximate interval Between Onset and Death
687 xecuted and con burial,	TION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEQUENCE OF):	/	/	
P.O. B th certificate ending physel Hygiene p or other	CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  d.	DUE TO (OR AS A CONSEQUENCE OF):			
ORDS, F hat the death d by the atter o and Mental my Injury, o	A.	PART II. Other algnificant conditions	contributing to death but not reaulting in	the underlying ceuse given in	PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
w requires that we require that been signed by pt. of Health and shows any	V: MEDIC	DID TOBACCO USE CONTRI	BUTE TO CAUSE OF DEATH YES	□ NO □ UNCERTAIN	1 TYES 2 1 NO	OF DEATH?
- E 8 9 6	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	28. PLACE OF DEATH HOSPITAL:			
VISION OF VITA ATTENDING PHYSICIAN: The ECTOR: After this certificate h s after death with the State E 28 is marked, or item	BY PH	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	26e. DATE OF INJURY (Month, Day, Year) 28b. TIME INJUI	RY WORK? M 1 YES 2 NO	28d. DESCRIBE HOW INJURY OC	CURED
DIVISION OR ATTENDING F DIRECTOR: After I hours after death Item 28 is mar		3 Suicide 6 Could not be detarmined	28a. PLACE OF INJURY — At home, farm, str building, etc. (Specify)		26I. LOCATION (Street and Number City or Town, State)	
3 -10 -	COMPLETED	(Check only one) 2 MEDICAL EXAMINER:	AN: To the best of my knowledge, death occurred On the basis of examination and/or investigation,	In my opinion, death occured at the	time, date and place, and due to the	
TO THE FUNERA TO THE FUNERA De filed within 77	TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER  WOLLD WITH THE STATE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, P	29c. LICENSE NUM D 21	0 2 2 P 29d. DAT	9-13-8 6
		M -   Cent CE	V)K) 8604 HAICP	ons of sac	NMY 21234	
		SEP 1 6 1996	37-7(-10-			



State of Maryland / Department of Health and Mental Hygiene 96

				Certific	ate of Death	9	Reg. No.	•		
Physician	1	Decedent's Nama (First, Middla, Li HARRY	ast) <b>B</b> u	RT		2. Data of De Month	Day //	3. Time of Death		
/Medical Examiner		a. Facility Nama (If not Institution, gi	ospital		Balti	r Location of Deeth more	N/Z	A		
Funeral Director	1	03-07-9721	Sex 7. Age (In yrs. 15th 2□ F 76	Yrs. If Un	der 1 Yaar If Undar 24 Hi hs Days Hours Mi	8. Data of Bird Month, Da June 3	0,1920	9. Birthplaca (Stata or Foreig Country) SCOTland		
r 28a-f ahow Inotified at Irector	1	isual Rasidanca of Decedant  0e. Stete 10b. County  N /	A 10c. Cit	y Town or Location ltimore				10d. fnsida City Limits 1% Yas 2 □ No		
23a or 28a-fa ust be notified al Director		oe Street and Number 106 N. Haven S	treet	10f.	Zip Coda 21224	21224 10g. Chizan of What Country? U.S.A.				
al, or items Examiner m by Funer	•	Marital Status     Mavar Merried 2  Married     Widowed 4  Divorced	12. Was Decedant Evar In U Armed Forcas? 1∑ Yes 2 ☐ No If Yas, Giva Yaar or Datas₩₩ T	_ 1 🗆 Yas	cedant of Hispanic Origin? pecify Cuban, Maxican, Pus No Specify:	nt of Hispanic Origin? (Specify Yas or No- y Cuban, Maxican, Puarto Rican, atc.)  14. Rece - Ame Black, Whit White				
than "		15. Decedant's E (Specify only highast gr Elementery/Secondary (0-12)	ducation	16a. Decedant's U (Giva kind of lifa. DO NO	isual Occupation work dona during most of w Tusa retired)  esman	orking		of Business/Industry ply House		
marked other marked other imatic event, II	17. Fathar's Nama (First, Middla, Last) Harry Burt Sr. Bark						Maiden Sumam Ouncan	e)		
trac		9a. Intormant's Neme/Raiationship Charles Thras	(Type, Print) Sher/Friend	19b. Meiling Addr 400 N	ess (Street and Number or . Haven Str	Rural Route Numberet Ba	er, City or Town, Lto. Ma	Stata, Zip Code) ryland 2122		
Department of Healt Important: If Item 21 any Injury or other office	2	Da. Mathod of Disposition  1 ☑ Buriel 2 ☐ Gamation 3 [ 4 ☐ Donation 5 ☐ Other (Speci	□Removel from Stete	Placa of Disposition ( emetary, cramatory of Dly Rede	ar other place)	Deta ry9/12		city or Town, Stete nore, Marylan		
Depart Import any in	2	1. Signature of Fameral Sarvice Lice  A. Partt Enter the disease of con- shock or heart teilura.	1/	II	esty Funer idgely Ave	al Home	P.A.	, Md. 21401		
nysician Medical xaminer	r.	mmediete Cause (Final iseesa or condition asulting in death)	Septine	via.				tritarval Between Onset and Death 48 home		
d by the attending physician and letached for use as the burial-transit.  Physician/Medical Examiner	Sifico	Sequentially list conditions, eny, leeding to immadiete ause. Entar Underlying ause (Disease or injury nat initiated evants seulting in death) Last	G	r as a consequence						
attending p for use as clan/Me		L	d							
signed by the all to be detached for	P	art II. Other significant conditions	contributing to death but not ras	ulting in the underlyin	g causa given in Part I.	23b. Did	1	ntribute to the cause of death  3 Probably 4 Unknow		
2 shou	_					24a. Was	an sutopsy med?	24b. Were sutopsy tindings available prior to completion of cause of death?		
certificate ha		5. Was casa referred to medical	1			101		1 □ Yas 2 □ No		
al de la C		1 Yes 2 No  7. Mannar of Death  1 Natural  5 Panding	Hospital: Inpatient 2   28a. Data of Injury (Month, Day Year)	ER/Outpatient 3 D	Other	Homa 5 Rasid				
5 4 5		2 Accident invastigation		M		1 Yas 2 No				
after death. Director: After d in by the fune ertification		3 Suicide 6 Could not to datarmined	28a. Piaca of Injury - At he building, atc. (Specif	y)	tory, onice	City or To	vn, Stata)	er of Rural Route Number,		
124 hours after death.  • Funeral Director: After teath filled in by the funeral dial (Certification:	2	3 Suicide 6 Could not to datarmined 4 Homicida  9e. Certifier Certifying Pl	28a. Placa of injury - At no	y) wledga, death occurr	ed at tha tima, data and pla	City or Tou	causa(s) and ma	nnar as stated.		
within 24 hours after death. To the Funeral Director: After completaly filled in by the funeral Medical Certification	L	3 Suicide 4 Homicida  6 Couid not to datarmined  9e. Certifier (Check only 2 Medical Exa	building, atc. (Specification) building, atc. (Specification) bysician: To the best of my knominer: On the basis of axamina	y) wledga, death occurr tion and/or invastigat	ed at tha tima, data and pla	City or Tou	causa(s) and ma data and place, s	nnar as stated.		

All Andrews An

-	ц
2	
6.4	
0	
0	
43	
T-	
S	
-	
AND 21	,
-	
-	
1	
7	
~	•
000	
-	
4	ľ
5	•
-	
ш	
CC	
0	4
90	
1	1
_	•
-	ĺ,
MBALTIMORE, MARYLAND 21215-00	1
A	
-	-
O O	٠.
X	1
~	
1	1
-3	1
-	4
	k
	ø
7	f
00	6
99	
1960	
8760	
68760	
09289	Section of the last
X 68760	Section of the second section is
OX 68760	The same of the same
30X 68760	the last of the same of the same
BOX 68760	the same of the same of the same
. BOX 68760	Married Man or other Asset of the Local
D. BOX 68760	the same has not a same and
.O. BOX 68760	the said and the said of the said
P.O. BOX 68760	the same of the same of the same of
P.O. BOX 68760	the same of the sa
3, P.O. BOX 68760	denote to select the new days of the
S, P.O. BOX 68760	As a second second second second second second
DS, P.O. BOX 68760	the death of the sale and the sale of the sale
3DS, P.O. BOX 68760	the death or otherwise he are a second
RDS, P.O. BOX 68760	have the death as all and the same of the same
ORDS, P.O. BOX 68760	the same of the sa
CORDS, P.O. BOX 68760	the state of the s
CORDS, P.O. BOX 68760	the state of the state of the state of the state of the state of
ECORDS, P.O. BOX 68760	the state of the s
ECORDS,	the state of the s
ECORDS,	The state of the s
ECORDS,	the state of the s
ECORDS,	And the second s
ECORDS,	the state of the s
ECORDS,	The state of the s
ITAL RECORDS, P.O. BOX 68760	The first territory designed to the second s
VITAL RECORDS, 1	4
VITAL RECORDS, 1	4
VITAL RECORDS, 1	4
VITAL RECORDS, 1	4
VITAL RECORDS, 1	4
VITAL RECORDS, 1	4
VITAL RECORDS, 1	4
VITAL RECORDS, 1	4
VITAL RECORDS, 1	4
VITAL RECORDS, 1	4
SION OF VITAL RECORDS, I	4
SION OF VITAL RECORDS, I	4
SION OF VITAL RECORDS, I	4
VITAL RECORDS, 1	On other Company of the Company of t

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

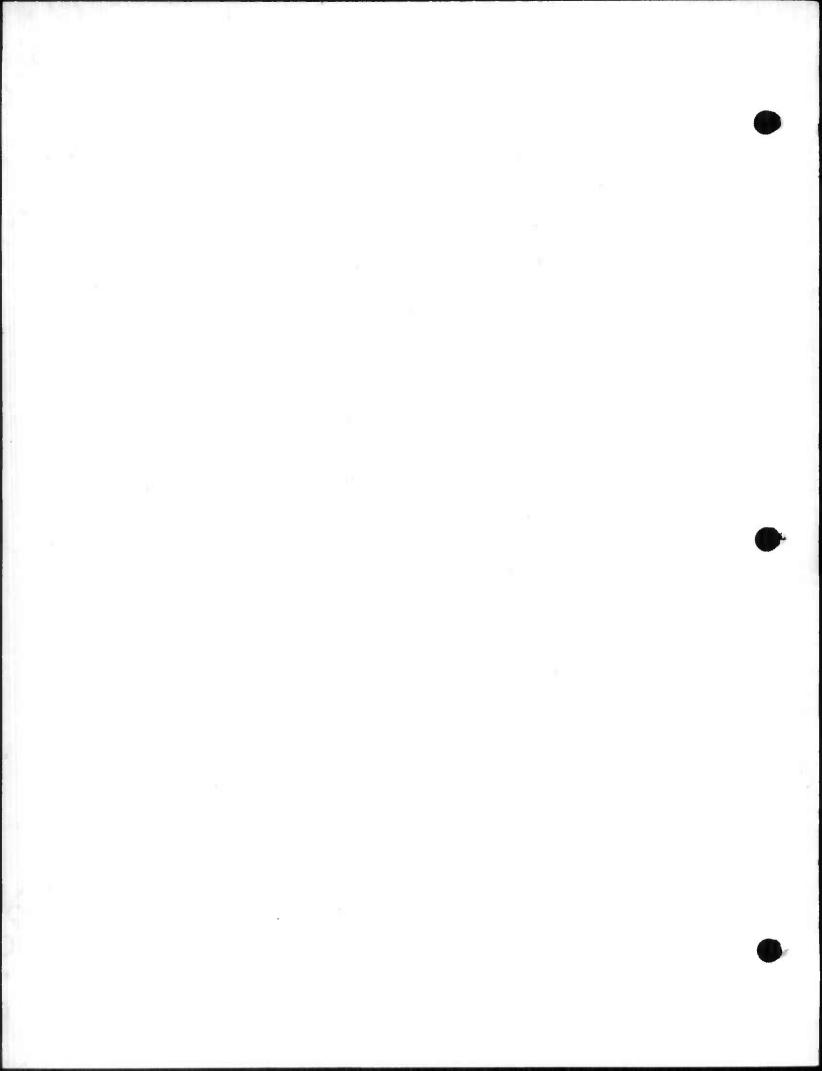
IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE	STATE OF							MENTAL HYGIEI		0	21000	
	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Lest)		C	ERIIF	ICATE	OF	DEA	ГН	REG. NO	).			
	Frank Alfred Brown September 14, 1990												
	4. SOCIAL SECURITY NUMBER 172-32-6353	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER	1 YEAR DAYS	IF UNDER	24 MD0	7. DATE OF BIRTN 8. B (Month, Day, Year) C.			HRTNPLACE (State or Foreign Country) ennsylvania	
	Se. FACILITY NAME (If not institution, give a						OR LOCATION				INTY OF DE		
HOT	Meridian Spa Cree	k N. H.			Ann	apo.	lis			Anne	Aru	ndel	
DIRECTOR	MD Anne A	rundel			r, town o apol		NOI					10d. INSIDE CITY LIMITS? 1 \( \textstyle \te	
FUNERAL	10e. STREET AND NUMBER					10	. ZIP CODI			10g. CIT	IZEN OF W	HAT COUNTRY?	
ZEF	2621 Compass Driv					_ 2	21401			USA	4		
	11. MARITAL STATUS  1 Never Merried 2 Married	12. WAS DECEDEN FORCES? 1	YES 2 1	MED NO	1	f yes, sp	ecify Cuba	n, Mexicar	IC ORIGIN? (Specify Yen, Puarto Rican, atc.)	e or No—	14. RACE Black	— American Indian, Whita, atc.	
ВУ	3 🔀 Widowed 4 🗌 Divorced	IF YES, OIVE V	WWII A	Army	_	YES	2 X NO	Specify			Specif	White	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	completed)	(G	CEDENT'S live kind of Do NOT u	USUAL OC	CUPATION TO THE PROPERTY OF TH	ON ast of working	g	16b. KIND OF BU	ISINESS/INI	DUSTRY		
APLE	Elementary/Secondary (0-12) 12	College (1-4 or 5 -	+)	entis					Denti	stry			
SO	17. FATHER'S NAME (First, Middle, Lest)			_			18. MOTI	YER'S NAI	ME (First, Middle, Malder				
BE	Joseph	Bro											
5	19a. INFORMANT'S NAME (TyperPrint)  19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  Richard D. Brown  211 Cinnamon Lane, Edgewater, MD 21037												
	20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION City or Town, State												
V 3	Metro Crematory 9-16 Baltimore, MD												
	22. NAME AND ADDRESS OF FACILITY Hardesty Funeral Home, P.A.												
	- Cross	Jan	mo	ii.	11	2 Ri	dae]	rune v Av	e Annam	lie M	(L) 2	1401	
	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition	City one cau	ise on each line	1						iratory an	reat,	Approximata Interval Batween Onset and Daath	
	disease or condition resulting in death)  a. Chronic pulmonary fibroling hysema  Due to (or as a coysequence of):											years	
Z	- Chami bronchiti											_	
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING										_		
FI	CAUSE (Disease or Injury that initiated events	cDUE TO	(OR AS A CONSEC	DUENCE O	F):								
ERI	resulting in death) LAST	d											
	PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY FINDINGS												
MEDICA	Parkinson disease with dementia PERFORMED? COM											AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
Σ.	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO NO UNCERTAIN												
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  26. PLACE OF DEATH YES IND I UNCERTAIN  26. PLACE OF DEATN (Check only one)												
YSIC	1 TES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER 4 Nurs		e 5 □ Ra	aldenca (	8 Other (Specify)				
ву Рн	27. MANNER OF DEATN  1 Natural 5 Pending 2 Accident Investigation	BE OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED WORK?  M 1 YES 2 NO											
	2 Accident 3 Suicide 5 Could not be detarmined 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28a. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)										oute Number,		
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI											and manner as stated.	
BE CC	296. SIGNATURE AND TITLE OF CERTIFIEF							NSE NUM		_		(Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETEO CAUS	SE OF DEATH (ITE	M 27) (Type	. Print)		VC.	, 5	10	1	4-20	01776	
- 1	Charles W. L	Sinzer.	MD.	20	103	Ma	dia	1PK	wx#100, f	hna	polis	MD71401	

32 REGISTRAN'S SIGNATURE

FINAL DRUMGSON-MANGERS

Mechical PKwy#100, Anna

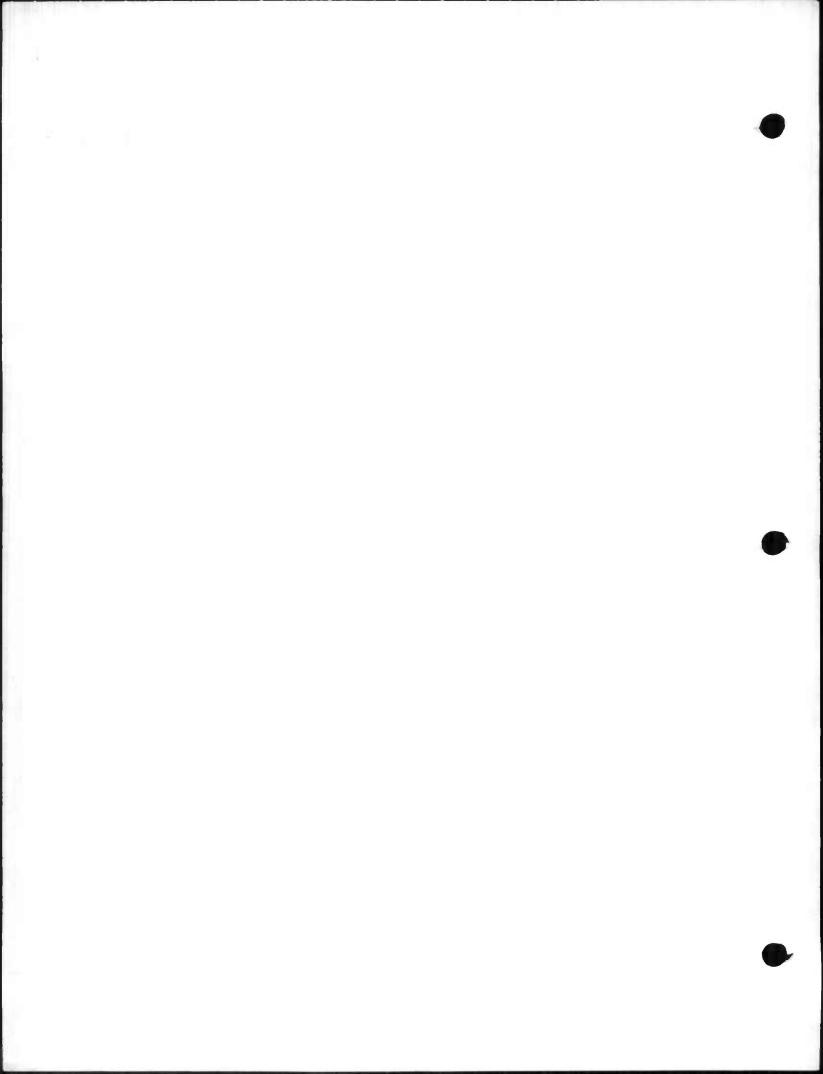


		$\mathbf{z}$
		ğ
		S
		ci.
		-
		S
		200
		£.
		E
		8
		Sif
	5	Ē
0	Sici	40
8	£	à
ALTIMORE, MARYLAND 21215-0020	death. Page 6 may be retained by the hospital or attending physician.	funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
'n	ğ	S
7	Đ.	
-	ď	S
N	3	Q
	Spi	B
Z	2	ac
4	음	e e
Z	3	2
œ	8	P
V	aju	2
Σ	5	40
	8	96
뿠	Je.	2
7	E	tor.
¥	9	Jec.
$\leq$	Pa	9
Η.	ë	era
7	eat	ž
-	103	

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

ler death. Page 6 may be retained by the hospital	the funeral director, page 5 should be detached for wal.	il examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - FOR STATE REGISTRAR	STATE OF MARYLA		IENT OF HEAL ATE OF DE		MENTAL HYGIEN						
Į.	1. DECEDENT'S NAME (First, Middle, Lest)	Cissel				2. DATE OF DEATH MONTH DO	AY YI	3. TIME OF DEATH				
			yrs. last birthday) #	UNDER 1 YEAR   IF U	MOER 24 HRS.	September 10,1996 2:45  HRS. 7. DATE OF BIRTH  B. BIRTHPLACE (State of F						
	215-32-0675	1X M 2   F		THE DAYS HOU	PRS MIN.	(Month, Day, Year) November 9		Country)				
	Sa. FACILITY NAME (If not institution, give street	et end number)	96.	CITY, TOWN OR LO			9C COUNTY					
S.	Bon Secour Nursin	ig Care Cent	er	Ellicott	City		Howa					
5	RESIDENCE OF DECEDENT  10a, STATE 10b, COUNTY											
DIRECTOR	Maryland Howa	rd		own or location icott Cit				10d. INSIDE CITY LIMITS?				
	10e. STREET AND NUMBER		EII	101. ZIP				1 TES 2 X NO				
RA	3000 N. Ridge Road	I <sup>1</sup>			1043		U.S.	OF WHAT COUNTRY?				
FUNERAL		12. WAS DECEDENT EVER IN	U.S. ARMED			C ORIGIN? (Specify Yes		RACE — American Indian.				
	1 Never Married 2 Married	FORCES? 1 YES		If yes, specify	Cuban, Mexican NO Specify:	, Puerlo Rican, etc.)		Specify: White				
Э ВУ	3 X Widowed 4 Divorced			9,		200		wille				
Ē	15. DECEDENT'S EDUCA (Specify only highest grade co	TION empleted)	(Give kind of work	done during most of v	working	16b. KIND OF BUS	SINESS/INDUST	TRY				
٦	Elementary/Secondary (0-12)	College (1-4 or 5 +)	Farm N	lanager		Aar	icultu	r a 1				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		raim r					rai				
	Philip B. Cissel					erbara Ig						
BE	19s. INFORMANT'S NAME (Type/Print)		19b. MAILING ADD			oute Number, City or Tow		rini				
일	Kimi Johnson					Ellictoo (						
	20a. METHOD OF DISPOSITION		PLACE AND DATE OF DE	SPOSITION (Name of				or Town, State				
	1 Duriel 2 Cremation 3 Removel from State    Cametery, crematory or other place   Cametery, crematory or other place											
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE		22. NAME AND AD								
	Bronald f	Wade, Direct	COT			oard, 655 yland 212		ltimore Street				
	23. PART i. Enter the diseasea, or cor	mplications that ceused	the death. Do not									
	shock, or heart failure. List only one ceuse on each line.  IMMEDIATE CAUSE (Final  Onset and Death											
	disease or condition resulting in death)  s.   Neuro degenerative disease  Due to (or as a consequence of):											
	DUE TO (OR AS A CONSEQUENCE OF):											
NO	Sequentisity list conditions, b. recurrent pramoria											
ATI	Sequentisity list conditions, If any, leading to Immediate cause. Enter UNDERLYING											
임	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):									
CERTIFICATION	resulting in death) LAST											
	DART II OAL - I - MIA HA											
8	PART II. Other significant conditions	contributing to death bu	t not resulting in th	ne underlying cau	ise given in f	Part i. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO				
ă						1 _ YES 2	SINO	OF DEATH?				
Ξ						_		1 TES 2 NO				
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL			26 PLACE	OF DEATH (Che	at anti-acci						
SICI	EXAMINER?	HOSPITAL:		HER: Nursing Home 5								
Ä	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME OF	28c. INJURY A		28d. DESCRIBE NOW I	NJURY OCCUR	ED				
ВУР	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	M 1 YES	2   NO							
	3 Suicide 8 Could not be	28e. PLACE OF INJURY - building, etc. (Specif	At home, farm, atree	t, factory, office		281. LOCATION (Street and Number or Rural Route Number,						
2	4 Homicide determined		,,			City or Town, State)						
7	200. CERTIFIER (Check only	AN: To the best of my knowle	dge, death occurred at	the time, date and p	place, and due t	to the cause(s) and mer	mer as stated.					
COMPLETED								ruse(e) and manner ee stated.				
	296. SIGNATURE AND WILE OF CERTIFIER	20 1A		29c.	LICENSE NUM	BER	29d. DATE SK	GNED (Month, Day, Year)				
BE	Jarer	Tulles	M.D.		0260	621	► Sec	steahen 10 10g1				
임	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, Prin	0	11 0	1	lary la	,				
	3460 Ellicott	Center	Orive	Ellico	H C.	ty, N	lary la	encl				
j	SEP 1 6 1996	A SURVEY SERVER	HALLE									
	2F1 T 0 1330 0		!									

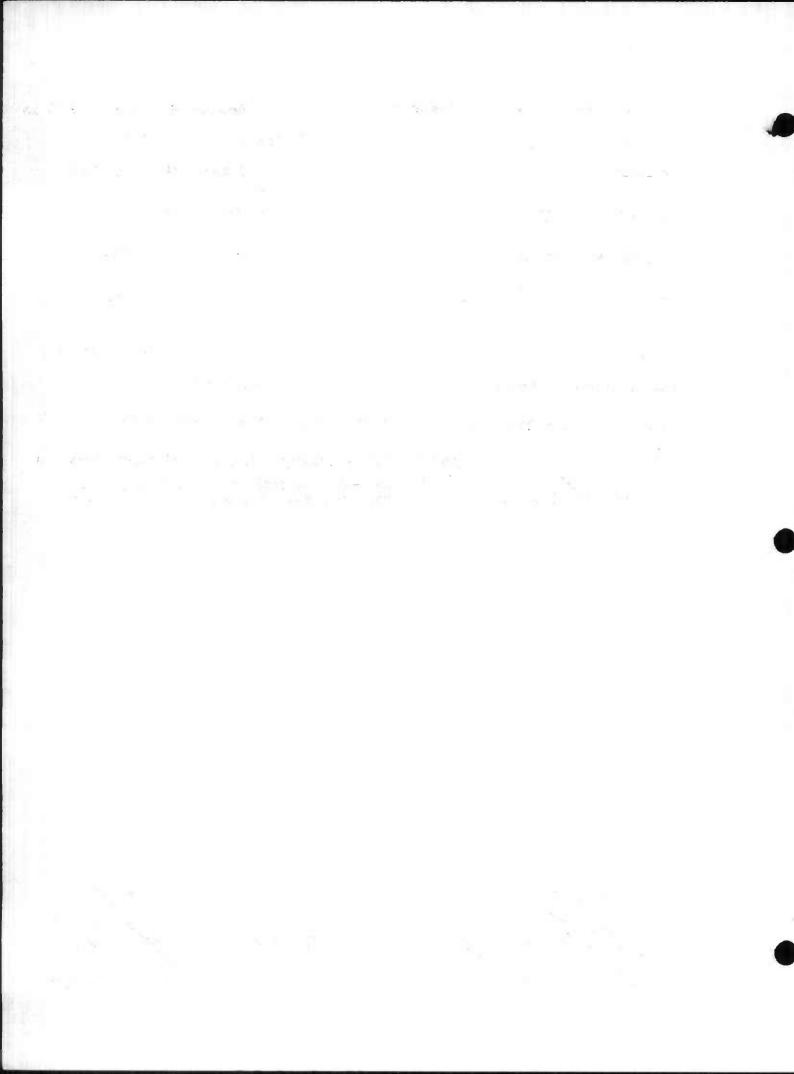


State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

96 27395

						Cert	ilicale of	Dealli		Reg. No.		
	Physici /Medi		Decedent's Neme (First, Middle, Las     Americo	J.	Cesen	aro			2. Dete of De Month September	r 9	Yeer <b>199</b> 6	3. Time of Death 9:39 am
	Examir	er	4e. Fecility Neme (If not institution, give 3512 Bellevale Av					4b. City, Town, or I	Location of Deat Tre City		of Deeth	
	Funeral Director	-	5. Social Security Number 6. Security Number 220=09~3276		e (in yrs. last bi	irthday) Yrs.	If Under 1 Yes Months Dey	r If Under 24 Hrs.	-		,	place (State or Foreign ite) (Land
	the Maryland 28a-f show nortified at	or	Usuel Residence of Decedent  10a. Stete 10b. County  Maryland N	/ <b>A</b>	10c. City, Tov	vn or Loca	ation	Bal	Etimore	City	1	10d. Insida City Limits 1 Yes 2 □ No
	death with the M	Direct	10e. Street end Number 3512 Bellevale Aug	214/1/2			10f. Zip Code	212	206	10g. Citizen of V		ntry?
0	or items 23	/ Funeral Director	11. Maritel Stetus 1 ☐ Nevar Merried 2 ☐ Merried	12. Wes Decedent Armed Forces? 12 Yes 2 1 If Yas, Give			es Decedent of Yes, specify Cu	Hispanic Origin? (S ben, Mexican, Puert		5- 14. Rad Ble	e - Amaric ck, White,	can Indien, etc.
5-0020	72 hours after vatural", or he	ed by	3 ☑ Widowed 4 ☐ Divorced  15. Decedent's Ed	Yeer or Dates:		Decede	nt's Usual Occ	unetion		16b. Kind of B	Whit	
21215	within jiene. r than	Be Completed	(Specify only highest grad Elementery/Secondary (0-12) 9 Years	de completed) College (1-4or t		(Give ki life. Do	nd of work don 2 NOT use retir Bread Mo	e during most of wor red)	rking			dustry
Maryland	should be filed of Mental Hygie marked other imatic event, II	To Be (	17. Fether's Neme (First, Middle, Last) Guisto Vincent Co	esenaro				18. Mother's Nen	ne (First, Middle Lie Prev		na)	
	2 8 2 5		19e. Informent's Neme/Reletionship (7  Salvatora Cesenario 20e. Method of Disposition	/Daughte	20b. Plece 9	512 E		et and Number or Au Le Avenue			rylar	nd 21206
Baltimore,	permit. Pages 1 and Department of Health Important: If item 27 any injury or other th		1 ⊠ Burial 2 □ Cremation 3 □ 4 □ Donation 5 □ Other (Specify 21. Signature of Juneal Service Licens	)	( ) = (Q	oly Re	edeemer C	emetery 9 ress of Facility & Funeral				Maryland
8	88 2 2 8		23a. Pert1. Enter tha disease, or comp shock, or heert feilura. List only o	lications that cause	I the daeth. Do	7	922 Wis	e Ave. D	undalk.	Marulan	R, 11	1222 Approximate Intervel Between
	Physician /Medical Examiner		Immediate Cause (Final diseasa or condition resulting in deeth)	ACUTE	E /	140	CARI	DIAL	INF	ARCTI	on	Onset end Deeth
-	acuted and transit	aminer	Sequentially list conditions,	. CORO	NAR Due to (or es a	conseque	A/Z/ ence of):	TRIOS UEILI	CLER	20515		
68760,	certificate be assecuted in its physician and its as the burlat-transit	in/Medical Examiner	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that inkleted events resulting in deeth) Last	c	Due to (or as e			NECLI	708	- 3-		10 YEAR
×	n certif anding use a:	ian/Me	·	d								
, P.O.	r requires that the death been signed by the atter should be detached for u	y Physicia	Pert II. Other significant conditions co	ntributing to death b	ut not rasulting	in tha und	lerlying cause (	given in Pert I.		tobacco use co	ntribute to	o the cause of death? bably 4 Unknown
Records,		Completed by							24a. Was	en autopsy ormad?	av	are eutopsy findings allabla prior to empletion of cause death?
=	The ate h								10	Yes 2000	1[	□Yas 2□ No
Vital		To Be	25. Wes case reterred to medical examiner?	Hospitel:	ent 2 ER/O	utestiont	3□ DOA C	26. Place of Dee		one) dence 6 🗆 Oth	(Snoot	
			27. Menner of Deeth  1 Neturel 5 Pending 2 Accident investigation	28a. Dete of Inju (Month, De		Time of Injury	28c. Inj			how injury occur		<i>y</i> /
Division	Hospital or Attending Ph. 4 hours aftar death. Funeral Director: After thi ely filled in by the funeral	Certification:	3 Sulcide 6 Could not be determined	28f. Location (Street and Number or Rural Routa Number, City or Town, State)								
CX	Hospita 24 hours Funeral tely filled	edical C	29e. Certifiar Certifian Ph (Check only 2 Manager Example)	ner: On the best of end menner sto	examinetion er	a, deeth o	occurred et the stigetion, in my	time, dete end piece opinion, deeth occu	, end due to the rred at the time,	ceuse(s) and modate end piece,	enner es s end due to	teted. o the cause(s)
1	and and	M	29b. Signature and the bloomflier	~ /	ma		29c. Licer	ose number	0	29d. Dete signe	11	
(			30. Name and address of person who o	ompleted cause of d	eeth (item 23e)	(Type, Pr	rint)	BAUTO	1	no	2,	1219
	Sta Registr	_	31. Date flied (Month, Dey, Year) SEP 1 6 1996	20. Registr	art Signature					5		



State of Maryland / Department of Health and Mental Hygiene

27396

_							Certific	cate of	Death		- 1	Reg. No.				
П	Physic	ian	1. Decedent's Name (First, Midd ELMER		COOK JR.					Dey Dey	Yeer	3. Time of Deeth				
d	/Med	cai	4e. Fecility Name (If not institution	HENRY			OGOR			wn orle	SEPT.	9, 19		12:35 A		
7	Exami	ner	7806 DENT						FORT				LTIM	OPF		
h	Funeral	Г	5. Social Security Number	6. Sex	7. Age (	'In yrs. last birth		Inder 1 Year	If Under	24 Hrs.						
	Director		217-34-4664	12 M 2□F		54 Y	rs.	nths Deys	Hours	Min.	8. Dete of Birt (Month, De April 1	7,1942	Mar	piece (State or Foreign Trity) Yland		
	lend w		Usual Residence of Decedent  10a. Stete 10b. County	у	1	0c. City, Town	or Location	1						10d. Inside City Limits		
	urs after death with the Manylen al', or farm 23e or 28a-f show Examiner must be notified at	Funeral Director	Maryland 10e, Street end Number	Baltimore	2		100	f. Zlp Code	Edge	mere		ton Calman at 1		1 ☐ Yes 2 💆 No		
	3a or	D	9100 North Poi	nt Road			101		21219			10g. Citizen of 1 United		*		
	death	nera	11. Maritel Status	12. Was De	ecedent Ev	er in U,S.	13. Was D			gin? (Spe	ecify Yes or No- Rican, etc.)		e - Americ	can Indien,		
020		by	1 ☐ Never Married 2 ☐ Mai 3 ☐ Widowed 4 🛱 Divorce	rried 1 Tyes	Forces? s 2\DXNo Give Detes:			specify Cub es <b>2</b> CXNo		i, Puerto	Hican, etc.)	Specify	ck, White, y:	esc. White		
15-0	72 h	eted	15. Deceder (Specify only higher	nt's Education est grade completed	d)	16e. U	Decedent's (Give kind o	Usuel Occup	petion during most	t of worki	ina	16b. Kind of B	usiness/in	dustry		
121	s within 72 ho	Completed	Elementery/Secondary (0-12)	Coilege	(1-4or 5+)				e during most of working ed)			Educ	catio	14		
d 2	be filed with stal Hygiene. d other ther avent, its	ပိ	17. Fether's Name (First, Middle.	Last) 6 Yea	vis	Teacher 18 Mother's Nor					(First, Middle,			YL .		
lan	2 5 5 m	To Be	Elmer Henry Co	Elmer Henry Cook, Sr.							rgarêt		.0)			
Maryland 21215-0020	d 2 sho th and 7 is m traum	-	19a. Informent's Name/Reletion. Wrs. Elva Cook			19b. 91	Mailing Add	iress (Street rth Po	end Number	or or Rure	Route Number	r, City or Town,	Stete, Zip LYLAN	d 21219		
re,	-755		20e. Method of Disposition			20b. Plece of Disposition (Neme of cametery, crematory or other pleca)					Dete	20c. Location -	Location - City or Town, Stete			
Imo	Pages nent of I int: If Ite ury or o		1 Buriel 2 □ Cremation 4 □ Donation 5 □ Other (5	m Stete	Morela				2/79	996 Baltimore, Maryland						
Baltimore,	permit. Pages Department of P Important: If ite any injury or of		21. Signeture of Funeral Service Licensee  22. Name end Address of Fecility Duda-Ruck Funeral Ho 7922 Wise Ave. Dunce									Dundall	z, In	c.		
			23a. Part1. Enfer the diseese, o shock, or heart failure. Lis			e deeth. Do no	7922 of enter the	mode of dyl	Ave.	Dur cardiec c	idalk, A	larylano	1 21	222 Approximete		
	Physician		snock, or near failure. Lis	only one cause on	eech line.									Interval Between Onset end Deeth		
d	/Medical Examiner		Immediate Cause (Finat diseese or condition			HAN	GING									
	LAGITITIE		resulting In death)	ō	Du	Due to (or es e consequence of):										
	ted nsit	nlne		b												
,	execunate n and ial-tra	Examiner	Sequentially list conditions, if eny, leeding to immediate		Du	Due to (or es e consequence of):										
68760,	tificate be executed ig physician and as the burial-transit		Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events	C	Du	Due to (or es e consequence of):										
99 xo	ip ip	n/Medicai	resulting in deeth) Last	d									i t			
m		Physicia	Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I.									23b. Did tobacco use contribute to the cause of death?				
P.O.	by the	hys	The distribution conditions community to death but not resulting in the distenying cause given in Pert I.								1 D	bebly 4 Unknown				
	es tha igned be de	by									1 □ Yee 2 No 3 □ Probably					
of Vital Records,	r requires that the death been signed by the atte should be detached for	Completed									24a. Wes e perfor		ev	ere eutopsy findings eilable prior to		
3ec	a 5 0	mpje									Inse	erno-	of	mpletion of cause death?		
e	E ag		05 1000 - 0.0007 - 0.0007								1□ Y	es 2 No	10	Yes 2□ No		
5		o Be	25. Wes case referred to medica examiner?  1. ✓ Yes 2 ☐ No	Hospital:	Inpatient	2□ ED/0	-414 5	Oth	or		(Check only or					
10	g Phys er this eral di	n: To	27. Menner of Death	28e. Date	e of Injury	2 ☐ ER/Outp 28b. Tir	ne of _	28c. Injur	4 LI NUI		ne 5X Resid 28d. Describe h			0		
ior	ath. r: Aft	atio	1 Netural 5 Pendir 2 Accident investi	gation q (Mo	The Poy Y	Form	0 2020M	1 🗆	Yes 2 1	No	Sursi	FCT HVS	Mes	o sent		
Division	2 4 5	Certification:	3  Suicide 6 □ Could determ	nined 288. Pled	ce of Injury ding, etc. (3	rry - At home, farm, street, fectory, office 28f. Lo. (Specify)					City or Tow	Location (Street end Number or Rurel Route Number, City or Town, Stete)				
	To the Hospital or within 24 hours after To the Funeral Dir completely filled in	edicai (	29e. Certifier 1 Certifyir (Check only one) 1 Medical	ng Phyaician: To th Examiner: On the I	e best of m	y knowledge, o	deeth occur or Investige	red at the tir	ne, date end pinion, deet	d pleca, e h occurre	and due to the c	ause(s) end ma	inner as st	ated.		
	withir To th	Me	29b. Signeture and title of certifie	r A	. /			29c. Licens	e number		2	9d. Dete signe	d (Month,	Dey, Year)		
	0		1 Would	E the 4	Shull	2 Min			O.C.N	1.E.	5	SEPT 09	9, 1	996		
	5		30. Name and address of person	who completed cau	use of deat	h (Item 23a) (T	ype, Print)			7						
	1,		Margarita H				Penr	str	eet,	Bal	timore	, Mary	ylan	đ		
	Sta Registr	te ar	SEP 1 6 1996	didia Dav	निर्वशंडमच्य	-										
	- legisti	444		_	W											

Fillian Fill 8 eb earn project exercise to the second of the Marine Carlot and Carlot Market and the same force William William St. Co. the second of th

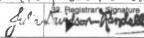
## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Marvland / Department of Health and Mental Hygiene

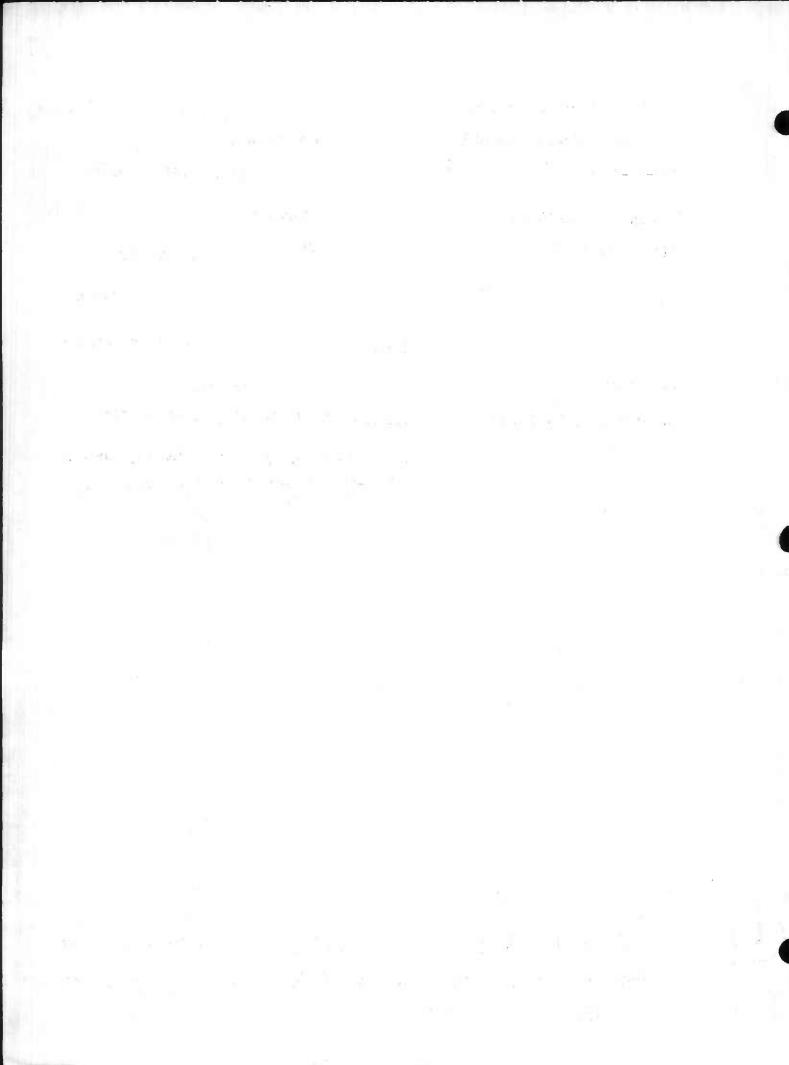
27397

		Decedent's Name (First, Middle, Le	(et)	C	ertificate of	Death		Reg. No.		0.70
Physici	an		CERENZE	(0			2. Dete of Dee	Dey	Yeer	3. Time of Deeth
/Medic		4e. Fecility Neme (If not institution, give				4b. City, Town, or L	09	68 4c. County	96	9:12 A.M
Examin	ner	BAYVIEW MEDIC	AL CENTE			BALTIMO			/A	
Funeral Director		5. Social Security Number 6. \$ 705 ≈ 10 ≈ 9324  Usual Residence of Decedent	Sex 7. Ag	e (In yrs. lest birthdo 85 Yrs	Months Days		8. Dete of Birth Month, Dey NOV . 2	, 1910	9. Birthp Coun I T.C	lece (Stale or Forei try) LY
a-f show	ctor	10e. Slate 10b. County  Maryland Bala	imore	10c. City, Town or	Location	Dundalk	2		1	0d. Inside City Limi
23a or 28	Funeral Director	10e. Street end Number 8215 Shore Road			10f. Zip Code	21222		10g. Citizen of V United		•
rei", or items 23a or 28a-f show Examiner must be notified at	by	11. Maritel Status  1 ☐ Never Married 2 ☐ Married  3 🖄 Widowed 4 ☐ Divorced	12. Wes Decedent Armed Forces?  1  Yes 201! If Yes, Give Yeer or Detes:	Ever in U,S. 1	3. Was Decedent of If Yes, specify Cul 1 ☐ Yes 2 ② No		pecify Yes or No- Rican, etc.)	14. Rac Blac Specify	e - Americ ck, White, /: W	
liene. ' than "naturel', the Medical Exc	Completed	15. Decedent's E (Specify only highest gra Elementery/Secondery (0-12)	ducation ade completed) College (1-4or 5		cedent's Usuel Occu ive kind of work done e. DO NOT use retin	petion during most of work ed)	king	16b. Kind of Bi		dustry
F 4 5	Be Co	17. Fether's Neme (First, Middle, Last	)			18. Mother's Nam	e (First, Middle,	Meiden Sumen	ne)	
marked or	To B	Sam Cerenze				Cather	ine Mant	redi		
B B B		19e. Informent's Neme/Reletionship (			eiling Address (Stree					
		Kathryn McNeill 200. Method of Disposition	/ Vaughter		215 Shore sposition (Name of	koaa vun		20c. Location -	212	
Important: if item 2 eny injury or other once.		1 ☐ Burial 2 ☐XCremetion 3 ☐		cometery, o	cremetory or other pl					
injur.		4 ☐ Donetion 5 ☐ Other (Specification 21. Signeture of Funerel Service Licer	··	Hultor	Service 22 Name and Addr			Towson		
eny is		Johnny & Shel	6		Duda-Ruch	ess of Fecility 2 Funeral 2 Ave. Du	Home of	Dundal	k, In	1222
/sician		23e. Per 17 Enter the diseese, or com shook, or heart failure. List only	plicetions thet caused one cause on each life	I the deeth. Do not ne.	enter the mode of dy	ing, such es cardiec	or respiretory en	malyzan est,	a Zi	Approximete Intervel Between Onset and Deeth
ledical aminer		tmmediete Ceuse (Finel disease or condition resulting in deeth)	· HYPOT							1 DAY
=	ner		, SEPSIS	Due to (or es e con:	sequence of):					2 DAYS
trans	Examiner	Sequentially list conditions,	0.	Due to (or es e cons	sequence of):					~ PA (3
he bur	Medical E	Sequentielly list conditions, if eny, leeding to Immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting In deeth) Lest		MONIA  Due to (or es e cons	sequence of):					I WEEK
0 0	Physician/		d							
60 40	sic	Pert II. Other significant conditions of	ontributing to death bu	ut not resulting in the	e underlying cause g	iven in Pert I.	23b. Dld to	J.		the cause of deat
by the							1	( -		
igned by the be detached	by						24e. Wes a perfor	in eutopsy med?	cos	ore eutopsy findings bilable prior to npletion of cause death?
ata has been signed by the page 2 should be detached							24e. Wes a perfor	med?	ave cor of e	pliable prior to
ata has been signed by the page 2 should be detache	Be Completed by	25. Wes case referred to medical exeminer?	Hospitel: هما			26. Piece of Deel	perfor	med?	ave cor of e	ollable prior to npletion of cause death?  Yes 2 No
his certificata has been signed by the al director, page 2 should be detached	To Be Completed by	25. Wes case referred to medical	Hospitel: 12 Inpatie		III JUA	her: 4 Nursing Ho	perfor	med? es 2. No ne) ence 8 □Oth	ave con of c 1 [	ollable prior to npletion of cause death?  Yes 2 No
his certificata has been signed by the al director, page 2 should be detached	To Be Completed by	25. Wes case referred to medical exeminer? 1  Yes 2 No 27. Manner of Deeth 1 Neture! 5 Pending investigation 2  Accident investigation 3 Suicide 6 Could not be	28e. Dete of Injur (Month, De)	Year) 28b. Time	a of Wo	her: 4 Nursing Ho iny et ork? ] Yes 2 No	perfor  1 □ Y  th (Check only or  ome 5 □ Resid  28d. Describe h	med?  es 2 No  ne)  ence 8 □Oth ow Injury occurr	er (Specify	ollable prior to moletion of cause death?
in Director: After this certificate has been signed by the lied in by the funeral director, page 2 should be detached.	Certification: To Be Completed by	25. Wes case referred to medical exeminer?  1  Yes 2 No  27. Manner of Deeth  1 Neturel 5 Pending investigation 2  Accident investigation 3 Suicide 6 Could not be determined	28e. Dete of Injur (Month, De) 28e. Plece of Inju- building, etc	28b. Time Injury ury - At home, ferm, (Specify)	e of 28c. Inju Wc 1 C street, fectory, office	her: 4 Nursing Ho	perfor  1  Y  th (Check only or  ome 5 Resid  28d. Describe h  28f. Location (S  City or Tow	es 25(No ne) ence 8 Oth ow Injury occur treet end Numb n, Stete)	ave coi of coi o	ollable prior to moletion of cause death?  Yes 2 No
in function Director: After this certificate has been signed by the present liked in by the funeral director, page 2 should be detached.	edical Certification: To Be Completed by	25. Wes case referred to medical exeminer?  1   Yes   20   No  27. Manner of Deeth  1   Neturel   5   Pending   Investigation   2   Accident	28e. Dete of Injui (Month, De)	28b. Time Injury 27 At home, ferm, c. (Specify)  of my knowledge, de examination and/or	e of 28c. Inju Wc 1 C street, fectory, office	her: 4 Nursing Horizon Attack North Attack N	perfor  1  Y  th (Check only or  ome 5 Resid  28d. Describe h  28f. Location (S  City or Tow  end due to the c	es 25 No ne) ance 8 Oth ow Injury occur treet end Numb n, Stete) ause(s) end me	average and a second of the se	ollable prior to mobile to reach 2 No 20 N
in function Director: After this certificate has been signed by the present liked in by the funeral director, page 2 should be detached.	ledical Certification: To Be Completed by	25. Wes case referred to medical exeminer? 1   Yes 2   No 27. Manner of Deeth 1   Neture  5   Pending investigation 3   Suicide 6   Could not be determined  29e. Certifier   1   Certifying Ph	28e. Dete of Injur (Month, Dey ) 28e. Plece of Injur building, etc. 28e. Plece of Injur building, etc. 28e. Plece of Injury building, etc. 28e. Plece of Injury building, etc. 28e. Plece of Injury building, etc.	28b. Time Injury 28b. At home, ferm, (Specify) of my knowledge, de examination and/or ted.	e of 28c. Inju Wc 1 C street, fectory, office	her: 4 Nursing Horry et ork? ) Yes 2 No	perfor  1 Y  th (Check only or  me 5 Resid  28d. Describe h  28f. Location (S  City or Tow  end due to the c  red et the time, d	es 25 No ee 2 No ee 8 Oth ow Injury occur freet end Numb ause(s) end me ete end plece, o	average of the second of the s	mpletion of cause death?  I yes 2 No  I Route Number,  ated. the cause(s)  Doy, Year)

Registrar

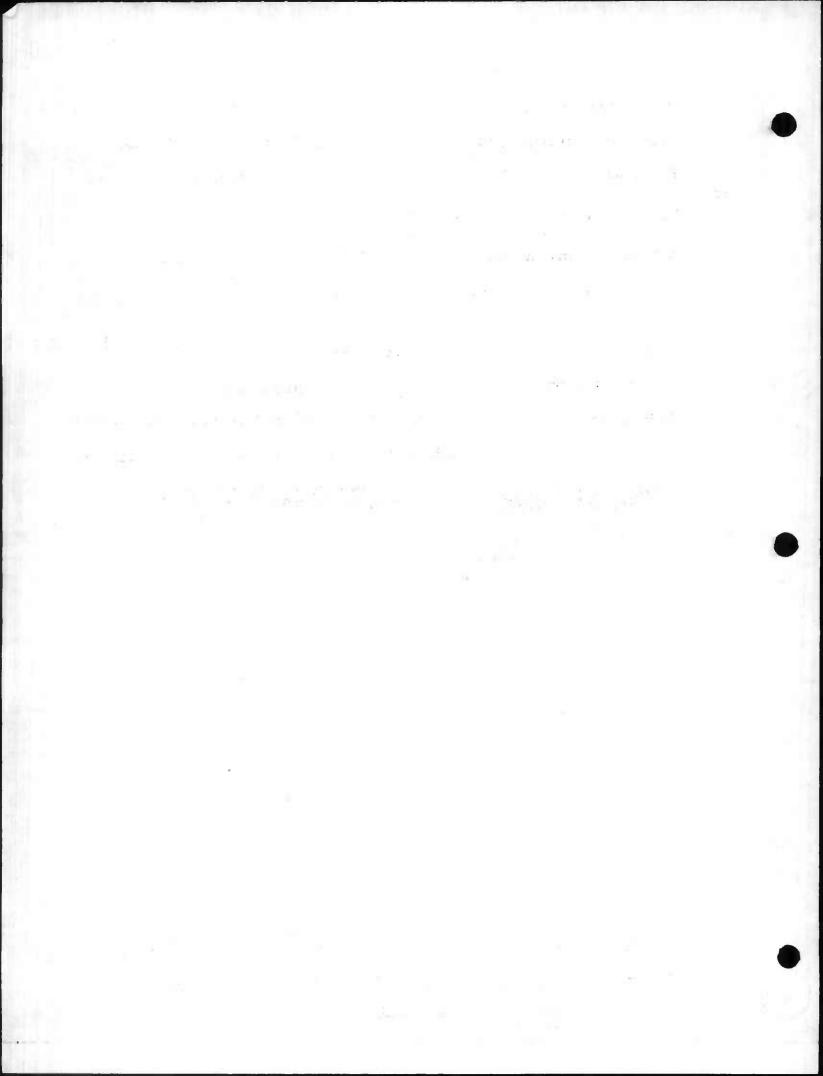
SEP 1 6 1996





# Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

					Cei	rtificate c	of Death			Reg. 1	No.			
Dhualaia		1. Decedant's Nama (First, Middla, La	st)			100	- 76		2. Data of Dec	eth		Vans	3. Tima	of Deeth
Physiciai /Medica	_	Edna Mae Cr	eech							4,	1996	Yaar	12:0	3 A.M
Examine	er	4e. Facility Nama (If not institution, giv					4b. City, Tox	wn, or Loc	cation of Death	1	4c. County	of Deeth		
	Щ	6826 Old Washin					Woodbi				Carro	11		
Funeral Director		5. Social Security Number 218 32 0982 Usuel Rasidance of Decedant		a (In yrs. las	Yrs.	If Undar 1 Ye Months Da		Min.	8. Data of Birt (Month, De March			9. Birthp Coun	try)	a o <i>r Foreign</i>
28a-f show	tor	Md. 10b. County Carrol	1	10c. City, T Woodk		cation						1		City Limits
items 23e or 28 ner nust be not	Funeral Director	10a. Street and Number 6826 Old Washing	ton Road			10f. Zip Cod 2179					Citizan of W	hat Coun	try?	
- 1	2	11. Marital Status  1 □ Navar Married 2 ☆ Married  3 □ Widowed 4 □ Divorced	12. Was Decedant Armad Forces? 1  Yas 2  If Yes, Giva Yaar or Dates:			Was Decedant of Yas, specify C		gin? (Spa , Puarto F	cify Yas or No- Rican, atc.)		Black	- Amaric k, Whita, Whita		
"natural", adical Ext	Sec	15. Dacedant's Ed (Specify only highast gra	fucation	1	6e. Deced	fant's Usual Oc	cupation	of work in	20	16b.	Kind of Bu	sinass/Inc	tustry	
Mentel Hygiene.  Brked other than atic event, in Mar	Сощріетед	Elamantary/Secondary (0-12)	Collaga (1-4or 5	5+)		kind of work do DO NOT usa rai es Aide	ired)	OI WOIKII	ig	Sp	ringf	ield	Hosp	oital
of Hy	De	17. Fether's Nema (First, Middle, Last)					18. Mother	r's Nama	(First, Middle,	Maid	en Sumeme	э)		
Ment	0	George Padgett					UN	KNO	ww					
Health end Men am 27 Is marke- other traumatic		19a. Informant's Neme/Ralationship ( Chris Creech	Type, Print)		6826	og Address (Stra Old Was	shingto	n Ro	A Wood	r, City	ine, l	Stata, Zip Md. 2	<sup>Code)</sup> 21797	
Department of Health end Mentel Hygiene. Important: If Item 27 Is marked other than eny Injury or other traumatic event, in a Monce.		20a. Mathod of Disposition  1		Lake	e of Dispo- ateny cran View	sition (Nama of natory or other) W Mem.	g/ece),	/17/	Dete 96		Location - (			
Departiment eny inj		21. Signature of Funaral Service Licar  Havy TV. Z	bielt.			Name and Ad Haight O.Box	Funera	l Ho	me & Ch	ap	el 21784			
nysician		23a. Pert1. Enter the disaese, or com- shock, or heart failure. List only	plications that caused one cause on each lir	the death. I	Do not ante	ar tha moda of o	dying, such as	cardiac or	r raspiretory ar	rest,			Approxim Intervel B Onsat an	Batwaan
Medical xaminer		Immediate Ceusa (Final disaase or condition rasulting in death)	a. Lync	Dua to (or es	in (e	uanca of):		-					yeu	1
physician and street transit	Examilia	Sequantially list conditions, if any, leading to immediate cause. Enter Underlying	b	Dua to (or as	a consaq	uance of):								7,0
ing e a	Medical	Causa (Disaasa or Injury that Initiated avants resulting In daeth) Last	c	Due to (or as	a consequ	uence of):								1
ottend for us														
d by the letached		Part II. Other significent conditione of	ontributing to deeth bu	ut not rasultin	g in the un	ndariying causa	givan In Part I.		23b. Did t					a of death?
been s should									24a. Was a perfor	an au med?	topsy	ave	ra autops pilabla prio nplation of death?	or to
certificate hes rector, page 2									1 D Y	es	2 No			□ No
s certification director,		25. Was casa rafarrad to madical axaminer?	Hospital:			1	26. Placa Othar:	of Daath	(Chack only o					
E E	-  -	1 Yas 2 No  27. Mennar of Death	1 ☐ Inpatia		Outpatiens  b. Tima of	I 3LI DOA	4 LI NUI	sing Hom	na 5 Rasid 8d. Dascribe h	-	6 □Otha		)	
is efter death.  al Director: After t ed in by the funera Certification:		1 Naturel 5 Panding invastigation 3 Suicide 6 Could not be	(Month, De)	Year)	Injury		☐ Yas 2☐ N	ło						
		4 Homicida determined	28a. Place of Injubulding, atc	. (Specify)					8f. Location (S City or Tow	n, Ste	ete)			m <i>ber</i> ,
in 24 hours he Funerel pletely filled	2000	29a. Cartifiar 1. ☐ Certifying Phyone) 2 ☐ Medical Exam	elclan: To the best of iner: On the basis of end mannar sta	examination	dga, daath and/or Inv	occurred at tha estigation, in m	time, dete and y opinion, deet!	placa, er n occurre	nd due to tha d d at tha time, d	eusa lete a	(s) and mar nd plece, a	ner as stand due to	ated. tha cause	ı(s)
To the comple	- 1	29b. Signatura end titla of certifier				29c. Lica	nsa number		2	9d. D	ata signad	(Month, L	Day, Year)	
6		Huly K	nis	- ab #a = 55	-) (T	02	4321 sburg			3	ept	16,1	976	
		30. Name end eddress of person who o	completed causa of da	Bluo	a) (Type, F	Fink	sburg	h	ndi	1/0	48	14		
State		31. Date filed (Month, Dey, Yaer)	33 Registra	s Signeture	Burda	2	1	7						

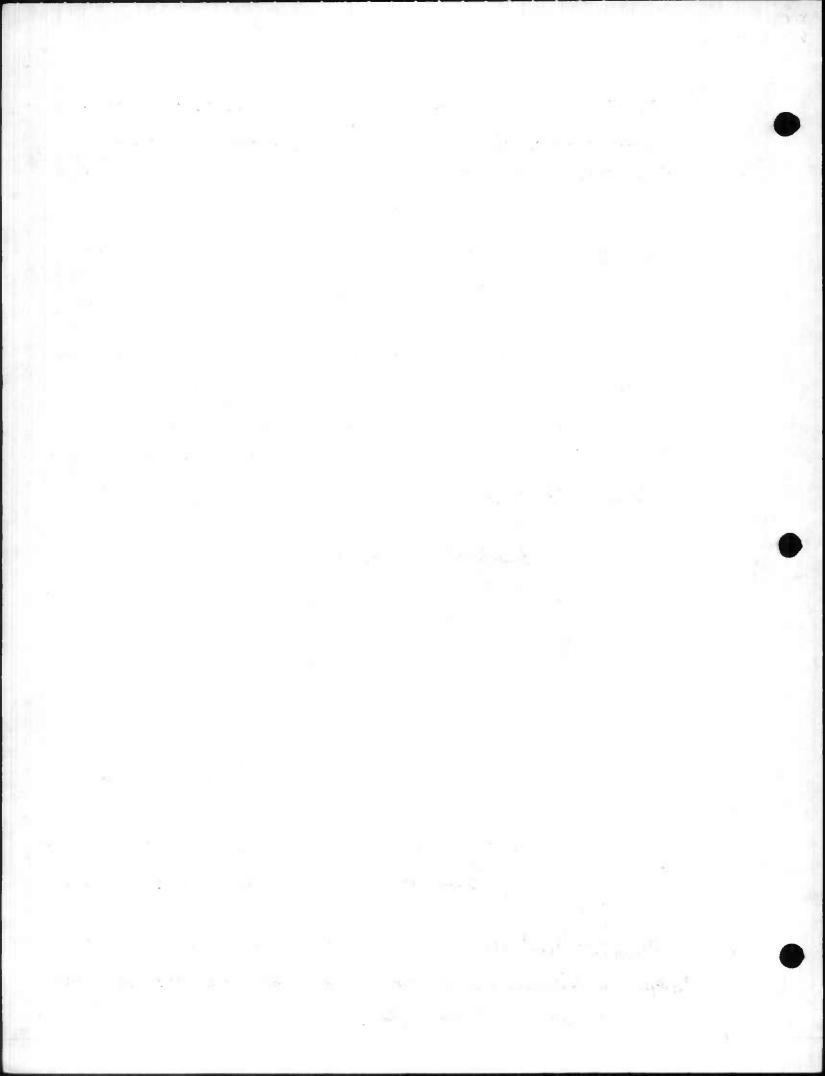


State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

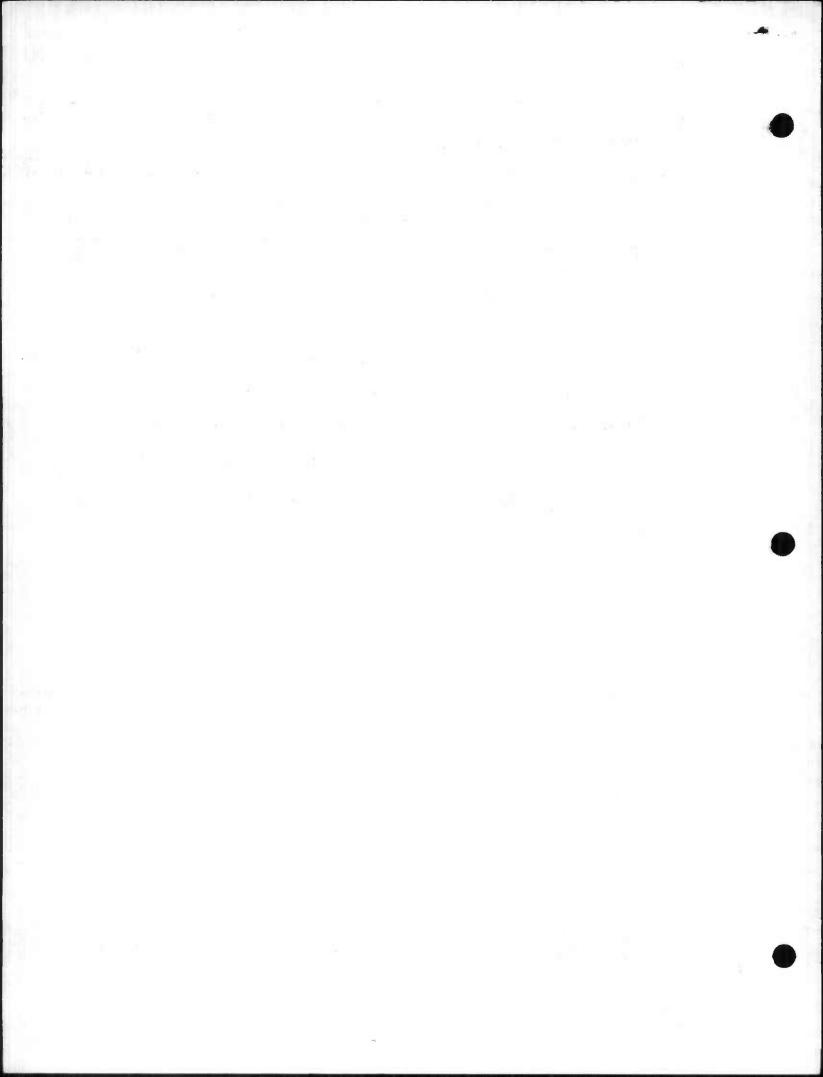
27399

						Certificate C	Death		Reg. No.		
	Physic /Medi		Decedent's Nama (First, Middla, EUGENE	Last)	CONW	AY		2. Data of C SEPT		1996	3. Time of Death 8:48 Pl
	Exami Funeral Director	ner	4a. Facility Nama (If not institution, s SINAI HOSPI 5. Social Sacurity Number 616-54-3038	TAL IÇU	ga (In yrs. last bir	thday) If Under 1 Ye Worths De	BALT	I MORE  Irs. 8. Data of B	irth (2) (950	10	placa (Stata pr Foraign
			Usual Rasidance of Dacadant					Unity	1211100		1. 10.
	the Maryland 28a-f show notified at	ctor	10a. Stata 10b. County	A	10c. City, Town	Baltz	)				10d. insida City Limits
	38 or 28	Funeral Director	3505 Beag	le Lane	apt 104	10f. Zip Cod	1133		10g. Citizan of	What Cour	ntn3
020	urs aner deat al', or itema 2 mammer m	by Funer	11. Marital Status 12. Navar Married 2 Married 3 Widowed 4 Divorced	12. Was Decedan	No.	13. Was Dacedant of If Yas, specify C		(Specify Yas or Nerto Rican, atc.)	lo- 14. Ra Bia Specii	ce - Amaric ick, Whita, by: B	
21215-0020	ited within 72 hours atler death with the thysiene. Ther than "natural", or itema 23c or 28c int, the Medical Examiner must be notifi-	Completed	15. Decedant's (Spacity only highast s Elamantary/Secondary (0-12)	Education trada completed)  Collega (1-4or	5+)	Decedant's Usual Occ (Giva kind of work do. lifa. DO NOT use rat	na during most of i ired)	working	16b. Kind of B		dustry . Segrans
Maryland	d o	To Be C	17. Fathar's Nama (First, Middla, La Charles E.		)		Pir	Nama (First, Middle Key	B. Th	na) 70m	as
	27 le		19a. Informant's Name/Raiationship	(Type, Print) 14y-McGt	Daught 196.	Mailing Address (Street	use we		ber, City or Town (to, md	Stata, Zip	Code)
Baltimore,	ages ant of t: If it y or o		20a. Mathod of Disposition  1 Burial 2 Cramation 3  4 Donation 5 Other (Special Control of Control			Disposition (Nama of y, cramatory or other p Memoria	1 01.	9/17/96	Randi	- City or To	own, Stata
Ball	Department Important: any injury once.		21. Signatura of Funaral Sarvice Lic	Much		22. Nama and Add Mark 4301	C.H-W		re		
	hysician /Medical xaminer		230 F.11. Enter the disease, or co shock, or heart failure. List on Immediate Causa (Finai disease or condition rasulting in death)	y ona causa on aach i	ina.	ot antar tha mode of o	dying, such as card		arrast,		Approximata Intarvai Batween Onset and Death
		iner	rasulting in deality	. h	Dua to (or as a c	consequance of):					
60,	physician and s the burial-transit	al Exan	Sequantially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or injury	C.	Dua to (or as a c	onsequance of):					
ox 68760,	ding se es	n/Medical Examiner	that initiated avants rasulting in daath) Last	d	Dua to (or as a c	onsequance of):					
P.O. B	signed by the atte	by Physicia	Part II. Other eignificant conditions	contributing to death t	out not rasulting In	tha undarlying causa	givan in Part I.		tobacco uee co Yee 2 No		bably 4 🗆 Unknow
	285	Completed b						24a. Wa	s an autopsy formad?	ava	are autopsy findings ailabla prior to mpletion of causa daath?
	certificate h							12	Vas 2□No	12	Yas 2□ No
of Vita	certif	o Be	25. Was casa rafarred to medical axaminar?  XXVas 2□ No	Hospital: XXnpati	all 550	- V	Wher	Death (Check only			
Division of Vital	th. After this funeral d	tion: To	27. Mannar of Death  1 Natural 5 Panding 2 Accidant invastigati	28a. Data of inju (Month, Da	y Year) 28b. T	ima of Juny 28c. In	4 LI Nursing		how injury occur	red	Trucks
Division	after death.  Director: A  J in by the f	Certification:	3 ☐ Suicida 6 ☐ Could not datarmine	28a. Place of In building, a	jury - At homa, far c. (Specify)	m, street, factory, offic		28f. Location City or To	(Straat and Numb	ber or Rura	I Routa Number,
Hospital	within 24 hours after death.  To the Funeral Director: After this certificate he completely filled in by the funeral director, page	edical	29a. Cartifiar (Check only one) 1□ Certifying P	hysician: To the best miner: On the basis o and mannar st	f axamination and	daath occurred at tha	tima, data and pla y opinion, daath oc	ce, and dua to the	causa(s) and ma	annar as st	TI MORE MO lated. o the cause(s)
J.	with To th	×	29b. Signatura and titla of certifier	methode			O.C.M.	Ξ.	29d. Data signe SEPT 1	d (Month, 1	
(				m newall	). 111	Type, Print) Penn Stre	eet, Ba	ltimore	, Mary	Land	21201
	Sta Registr		31. Data filed (Month, Day, Yaar) SEP 16 199	6 July Sa	rar's Signatura	LES.					



State of Maryland / Department of Health and Mental Hygiene

							Cei	rtificate o	f Death	7		Reg. No.			
	Dharaia	! a	1. Decedent's Neme (First		ast)	<u></u>					2. Date of De Month	ath Day	Year	3. Time of Death	
	Physic /Med		BERN	ICE	Μ.	CL	EN	VON			SEPT.	14, 1	996	2:42	
	Exami		4a. Facility Neme (If not in:	titution, gi	ive street end num	iber)			4b. City, To	own, or Lo	cation of Deati	4c. Count	y of Death	am	
			GOOD S	AMAR I	TAN HOS	SPITAL			BA	ALTIM	ORE CI	TY n/	'a		
	Funeral		5. Social Security Number			7. Age (In yrs. les	t birthdey)	If Under 1 Yes		r 24 Hrs. Min.	8. Dete of Bir MAY Parth, Pa	th W Yearh a a	9. Birthpl	ace (Stete or Foreign	
	Director		344-68-4826		1□ M 2只大	55	Yrs.	monano Doy			MAY"'IZ	, 1941	51.00A	TWN, JAMAIC	
	pu &		Usuai Residence of Deced 10a. State 10b. 0	ounty		10c. City, 1	Town or Lo	ontion					146	W.I.	
	eho ed at	5	MD		n/a	Too. Oily,		IMORE					10	1 XXes 2 □ No	
	the N	Director	10e. Street and Number	- '	17 α		0/12/	1				10a Ohiaa af	W0		
	be filed within 72 hours after death with the Meryland stall Hygiene.  Id other than "natural", or flems 23a or 28a-f show event, tre Medical Exercises naist be recitled.	ă		EW00[	) AVENUE			10f. Zip Code	212	14		10g. Citizen of UNITED		ÄTES	
	Seath Tre 23	Funerai	11. Marital Status		12. Wes Dece	dent Ever in U,S.	13. \	Was Decedent o	Hispanic O	rlain? (Spe	ecify Yes or No	- 14. Re	ce - America	an Indian.	
0	r Her	Fur	The state of the s	Merried	Armed For	ces?		Was Decedent o			Rican, etc.)	Ble	ck, White, e		
21215-0020	alf, o	by	3 ☐ Widowed 4 ☐ Di	orced	If Yes, Give	tes:		1□ Yes 2☑X	o Specify	:		Specia	b: B	BLACK	
2-0	72 ho	Completed	15. De	cedent's E	ducation rade completed)		16e. Deced	dent's Usual Occ	upation	et of work	ina	16b. Kind of E	ualness/Ind	lustry	
21	ithin en Mec	npie	Elementary/Secondary (		College (1-	4or 5+)	life.	kind of work don DO NOT use reti	red)	at or works	· · · ·				
2	ould be filed with Mental Hygiene. arked other than atic event, if a M	Co	12 th		_		ME	EDICAL	AIDE				Y HIL	L MANOR	
Pul		Be	17. Father's Name (First, A	liddle, Las								, Meiden Sumei	me)		
2	should be filed withlind Mental Hygiene. I marked other than	10	LEEWOOD	MC	LEAN				1	[VY W	ILLIAMS	SON			
Maryland	2 4 4 5		19a. fnformant's Neme/Re					ng Address (Stre							
	s 1 and 2 should f Health and Mer Item 27 is marks other traumatic		CONROY	CLENI	NON	OOL DI-	2406	PINEW sistion (Name of	UUD P	VENU		IMORE,M		214	
20	Pages nent of H nt: If Ite		20a, Method of Disposition 1√C Burial 2 ☐ Crem	etion 3 (	☐Removai from S	tete	etery, crer	netory or other p			Date	20c. Location			
Baltimore,	t. Partmer		4 □ Donation 5 □ Ot			CLA		NT CEMET			-22	ST. AND	<b>V</b> , JA	MAICA	
Bal	permit. Pages 1 and Department of Health Important: If Item 27 any Injury or other tr once.		21. Signature of Funeral S	ervice Lide	nage			2. Name and Add			01 5	NODTH	01/10	uur.	
	202.00		Une	DY	LOTP			MM. C. M					AVEN		
			23a. Pert1. Enter the disease shock, or heart failure	se, or con List only	nplications/that ca y one ceuse on ea	used the death. ich line.	Do not ent	er the mode of d	ying, such es	s cardiec c	or respiratory a	rrest,		Approximate Intervai Between Onset and Death	
	Physician /Medical		fmmediate Cause (Finel			Lm -		1	1 1	1			1	Onset and Death	
	Examiner	Н	disease or condition resulting in death)		a	ntrac	ere	5141	plee	d			- 4	2 days	
3		ē				Due to (or a	s a consec	quence of):							
	uted	Examiner			b	Due to for a		1					1		
ć	exect in and fal-tra	Exa	Sequentially list conditions if any, leading to immediat cause. Enter Underlying Cause (Disease or Injury	e		Due to (or e	s e conseq	quence or):							
68760,	deeth certificate be executed e attending physician and ed for use as the burial-transit	Medicai	thet initiated events	~	C	Due to (or as	s e consen	mence of).							
	tifica as th	Med	resulting in death) Last			200 10 (01 01	, o ooooq	33.100 0.7.							
Box	eeth cer attendir I for use				d								1		
	the atte	Physician	Part II. Other significant or	onditions	contributing to dea	ath but not resulting	ng in the u	nderlying cause	given in Part	1.	23b. Dld	tobacco uss co	ontribute to	the cause of death?	
P.0	that the de ad by the detached	Phy	Hyperto	INSIC	n						10	Yes 2□ No	3 Prob	ably 4 Unknown	
	8 5 8	by	1.// 61 (	11210	, , ,										
of Vital Records,	been s	Completed									24a. Was perfo	en autopsy ormed?	ava	re autopsy findings illable prior to	
9	has by	ple												npletion of cause death?	
E .	E se	50									10	Yes 20 No	1 🗆	Yes 2 No	
/ita	Physician: The this certificate ral director, par	Be	25. Was case referred to n examiner?	edical						e of Death	(Check only o	one)			
7	Physics of this of rail dire	P	1 ☐ Yes 2 No				VOutpetier	nt 3 DOA	Xther: 4□ N	ursing Ho	me 5 Resi	dence 6 □Ot	ner (Specify	)	
ū		5	27. Manner of Death 1 Naturel 5 □ I	Pending	28a. Dete of (Month	Injury , Dey Year) 28	3b. Time of Injury		jury at ork?		28d. Describe	how injury occu	rred		
Sio	tend leath for: A	cat	T LES / TOO I GOT IL	nvestigation	ne .				☐ Yes 2 ☐						
Division	or Attendate death Director:	Certification:	4 ☐ Homicide	letermined	208. Place	of Injury - At home g, etc. <i>(Specify)</i>	e, farm, atr	eet, factory, offic	0		28t. Location (	Street and Num wn, Stete)	ber or Rurai	Route Number,	
ш	pital brian filled		20a Cartifiar 100	elfolos Di	husisias. To the h				**						
	To the Hospital or Attending within 24 hours after death.  To the Funeral Director: After completely filled in by the fune	edicai	29e. Certifier 1 Ce (Check only 2 Me	dical Exa	hysician: To the t miner: On the bes end menne	sis of examination	dge, deeth and/or inv	occurred at the vestigation, in my	time, date er opinion, de	nd place, i eth occurr	and due to the ed et the time,	date end place	anner as sto and due to	ated. the cause(s)	
	ithin and the	Me	29b. Signature and title of	ertifier	end menne	er stated.		29c. Lice	nse number			29d. Date sign	ed (Month, L	Dav. Year)	
	F3F8		11	0	, ,			F	105	70		septi			
	. (		20 Name and addition	10	YOUR	MD.	Pa\ /Torre	Delat) ( ):					1-1	330	
1	4		30. Name and address of p	arson who				ranu (70.			-aiso				
	Sta	ate	31. Date filed (Month, Dey,	Year)	32. B8	gistrar's Signature	9 40	-212	> >	1591	hans	e Mb			
-94	Regist		SEP	16	1996	the waitedso	n-Han	طوالف							

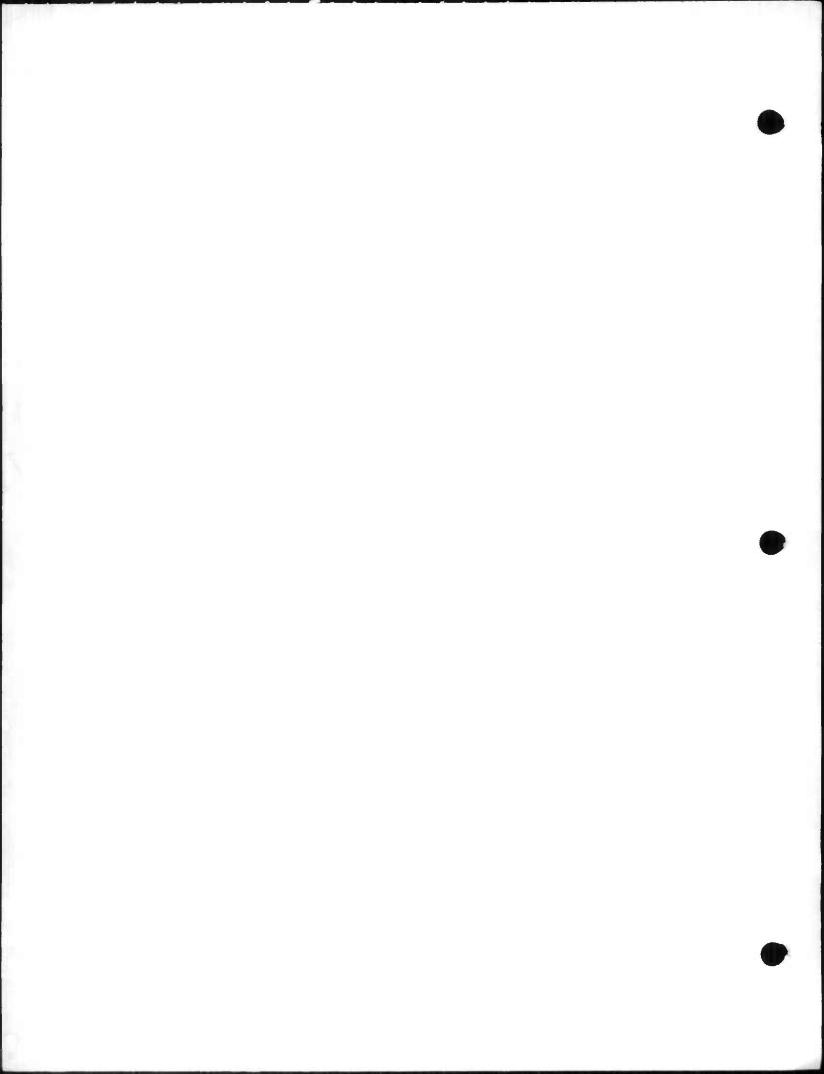


OF VITAL RECORDS, P.O. BOX 68760	128 hours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should ith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2s hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funer, be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Hem 28 is marked, or Hem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR

### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REGISTRAN	<u> </u>	-11111110	AIL OI	DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest)  LENORA  A	(	COV	ER		2. DATE OF MONTH	DEATH	W 16	YEAR	R. TIME OF DEATH
		E (la com de c				304	. //	179	10	/ "
	213-05-9787 1 D M 2 10 F	E (In yrs. last		NTHS DAYS	HOURS MIN.	7. DATE OF (Month, D	lay, Year)	909	S. BIRTHPI Country) Mary	
	9a. FACILITY NAME (If not institution, give street and number)		98	CITY, TOWN	OR LOCATION OF I		20, 1		TY OF DEA	
OR	Church Home				altimore			Ba	altim	ore City
5	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY									
DIRECTOR	Maryland Baltimore City		10c. CITY, T	OWN OR LOCA		ltimore	3			Od. INSIDE CITY LIMITS?  XYES 2 NO
1	100. STREET AND NUMBER Church Home			10	of, ZIP CODE			10a CITI		AT COUNTRY?
FUNERAL	101 N. Bond Street					21231	_	log. Gilla	USA	
5	11. MARITAL STATUS 12. WAS DECEDENT EVER	IN U.S. ARI	MED	13. WAS DE	CENDENT OF HISPA	ANIC ORIGIN?	Specify Yes	or No-		- American Indian, White, atc.
	1 Never Married 2 Married FORCES? 1 YES	DATES	0	If yes, a	pecify Cuban, Maxic S 2 🔽 NO Spec	an, Puerto Rici	in, etc.)			
BY	3 Widowed 4 Divorced				o c gg no opeo	wy.			specify	white
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	/Gh	in kind of work	JAL OCCUPAT	ION ost of working	16b. KI	ND OF BUS	INESS/INDI	USTRY	
12	Elementary/Secondary (0-12) College (1-4 or 5+)		Do NOT use re retary		ne Presid	dent I	Ralti	more	Tran	cit
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)	1000	recary	01 01	16. MOTHER'S N				Hun	510
5 107	James B. Cover				100	Mary A			ne	
	19a. INFORMANT'S NAME (Type/Print)	19b.	MAILING AD	DRESS (Street	and Number or Rura	Route Number,	City or Town	n, Stere, Zio	Code)	
TO BE	Church Home				Street					21231
	1 Systematical 2 Uncremental 3 UnRemoval from State		ND DATE OF D	ISPOSITION (N	ieme of	DATE	20c. LO	CATION — C	Ity or Town	, State
	4 U Donation 5 U Other (Specify)	Drui	d Rido	e Ceme		9/14	Pi	kesvi	ille,	Maryland
	21. BIGNATURE OF FUNERAL SERVICE LICENSEE	0		22. NAME A	ND ADDRESS OF F	ACILITY El mor:	al Ho	ma		
	Stacy Dears Carpen	ter	-						Marvl	and 21211
	23. PART I. Enter the discess, or complications that cause shock, as neert fellure. List only one cause on	ed the dec	th. Do not	enter the me	ode of dying, su	ch ss cerdled	or respli	ratory sm	est,	Approximate
	IMMEDIATE CAUSE (Finel	eech line.								Interval Between Onset end Deeth
,	disesse or condition resulting in death)	E/1	400	LAR	DIAC	ENI	CAN	007		Hours
	disease or condition resulting in death)  Due TO (OR AS Sequentielty list conditions,	A CONSEO	UENCE OF):				7.1.			7
NO		7/ (	ARL	10/	YORA	744	,			
TA.	cause. Enter UNDERLYING	A CONSECU	DENGE OF:			r				
F	CAUSE (Disease or Injury that Initiated events DUE TO (OR AS	A CONSEC	UENCE OF):							<del> </del>
CERTIFICATION	resulting in death) LAST									
	PART II. Other significent conditions contributing to deeth	but not re	eulting in ti	ne underlyle	a cause alves la	Part I as	e. WAS AN	ALEPORAV	T 445 H	
EDICAL			outing min	ie dilderlyiii	a coase diseil ii	Fait   .   24	PERFORI		A	ERE AUTOPSY FINDINGS MILABLE PRIOR TO OMPLETION OF CAUSE
						— I 1	YES 2	NO		F DEATH?
Σ	DID TOBACCO USE CONTRIBUTE TO CAUSE (	OF DEAT	'H VEC		UNCERTAL	NI PE			1	YES 2 NO
A	25. WAS CASE REFERRED TO MEDICAL			Check only one)	UNCERIA	IA TA				
PHYSICIAN:	EXAMINER?  1 YES 2 AO  HOSPITAL:  1 Inputant 2 ER/Ou		01	HER:	ne 5 🗆 Residenca	8 Other /C	nec/h/l			
<u> </u>	27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year)		28b. TIME OF	28c. IN.	JURY AT	28d. DESCRI	-	JURY OCC	URED	
ВУБ	1 Netural 5 Pending (MORR, Day, Pear) 2 Accident Investigation		INJURY		YES 2 NO					
	3 Suicide 6 Could not be determined determined	IY — At hom	ne, farm, stree	t, factory, offic		261, LOCATIO	N (Street at	nd Number e	or Rural Rou	te Number,
ET										
COMPLETED	29a. CERTIFIER (Check only one)									
8	MEDICAL EXAMINER: On the beals of examinati	on and/or in	veatigation, in	my opinion, o	leath occured at the	time, date and	placa, and	dua to the	cause(a) a	nd manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU	MBER		29d. DATE	SIGNED (M	onth, Day, Year)
0	20 NAME AND ADDRESS OF DESCRIPTION				11/	722		> 54	PP.	1! 1996
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF D	EATH (ITEM			4	-		12		7/231
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIG	NATURE	CO V	100 61	Hospi	140	BA	C1-,	- ben	11251
	SEP 1 6 1996 Sina Varidson	4-	00							
	14,50	11.10								



State of Maryland / Department of Health and Mental Hygiene

27402 Certificate of Death Item: 26, per M.D. G-739 9/16/96 reb 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death August 29. **Physician** Gregory V. Citrano 1996 12:18 Am /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** 4226 Slater Avenue Baltimore Baltimore 8. Date of Birth (Month, Day, Year) Fob. 7, 1961 5. Sociel Security Number if Under 1 Year If Under 24 Hrs. 7. Age (In yrs. lest birthday) **Funeral**  Birthplece (State or Foreign Country) Months Deys Hours 1**X**☐M 2□ F 219-58-2374 35 Yrs Director Maryland Usual Residence of Decedent the Marylend 10e. State 10h County 10c. City, Town or Location r than "natural", or itams 23s or 28a-f show the Medical Exampler must be notified at 10d. Inside City Limits Director 1 ☐ Yes 2 X No Maryland Baltimore Baltimore 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? filed within 72 hours after death with 4226 Slater Avenue 21236 U.S.A. Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes ≥ 2Å No If Yes, Give Yeer or Detes: Was Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Meritel Stetus 14. Reca - American Indien, Bleck. White, etc. 1 Never Married 2 Married 3altimore, Maryland 21215-0020 by 1 ☐ Yes 2 X No Specify: Specify: White 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Hygiene. Receiving Dept. Manager L. Pages 1 and 2 should be filed witten of Health and Mental Hygien tant: If Item 27 is marked other the jury or other traumatic event, Italians Department Store 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surneme) Be Raymond Citrano Antoinette Lombardi. 19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) Raymond Citrano (father) 4226 Slater Avenue, Baltimore, MD 20b. Place of Disposition (Name of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, State 1 ☐ Burlai 2 X Cremation 3 ☐ Removel from Stete permit. Page Department of Important: If any Injury or Green Mount Crematory 4 Donetion 5 Digher (Specify 9/2/96 Baltimore, Maryland 21. Signature of Funeral Service Licen 22. Name and Address of Facility Schimunek Funeral Homes, Inc. 9705 Belair Rd., Baltimore, MD arr . Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cardiac or respiretory errest, thock, or heert failure. List only one ceuse on each line. Approximete Interval Between Onset end Death **Physician** e. leukostasis

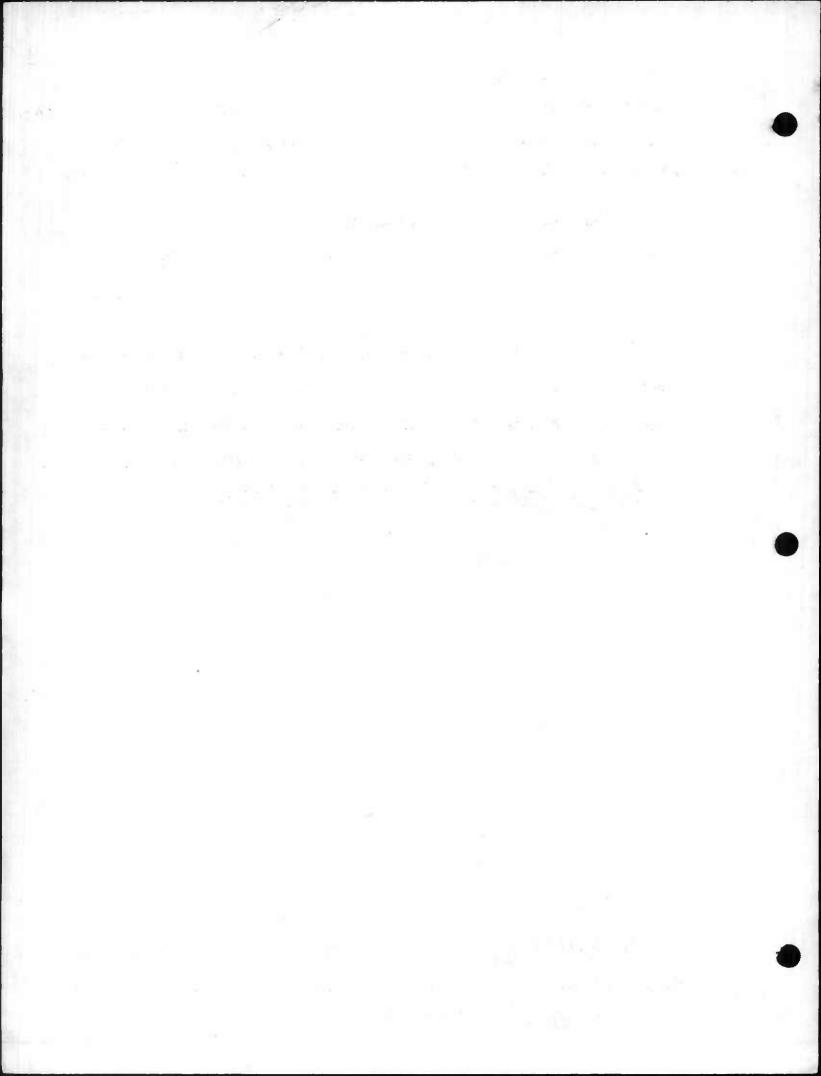
Due to (or es a consequence of): tmmediete Cause (Finel disease or condition resulting In deeth) /Medical **Examiner** lymphocytic leukemia Physician/Medicai Examiner acute The law requires that the death certificate be executed Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initieted events resulting in death) Lest and Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760, the Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by 1 Yes 2 No 3 Probably 4 Unknown by 24b. Were eutopsy findings eveileble prior to completion of cause of death? Completed 24e. Wes en eutopsy performed? 1 Yes 2 No 1 ☐ Yes 2 ☐ No or Attending Physician: Be 25. Wes case referred to medical examiner? 26. Place of Deeth (Check only one) 1 ☐ Yes 2 No Other: 4 Nursing Home 5 Residenca 6 Other (Specify) Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpatient this 28c. Injury et Work? 27. Manner of Deeth 28e. Date of Injury (Month, Dey Year) 28b. Time of 28d. Describe how Injury occurred After 1 Alaturel 5 Pending investigation death. 1 ☐ Yes 2 ☐ No 2 Accident efter death 6 Could not be determined 3 ☐ Suicide 2 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 \(\Pi\) Homicide To the Hospital o within 24 hours ef To the Funeral DI Descritifying Physicien: To the best of my knowledge, death occurred et the time, dete end pleca, and due to the cause(s) and menner as steted.

| Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred et the time, dete end pleca, end due to the cause(s) end menner steted. Medical 29e. Certifier (Check only 29b. Signature and title of certifie 29c. License number 29d. Dete signed (Month, Dey, Year) 30. Name end eddress of person who completed cause of death (Item 23e) (Type, Print) Miller MD. Room 167 Johns Hopkins One Ctr 600 NWOIFEST Batt MDala87 32. Registrer's Signeture 31. Dete filed (Month, Dey, Year) State 11 Davidson

DHMH 16 Rev 6/95

Registrar

SEP 1 6 1996



#### Amended item #19a, g-739, 9/23/96emh mer fh

				of Marylar		tificate o			vieritai Fi	Reg. No.	9	3	27403
Physic	ion	Decedent's Nema (First, Middle	, Last)		- 60				2. Deta of D Month	Deeth Day	V	ar	3. Time of Deeth
/Medi		JOSEPHINE		DOM	ICO				SEPT		, 19		0955 AM
Exami		4a. Facility Neme (If not institution, 3727 MT • PLI		um <i>ber)</i>				, Town, or L LTIMO	ocation of Dec		County of U		
Funerai Director		214-01-5639	6. Sax 1 ☐ M 21 ☐ F	7. Age (In yrs. 80	last birthdey) Yrs.	If Under 1 Ya Months Da	ar if Ur	nder 24 Hrs.	8. Dete of B (Month, D Dec.	irth Day, Year) 31,191	9.	Count	eca (Stete or Foreign ny)  Land
M 94 H		Usuel Residence of Decadent  10e. Stete 10b. County		10c. Cit	ty, Town or Loc	etion	<u> </u>					10	d. Inside City Limits
with the Marylan  a or 28a-f show  be notified at	ctor	Maryland	N/A				Bala	timore	City				1XX es 2 □ No
or 28	Director	10e. Straat and Number		·	,	10f. Zip Cod	Э			10g. Citiz	en of Whe	t Count	ry?
23.	a	3727 Mt. Pleaso	int Avenu	le			21	224		Ur	rited	Sto	ites
or Nems	by Funeral	11. Maritel Status  1 Navar Married 2 Merrie	Armed F ad 1 Yes If Yes, G	2XXNo		Vas Decedant ( Yes, specify C			pecify Yas or No Rican, atc.)		4. Rece - / Bleck, V Specify:	Vhite, e	itc.
"natural",		3Lavidowed 4 Divorced Yeer or Detes:									rite		
	Completed	(Specify only highest Elementery/Secondary (0-12)	t grede completed	) (1-4or 5+)	(Give I life, D	kind of work do IO NOT use rei	ne during ired)	most of work	ring		d of Busin		
Hygin Hygin		8 Years 17. Fether's Neme (First, Middle, L	ast)		Sea	umstres		other's Nem	a (First, Middl			ung	Industry
Mentel Mentel Metric eve	To Be	Martin Werner					Sc	phie	Murawsl	ra			
permit. Fages 1 and 2 should be tiled with Department of Health and Mentel Hygiene. Important: if fem 27 is marked other than any injury or other trsumatic event, the M once.		19a. Informent's Neme/Reletionship Bierc  Mr. Stanley Beirc   19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stendard Route Number, City or Town, Stendard Route Number of Rural Route Number, City or Town, Stendard Route Number of Rural Route Number, City or Town, Stendard Route Number of Route Number of Route Number, City or Town, Stendard Route Number of Route Number of Route Number, City or Town, Stendard Route Number of Route Number of Route Number, City or Town, Stendard Route Number of											
rages I nent of H int: If Iten iry or oth		20e. Method of Disposition 20b. Placa of Disposition (Name of cemetery, cramatory or other place)  20c. Location - City of Cemetery, cramatory or other place)											vn, State
tant: I		4 Donetion 5 Other (Specify) Oak Lawn Cemetery 9/13/1996 Baltimore											
Departr Importu any inju		21. Signature of Faheral Service L	E L	2	22. Name and Address of Facility Duda-Ruck Funeral Home of Dunda 7922 Wise Ave. Dundalk, Maryla						ndalk 1land	, II	nc. 1222
hysician		23a. Pert1. Enter the desse, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart to make the cause on each line.										Approximate Intervei Between Onset end Death	
/Medical Examiner		Immediate Cause (Final disease or condition resulting in deeth)	And	M28 CL	NOTIC.	CAA	No V	sau	on D	15-72	6		
-xammer	-	Due to (or as e consequence of):									1		
eo it	- Lu	b. —								1			
cian and	Examiner	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events		Due to (o	r as e consequ	enca of):							
ore dear Centificate be secured the ettending physician and ched for use as the buriel-transit	ysician/Medical	thet inflieted events resulting in deeth) Last Due to (or as e consequance of):											
or us	lan	d											
y the ched	nysic	Part II. Other significant condition	s contributing to d	eath but not resu	ulting in the un-	derlying cause	given In P	ert I.	23b. Dfd	l tobacco u	se contrib	ute to	the cause of death?

Baltimore, Maryland 21215-0020

Division of Vital Records, P.O. Box 68760, for the treepress.

You've started after death.

You've Funeral Director: After this certificate hes been signed by completely filled in by the funeral director, page 2 should be determined. To the Hospital or Attending Physician: The law requires that

Be Completed by

Medical Certification: To

1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown

DIDDONES

24e. Wes an eutopsy performed? PARTIAL

1 Yes 2 No

24b. Were eutopsy findings available prior to completion of cause of deeth? 1 ☐ Yes 2 ☐ No

25. Wes case referred to medical examiner? 27. Menner of Deeth 1 ■Netural

28e. Dete of Injury (Month, Dey Year) 5 Pending Investigation

1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28b. Time of 28c. Injury at Work? 1 ☐ Yes 2 ☐ No

28a. Placa of Injury - At home, ferm, straet, factory, office building, etc. (Specify)

Other: 4 ☐ Nursing Home X5 ☐ Residence 8 ☐ Other (Specify) 28d. Describe how injury occurred

26. Plece of Deeth (Check only one)

29e. Certifler

2 Accident

3 Suicide

4 Homicide

1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the ceuse(s) end menner as steted.

[20] Medical Examiner: On the basis of axeminetion and/or invastigation, in my opinion, deeth occurred at the time, dete end piece, end due to tha causa(s) end menner stated.

29b. Signeture and title of cartifian

29c. Licansa number

29d. Date signed (Month, Day, Year)

Location (Street end Number or Rurel Route Number, City or Town, Stete)

6 Could not be determined

O.C.M.E

SEPT. 11, 1996

d cause of deeth (Item 23a) (Type, Print)

WORFLL MO 111 Penn Street, Baltimore, Maryland 21201

State Registrar

Their ST WILL . III 2 Log of the H. Logistic us A. A. Saper The first of the state of the s

#### PI

	Black Indelible Ink. Assure	75	ble.
Decedent's Name (First, Middle, Last)	Certificate of Death	Reg. No.	3. Time of Deeth
Robert R. Drumm	ond	Month Dey	1996 7:00 Pm
429-09-4818 1MM 20F	rs. last birthdey) If Under 1 Yeer If Under 24 H Months Deys Hours M	nr Location of Death  Ac County  MORE  BOT  B. Date of Birth	of Death IMORC  9. Birtholiace (State or Foreign ACLANSOS)
Usuel Residence of Decedent  10e. State 10b. County 10c.  Maryland Baltimore	City, Town or Location		10d. Inside City Limits 1 ☐ Yes 2 No
10e. Street and Number  13 AGE OF OF PR  11. Maritel Status  12. Wes Decedent Ever in Armed Forces?	U,S. 13. Was Decedent of Hispenic Origin? If Yes, specify Guban, Mexican, Pur	(Specify Yes or No- erto Ricen, etc.)  10g. Citizen of V	Vhet Country?  e - American Indien, k, White, etc.
1 Never Married 2 Married 1 Yes 2 No If Yes, Give Year or Detes:	1 ☐ Yes 2 D No Specify:	Specify	1 4 10
23e. Pert1. Enter the diseese, or complements that described in the descri	19b. Meiling Address (Street end Number or 13 Nath Pook DR.  Plece of Disposition (Neme of cemetery, cremetory or other plece)  JANEY Valley Memorial Garden  22. Neme end Address of Fecility EVANS Napel of C  23.25 VORK Rd.	eme (First, Middle, Melden Surrem PL Rhode Rural Route Number, City or Town, Phoenix, Md. Sept. 20c. Location- Jin 1996 Ilmok Nincis Timonium, Makiac or respiretory errest,	State, Zip Code)  21131  City or Town, State  11UM, Md.  24 Approximate Intervel Between Onset end Deeth
if eny, leeding to immediete ceuse. Enter Underlying Cause (Diseese or injury	(or es e consequence of):		
Pert II. Other significant conditions contributing to death but not re Covonary Antery disense		23b. Did tobacco use cor	arribute to the cause of death?
Chronic obstructive lux	ng disense	24e. Wes an eutopsy performed?	24b. Were eutopsy findings evelleble prior to completion of cause of deeth?

Physician /Medical **Examiner** 

Hospital or Attending Physician: The law requires that the death certificate be executed eral Director: After this certificate has been signed by the attending physician and filled in by the funeral director, page 2 should be detached for use as the buriet-transit

Division of Vital Records, P.O. Box 68760,

**Physician** 

Funeral Director

permit. Pages 1 end 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: if itam 27 is marked other than "natural", or itams 23s or 23s-1 show any injury or other traumatic event, the Medical Examiner must be notified at once.

Baltimore, Maryland 21215-0020

/Medical **Examiner** 

Director

Funerai

by

Be Completed

9

Be Completed by Physician/Medical Examiner Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or injury that initieted events resulting in deeth) Lest

28. Piece of Deeth (Check only one)

1 ☐ Yes 2 ☐ No

ospice

25. Wes cese referred to medicei examiner? 1 Yes 2 No 27. Menner of Deeth 1 Neturei 2 Accident

5 Pending investigation 6 Could not be determined 28e. Dete of injury (Month, Dey Year) NA 28e. Piece of injury - At home, farm, street, fectory, office building, etc. (Specify)

1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28b. Time of

28c. Injury et Work? 1 Yes 2 No

Other: 4 Nursing Home 5 Residence 28d. Describe how injury occurred

28f. Location (Street end Number or Rurel Route Number, City or Town, Stete)

29e. Certifier (Check only one)

3 Suicide

4 Homicide

Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, and due to the ceuse(s) end menner as stated.

Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete and piece, end due to the ceuse(s) end menner stated.

29b. Signeture and title of certific

29c. License number

29d. Dete signed (Month, Dey, Year)

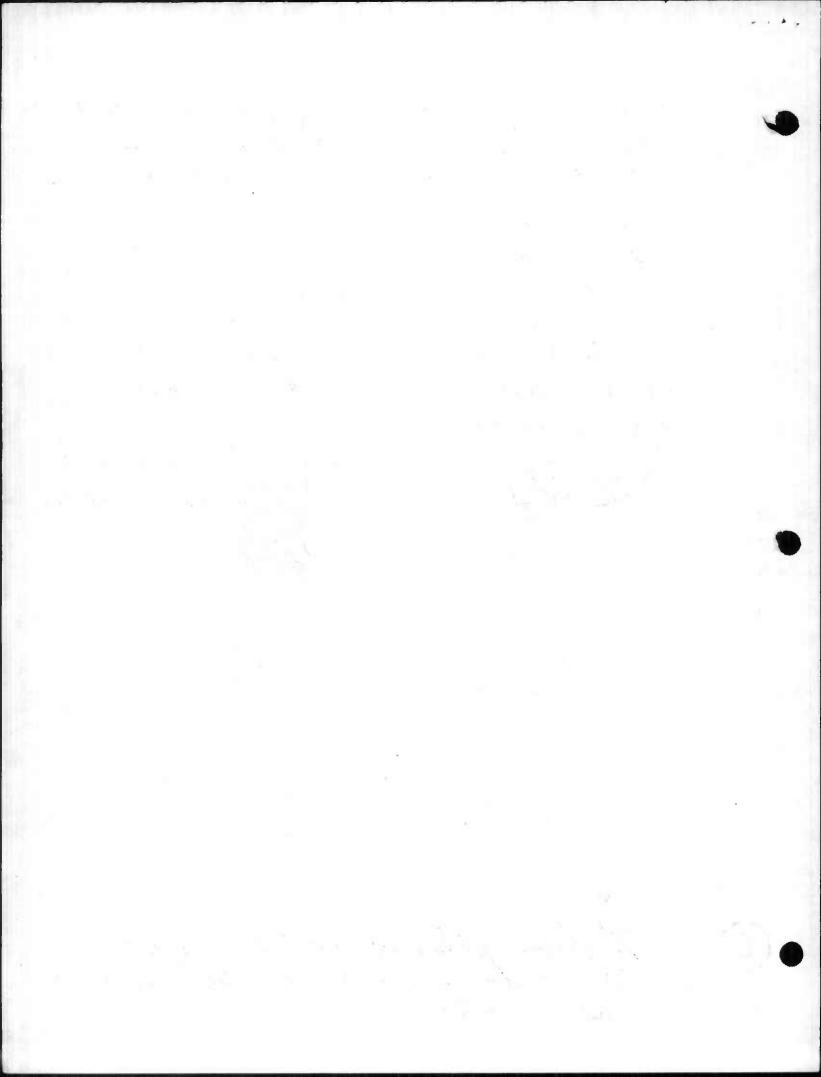
e of death (Item 6701

31. Dete filed (Month, Dey Year) SEP 1 6 1996

State Registrar

Medical Certification: To

n 24 hours after death



P.O. Box 68760. Records, Division of Vital or Attending Physician:

27. Manner of Death 28a. Date of Injury (Month, Dev Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred . 5 Panding investigation 1 Natural Injury side 5-96 1600 1 Yes 2 □ No 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rurel Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, atc. (Specify) 4 Homlcide Retreat R Roadney Bural 29a. Certifier 1 Cartifying Physicien: To the best of my knowledga, death occurred at the time, date end piece, and due to the ceuse(s) and manner as stated. Medical Examiner: On the basis of exemination and/or investigation, in my opinion, daath occurred et the time, date end piece, end due to the causa(s) end manner stated. (Check only one)

29c. License number

O.C.M.E

of refuse much

29d. Dete signed (Month, Day, Year)

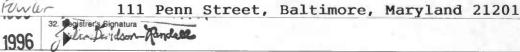
SEPT. 6, 1996

State Registrar

31. Dete filed (Month, Day, Year)

Dav. d

29b. Signature and title of certifier



30. Nama and address of person who completed causa of death (Itam 23a) (Type, Print)

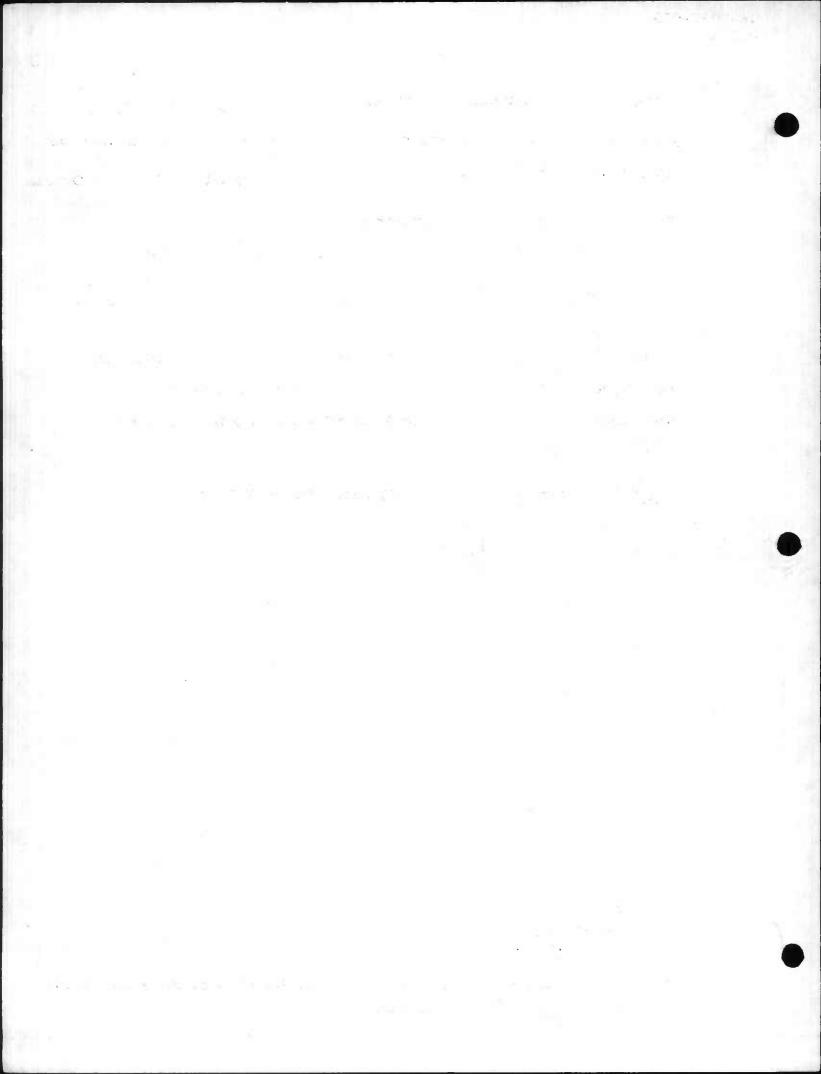
death.

To the Funeral Director:

Hospital

à

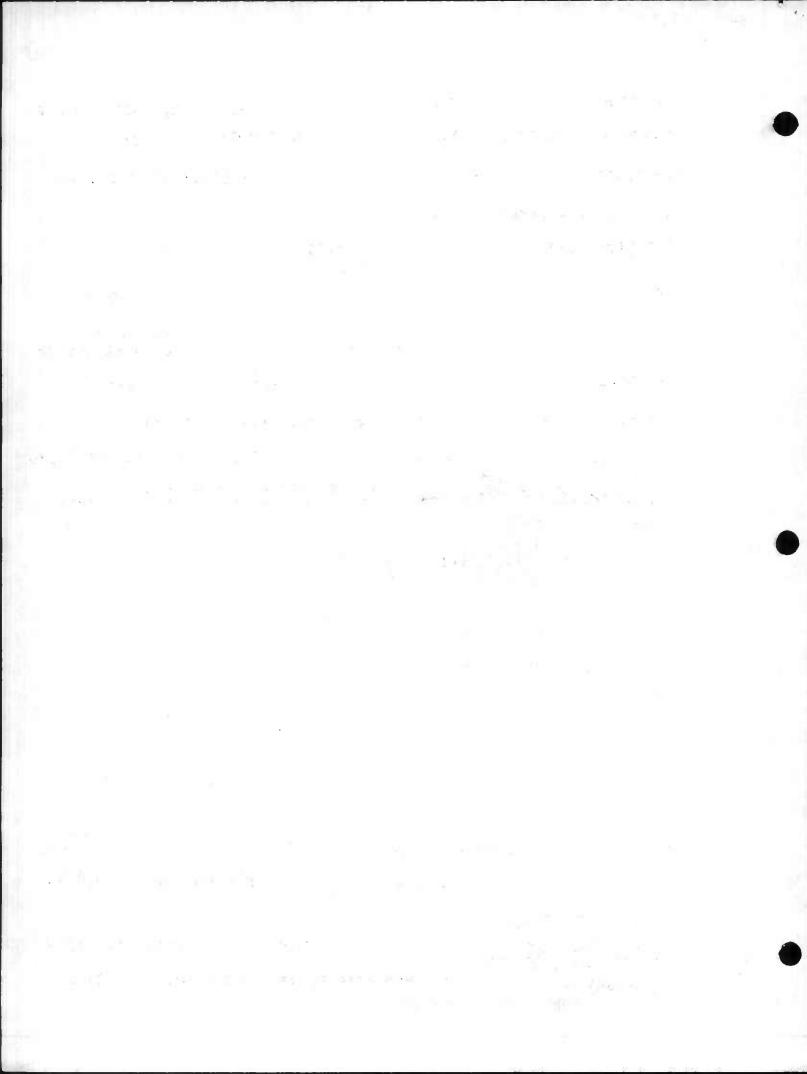
edical



State of Maryland / Department of Health and Mental Hygiene 96

27406

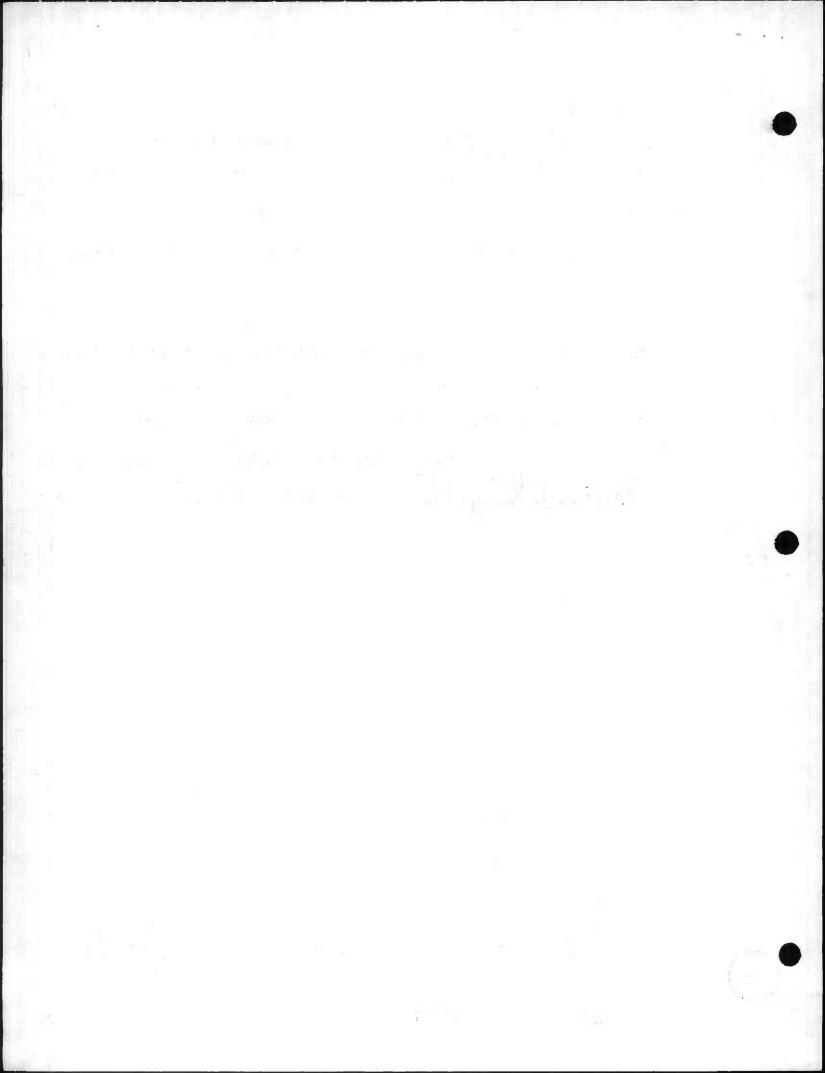
						Certifica	ate of Dea	th		Reg. No.		
	Physic	ian	Decedent's Name (First, Middle, JOSEPH	Last) M. DAV	7T C				2. Dete of De Month		Yeer	3. Time of Deeth
	/Medi Exami	cal	4e. Fecility Neme (If not institution, s UNIVERSITY H	give street end number)				r, Town, or t	SEPT.  Location of Deet MORE	th 4c. County	996 of Deeth	2050 PM
	Funeral Director		5. Sociel Security Number  219-21-9179  Usuel Residence of Decedent	Sex 7. Age (In )	yrs. lest bi	rthday) If Un- Month		nder 24 Hrs. Irs Min.	8. Dete of Bin (Month, De Sept.		9. Birthpl	tece (State or Foreig try) yland
	e Maryland	ctor	10e. Stete 10b. County MD Anne A		City, Tow	n or Location					10	0d. Inside City Limits
	23a or 28	Funeral Director	10e. Street end Number 3172 Riva Roa	d		10f.	Zip Code 21140			10g. Citizen of USA	Whet Coun	try?
020	n 72 hours after death with the Maryland "natural", or flems 23a or 28a-1 show spical Examinational De notified at	by	11. Maritel Stetus  1 □ Never Merried 2 □ Married 3 □ Widowed 4 □ Divorced	12. Wes Decedent Ever in Armed Forces?  1 Yes 2 No If Yes, Give Yeer or Detes:	n U,S.		cedent of Hispanic pecify Cuben, Mes 2 No Spec		pecify Yes or No Ricen, etc.)	5 Specif	ce - America ck, White, e y: Wh:	etc.
121	then the	Completed	15. Decedent's (Specify only highest g Elementery/Secondery (0-12) 1 2	Education trade completed) Coitege (1-4or 5+)		Decedent's U (Give kind of life. DO NOT	suet Occupation work done during to use retired)	most of worl	king	16b. Kind of B Heat Air Co	ing 8	
bu !	ital Hyg d other	To Be C	17. Fether's Neme (First, Middle, La Lyle Davis	st)			18. M			n Mars	ne)	
wary	and and and		19e. Informent's Name/Rejetionship William P. Au				ess (Street end Nu				Stete, Zip	Code)
é .	nent of Health net: If Nem 27 ny or other tr		20e. Method of Disposition  1   Burial 2 □ Cremetion 3  4 □ Donetion 5 □ Other (Spec	□ Removel from State T	b. Plece o cemete	f Disposition (f	va Road leme of rother plece) emetery		Dete	21140 20c. Location		wn, Stete
Paitti	Departm Departm Importan any injur		21. Signature of Fonera Service Lic	,/	/0	22. Neme Har	end Address of Fo lesty F Ridgely	ecility unera	al Home	e, P.A		TITE, MD
E	Medical Examiner	Examiner	Immediate Cause (Finel disease or condition resulting in death)	Due to	1	consequence of						
3	attending physician and for use as the burial-transit	Medical	Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Lest	C		consequence o					i i i	
, T.O. D.	by the	Physician/	Pert II. Other significant conditions	contributing to death but not	resulting in	the underlying	ceuse given in P	ert I.		tobacco use co		the cause of death
ecords,	is been sign 2 should be	Completed by								en eutopsy ormed?	con	re autopsy findings iteble prior to apletion of ceuse eath?
	0 0		of Westernaments							Yes 2□No	1/4	Yes 2□ No
	is certifical director, p	To Be	25. Wes cese referred to medicei examiner? 1XXes 2 No	Hospitei:	<b>K</b> KP/Ou	tpetient 3	Other		th <i>(Check</i> only o	one) dence 6 □Oth	er (Specify	)
Allending Phu	lor: After th the funeral	Certification:	27. Menner of Deeth  1 Neturel 5 Pending  2 Accident Investigeti  3 Sulcide 6 Could not	28e. Dete of Injury (Month, Dey Year 9-12-96	28b. 1	Time of njury M	28c. injury et Work?			how injury occur		nele
1	ons afte rail Diru		4 ☐ Homiclde determine	building, etc. (Spe	STE	EET			Riva Re	1	W.	A.A.Co.
1	22.5	ledical		hysician: To the best of my laminer: On the basis of exam end menner steted.	inetion and	d/or investigetion	on, in my opinion,	deeth occur	red et the time,	dete end ptace,	and due to	the ceuse(s)
To The	Within To the	2	29b. Signature and title of certifler			2	9c. License numb			29d. Dete signe		Dey, Year)
,	6		30. Name and address of person who	commented ceuse of deeth (I			treet,		imore			
F	Sta	te	31. Date mod EP DIV (Parago	6 Sarboduotas				JULE.	zmore,	THEFT	and a	21201



## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

		Certificate	of Death	Reg. No.
Physician /Medical	1. Decedent's Name (First, Middle, Last)  Aga Elkins		2. Date of Month	
Examiner Funeral Director	4a. Facility Name (If not Institution, give street and number of the control of t	Hospital  Age (In yrs. last birthday) If Under 1	Days Hours Min. (Month,	ty N/A
with the Maryland a or 28a-f show be notified at	10a. State 10b. County  Md . N/A	10c. City, Town or Location	ltimore City	10d. Inside City Limits 1 2 Yes 2 □ No
th with the Mar 23s or 28s-f si	10e. Street and Number 6231 Pilgrim R	10f. Zip C	ode 21214	10g. Citizen of What Country? United States
5-0020 72 hours efter death v naturals, or floring 23a 3 at all Examines must	11. Marital Status  1 □ Never Married 2 □ Married  3 □ Widowed 4 ☒ Divorced  1 □ Ves 2 □ Vear or Dates	? If Yes, specify No 1 ☐ Yes 2 Is	nt of Hispanic Origin? (Specify Yes or Cuban, Mexicen, Puerto Ricen, etc.)  No Specify:	No- 14. Race - American Indian, Black, White, etc.  Specify: White
21215- si within 72 liene. r than "nat	15. Decedent's Education (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4or	3+1	Occupation done during most of working retired) ern Electric Co.	16b. Kind of Business/Industry  Phone/Cable Production
Maryland 3 d 2 should be filed the end Mental Hyg 7 is marked other traumatic event,	17. Father's Neme (First, Middle, Last)  Edward		18. Mother's Name (First, Midde Ella V. C	rowther
2 6 8 9 7	19a. Informent's Name/Relationship (Type, Print)  A. Virginia Elkins (Daught  20a. Method of Disposition	er) 6231 Pilgr	of Date	e, Maryland 21214
Itimen rumen	1 🗷 Burlal 2 □ Cremation 3 □ Removal from State 4 □ Donation 5 □ Other (Specify)  21. Signature of Funeral Service Licence M	Parkwood Cemet	ery 9/17/96	Baltimore Maryland
Deperm Deperm Sun I mpo	23a. Part 1. Enfer the disease, or complications that course	5305 Ha	rford Road Balti	J. Ruck, Inc. more, Maryland 21214 variest, Approximate
Physician /Medical Examiner  Examiner	- RUP	Due tato as a consequence of: (  +ured proxi	mal coronary	
x 6876( antificate be ing physicial e es the burn Medical	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	Due to (or as a consequence of):  Of on a ( )  Due to (or as a consequence of):	tery bypas	s g rafting
P.O. net the de dety the deteched	Part II. Other significant conditions contributing to death	but not resulting in the underlying cau		d tobacco use contribute to the cause of death?  Yes 2 No 3 Probably 4 Unknown
aw requires been 2 should				24b. Were autopsy findings available prior to completion of cause of death?
f Vital Rec ystolen: The taw is certificate hes bi director, page 2 st	25. Was case referred to medical		1 E 26. Place of Death (Check only	Yes 2 No 1 Yes 2 No
- 5 00	exeminer?  1 Yes 2 No Hospital: 1 Impat  27. Menner of Death 28e. Date of Ini		Other: 4 ☐ Nursing Home 5 ☐ Re	sidence 6 Other (Specify)
Division of Vital tal or Attending Physician: The selector: After this certificate ed in by the funeral director, pa Certification: To Be Co	1 Natural 5 Pending (Month, Di 2 Accident investigation 3 Suicide 6 Could not be determined 28e. Place of In	ijury - At home, farm, street, factory, o	Work? 1 ☐ Yes 2 ☐ No  ffice 28f. Location	e how injury occurred  (Street and Number or Rural Route Number, own, State)
Division or  To the Hospital or Attending Phy within 24 hours efter death.  To the Funeral Director: After thi completely filled in by the funeral  Medical Certification: 7	29a. Certifier certifying Physician: To the best	of my knowledge, death occurred at lof examination and/or investigation, in	the time, dete and place, and due to the	
To the within Victor to the Complex Co	29b. Signature apd title of capitilities		icense number  O 4 0 (28	29d. Date signed (Month, Day, Year) 9 / 5 96
(-)	30. Name and address of person who completed cause of	death (Item 23e) (Type, Print)		11
State Registrar	31. Date filed (Month, Day, Year) SEP 1 6 1996	rar's Signature		





TIEMS: 2. PER DR. 21.PER Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

DVR FILM g-739 9/16/96 t.t State of Maryland / Department of Health and Mental Hygiene 96

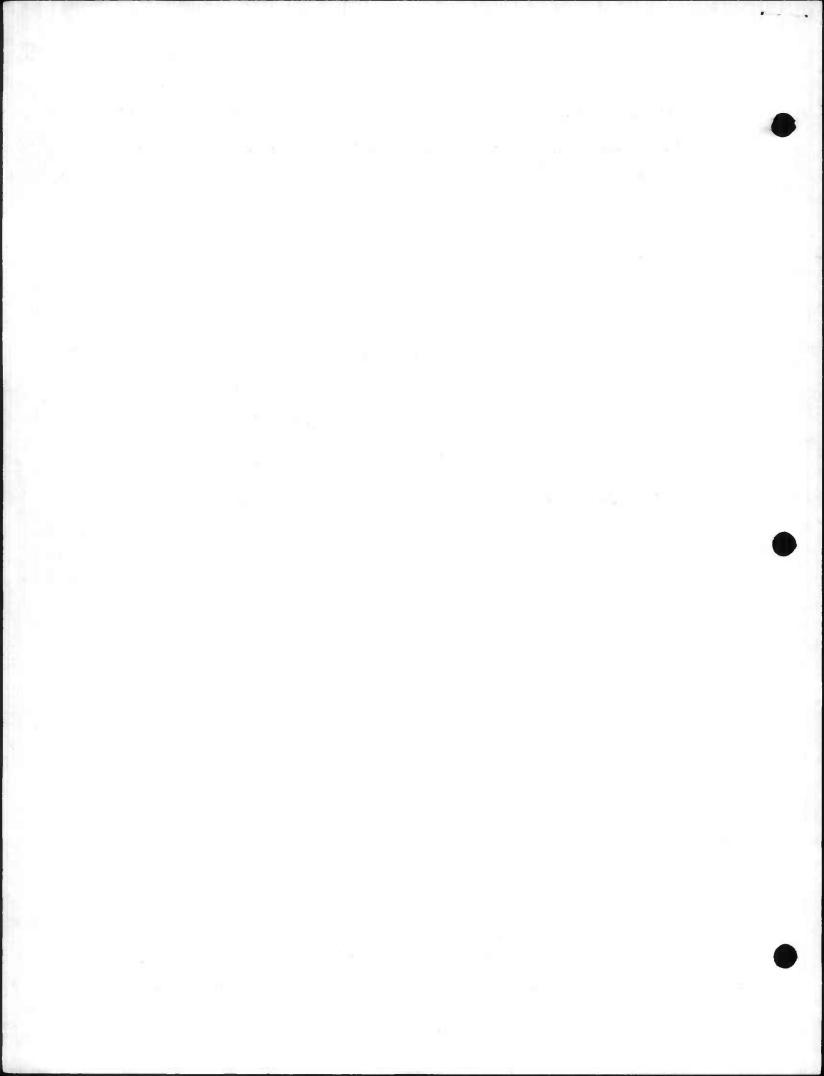
					_		Ce	rtificat	te of	Death	)		Reg. No.			
	Physic /Medi		1. Decedant's Nama (First	Middla, L	ast) F/	2ml	nG				T	2. Data of I	Day	28/34	12 Fam	
	Exami		4a. Facility Name (If not in	stitution, g	iva street and nu					4b. City, To	own, or L	ocation of Dis	ith 4c. 0	County of Deat	1000	
			Greater Balti	more M	edical Ce	nter				Tows	on		B	altimore		
	Funeral Director	M	5. Social Security Number		Sax 1 M 2 F	7. Aga (In yrs.	last birthday) Yrs.	If Unda Months	r 1 Yaar Oays			8. Data of E (Month, I June 1,	Birth Dav. Year)	9. Birtl	nplaca (Stata or Foreign untry)	
			Uauai Residence of Deced	ant								oune 1,	1099	Geor	gia	
	/aryland f show	or		County Baltim	ore		ty, Town or Lo								10d. Inside City Limits 1 ☐ Yas 2 🛣 No	
	the 7	ect	10e. Street and Number					10f. Zig	Code				10- Chi-	147 0		
	with a or	ā	13801 Y	ark Pa	ad			101. 24	210	30				en of What Co	untry	
	e 23	era		טוג ווט		and and Every last 1	10 10	Mar Dans			0 (0	16 54 6	U.S		44	
20	ges 1 and 2 should be filed within 72 hours after death with the Maryland it of Health and Mental Hygiene. If item 27 is marked other than "natural", or items 23a or 28a-f show or other traumatic event, the Medical Examiner must be notified at	by Funeral Director	11. Marital Status  1 Nevar Married 2  3 3 Widowed 4 Di	/	Armed Fo	2 No		if Yas, spe 1 ☐ Yas		an, Maxica  Specify		ecify Yas or N Rican, atc.)		4. Race - Amai Black, White Specify: b1		
9	hou	P				zatas.	16a Dasa	danta Hau	al Oneur	nation			104 1/4	d -d D -slees -d		
15	"ned	lete	(Specify only	highast g	rada completad)		16a. Dece (Giva	kind of wo	ai Occup	during mos d)	st of work	ing	16b. Kin	d of Businass/I	nduatry	
21215-0020	filed within Hygiene. ther than "	Completed	Elemantary/Secondary (	0-12)	College (	1-4or 5+)		cial V					Child	rens Aid	Society	
0	filed with Hygiene. other than	ő	17. Fathar's Nama (First, A	Aiddle Las	it)			70101			ar's Nam	Childrens Aid Society na (First, Middla, Meldan Surnama)				
Maryland	should be ind Mental I	To Be	Willie Ham	oton						TO. MOLIT		ia Frede		ourname,		
lar	2 sho and is me		19a. Informant's Name/Ralationship ( <i>Type, Print</i> )  19b. Meiling Address ( <i>Street and Num</i>													
	1 and Health em 27		Valerie Rochell					0win	gs Mills	, MD 2	21117	19.80				
Baltimore,	Department of Health Important: If item 27 any injury or other tr		1 Buriai 2 Cran	ation 3		Stata 20b. i	Piace of Dispo cematary, crei	sition (Named and Indian (Name	ma of othar pla	ce)	i	Data	20c. Loc	cation - City or	Town, Stata	
Balti	permit. Pag Department Important: h any injury o	Valerie Rochelle Hooper/executor  20a. Mathod of Disposition  1														
			23a. Part1. Enter tha disa ahock, or haart failur													
ox 68760,	certificate be executed nding physician and use as the burial-transit	n/Medical Examiner	Sequentially list conditions if any, leading to immedia causa. Enter Underlying Causa (Disease or Injury that initiated events resulting in death) Last	{	. H	Due to (c	or as a conseq	100000000000000000000000000000000000000	46							
m	death e atter	cla	Dart II Other eleminant a	and Mana			n1 1 46					001 71				
s, P.O.	that the led by th detach	by Physician	Part ii. Other significant c	onditions	contributing to a	eath but not ras	uiting in tha u	ndariying d	ausa gh	an in Part	I		Yes 2		to the cause of death? obably 4 Thknown	
ecord	aw requir 1s been s 2 should	Completed b										24a. Wa	aa an autops formed?	8	Vara autopsy findings vailable prior to completion of cause of death?	
Œ	0 - 3	0										10	Yas 2	No 1	☐ Yaa 2☐ No	
Vital	dcian: The certificate rector, pag	Be (	25. Was casa rafarred to n	redicai						26. Plac	a of Daat	h (Check only	( ona)			
>	Physician: this certific	0	examiner 1 → Yes 2 □ No		Hospitai:	Impatiant 2	ER/Outpatier	nt 3□ D0	OA Oth	nar _			1.5	□Othar (Spec	ifu)	
of		n: T	27. Mannar of Death		28a. Date	of Injury	28b. Tima o		28c. Injui Wo			28d. Dascrib			1 - 1	
Division		Certification:		Pending nvastigation		th, Day Year)	1/2/20	4 M	1 🗆	Yas 2	100	F	-0-11	put	JAPO)	
/IS	Attendi r death. ctor: A by the fu	floa	3 Suicida 8 🗆	Could not I	4   28a, Mace	of injury - At h	ome, farm, str	eet, fector	v. office			28f. Location	(Street and	Number or Ru	rai Routa Number,	
5	after Dire	eri	4 Homicida	Jo(d) 1111110(		ing, etc. (Specil	(v)		50	110	10	City or T	own, Stete)		2/	
Г	To the Hospital or Attent within 24 hours after deat To the Funeral Director: completely filled in by the		29a. Certifier 1 Co	ntitythg P	hysician: To the	Sing Spot best of my known	wiedga, daat	occurred	at the ti	me deta ar	nd place,	and dua to th	a causa(s)	and manner as	421204 atated.	
	n 24 n 24 ne Fu	edicai	(Check only 2 - Mi	Idical Exa	miner: On tha b and man	asis of axamina nar statad.	ition and/or in	astigation/	, in my c	pinion, dea	ath occur	red at tha time	a, deta and p	piace, and dua	to the cause(s)	
	To the within to the company of the	Σ	29b. Signature and lifle of	bertifier				290	Licens	e number			29d. Oata	signed (Month	, Day, Year)	
			10h	1	17	1-1	100	1	1	00	50		9	11	01	
			30. Name and address of p	arenn ud-	completed servi	Continate /	n 23al (Time	Drint)	1)-	013	20	5	1	101	76	
			h \	DISUII WIIO	complated caus	/ / C	n zoa) (Type,	//	Mi	) -	111	shi.	120	TNI,	101	
	-01		31. Data filed (Month, Day,	Year)	40 5	Registrar's Signa	ALV C	1//	V		///	1101	rues	1716	VA	
	Sta Registr			6 199	4 4.	Durdson	-Andrew									

Statistics design

State of Maryland / Department of Health and Mental Hygiene

96

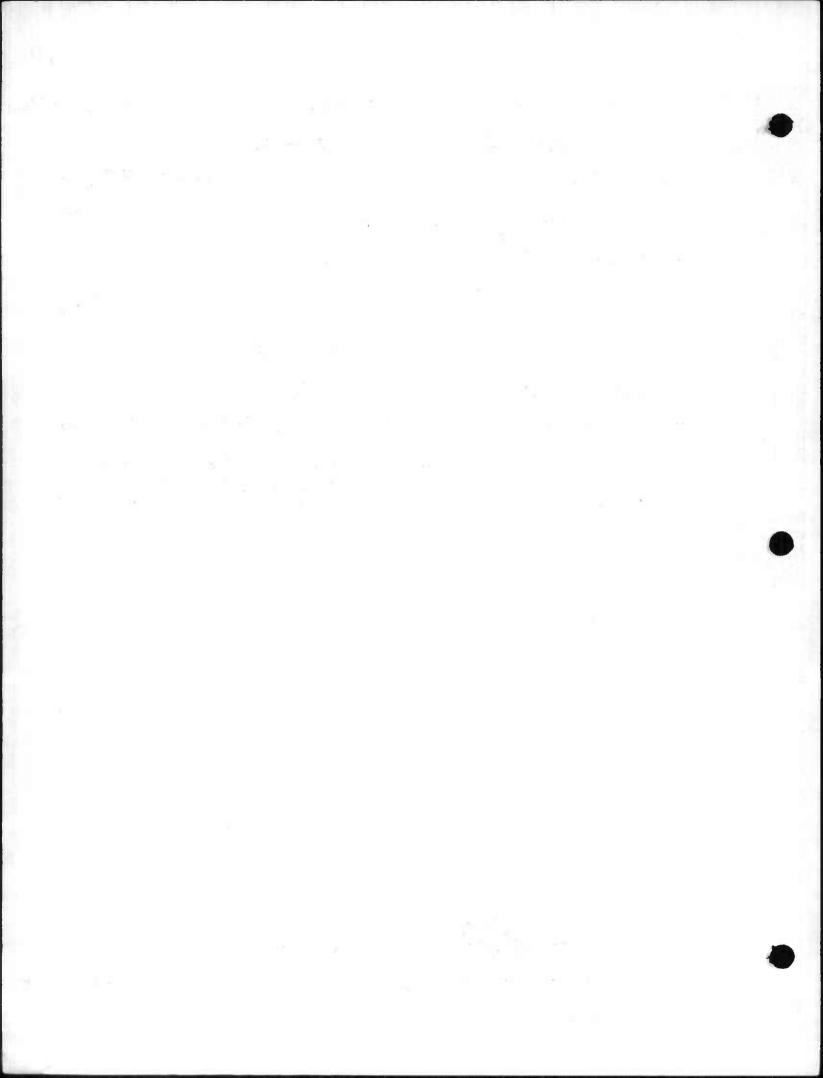
-							C	ertifi	cate of	Death	1		Reg. No.		
	Dhuais	!	1. Decedent's Nam	e (First, Middle, L	ast)							2. Date of E Month	Peath Day	Year	3. Time of Death
	Physic /Medi		DONNIE F	LEMING								SEP	12	1996	11:35 A.N
1	Exami		4a. Facility Name (	If not institution, gi	ve <i>street and</i> nu	mber)				4b. City, To	own, or Lo	cation of Dec	th 4c. Count		11.55 11.1
			DVA MEDI	CAL CENT	ER FOR	T HOWAR	D. MI	21	052	FORT	HOUA	מם	BALTI	MODE	
	Funeral		5. Social Security N	lumber 6.	Sex '	7. Age (In yrs	. last birtho	lay) Tr	nder Yeer		r 24 Hrs.	8. Dete of B	irth Pay, Year)	9. Birthpi	lece (State or Foreign try)
ш	Director		216-36-8	540	1 <b>2</b> €M 2□ F		53 Yrs	3.	- Duyo	710010			9, 1943		IMORE
	pu .		Usual Residence o	f Decedent 10b. County		10c C	ity, Town o	r I continu						4	Od Sanda Otto Stanto
	lanylan show	5	CALIF.	13273		100.0									0d. Inside City Limits 1 ☐ Yes 2/☐ No
	the Maryle 28a-f sho	ect	MD 10e. Street and Nu	n/	a				SVILLE				40- 04	100000	
	with w	ă			ROAD			10	f. Zip Code 21	1228			10g. Offizen of UNITED		TES
	death with the Maryland ims 23s or 28s-f show it must be notilled at	Funeral Director		SUIEK P		edent Ever in t	18	12 Weel			ricin? /Sn	noite Vac or h		ce - Americ	
	ter dea Items	S I	11. Merital Stetus  1 □ Never Merr	ied 2 Married	Armed Fo	orces?		If Yes	specify Cub	oan, Mexica	n, Puerto	ecify Yes or N Rican, etc.)	Bla	ck, White,	
21215-0020	72 hours efter natural", or its	by	3 ☐ Widowed		If Yes, Gr	ve 🔼	RMY	1 🗆 Y	es 2⊠ No	Specify	:		Specif	y: BLA	CK
9	72 hours natural;	bet		15. Decedent's E	ducation		16e. De	ecedent's	Usuei Occu	pation			16b. Kind of B	usiness/Ind	lustry
215		Completed	(Spec	cify only highest gr	ade completed) College (	1-4or 5 i	(G lif	iive kind ( e. DO N	of work done OT use retire	during mo	st of work	ln <i>g</i>			IONER /
2	filed within Hygiene. ther than out, the Me	E O	12	th	College (	1-401 3+)	EN	TREP	RENEUR	2			HEATIN	IG C	COMPANY
	office of the vert	BeC	17. Father's Name	(First, Middle, Las	1)					18. Moth			e, Maiden Sumai	ne)	
la la	should be filed nd Mental Hygi marked other matic event, I	To	CAI	RY FLEM	MINGS						ALBE	RTA L	ONG		
Maryland	2 should and Men is marke aumatic		19a. informant's N										ber, City or Town	, State, Zip	Code)
	is 1 and 2 should be filed of Health and Mental Hyg from 27 is marked other other traumatic event,		WI	LLIE FL	EMINGS		3	28	SUTER	RUAL	, BA	L1., M	ARYLAND	(CATO	NSVILLE)#28
ore	00		20a. Method of Dis	position □Cremation 3[	Removel from		Place of Di cemetery,	sposition cremator	(Name of or other pla	ace)	1	Date	20c. Location		
Ē	Pages ment of ant: If Its ury or o			5 Other (Speci		Otato	GARRI	SON	FORES?	T VA	CEM	9-1	7 OWING	SS MIL	LS,MD
Baltimore,	permit. Page Department of Important: If any injury or once.		21. Signature of Fu	ineral Service Lice	nsee/			22. Nan	ne and Addr	ess of Fecil	ity				
ш	80558		▶ UUM	lon lo	AK.			WM	. C. M	MARCHE	H1	101 E	. NORTH	AVE	NUE
			23a. Part1. Enter t shock, or hea	he disease, or con	nplications that of	caused the dee	th. Do not	enter the	mode of dy	ing, such es	s cardiac	or respiretory	arrest,		Approximete Interval Between
	Physician														Onset and Death
-1	/Medical Examiner		tmmediate Cause disease or condition	(Final n	• END-	-STAGE	ATDS								2 YEARS
9	Examiner		resulting In death)		a		or as a con	sequenc	e of):					Ī	2 1.200
	P #5	흩			b. ———									1	
	ertificate be executed ding physician and se as the burial-transit	Examine	Sequentielly list co	nditlons,	170	Due to (	or es a con	sequenc	e of):						
68760,	be ed ician buria		Sequentielly list co if eny, leeding to in cause. Enter Under Cause (Disease or that initiated events	orlying Injury	C									1	
387	phys the	edical	that initiated events resulting in death)			Due to (	or es e con	sequence	of):					į	
×	5 0 6	3			d										
Bo	ires that the death certifice signed by the attending ph d be detached for use as the	by Physician													
O.	the d y the ached	lysi	Part il. Other signif	icant conditions	contributing to d	eath but not re	sulting in th	e underly	ring ceuse gi	iven in Part	I.				the cause of death?
0	that sed b	y P	CACHEXIA	MENINGI	NITIS							11	Yes 2 No	3   Prot	ebly 4 Unknown
Records,	requires een sign hould be	Q P										24a. Wa	s an autopsy	24b. We	ere autopsy findings
00	00	lete										per	formed?	100	allable prior to npletion of cause death?
Re	The law ate has b page 2 s	Completed											Van OMNo		
Viital			25. Was case refer	red to medical						OC Dies	a of Dootl	(Check only	Yes 2,8 No	1	Yes 25 No
>	Physician: this certific	To Be	examiner?		Hospital:	Inpatient 2	] ER/Outpa	tient 3	DOA Ot	hor			sidence 6 Otl	ner /Snecih	1)
of	Phy or this erei d	-	27. Manner of Deat			of injury th, Day Year)	28b. Tim	e of	28c. Inju				how injury occu		7
Division	Attending in deeth.	tio	1 Natural 2 Accident	5 Pending investigation		th, Day Year)	inju	ry N		ork? ]Yes 2.⊑	) No				
S	f or Attendi after deeth. Director: A	ffice	3 ☐ Suicide	6 Could not li	289. Place	of Injury - At h	nome, farm,	, street, fe	ectory, office	ř			(Street and Num	ber or Rura	Route Number,
Ö	o afte	Certification:	4  Homicide		buildi	ng, etc. (Speci	ity)					City or I	own, State)		
	bours mera y fille		29a. Certifier	1X Certifying Pi											
	To the Hospital or Attending Ph Within 24 hours after deeth. To the Funeral Director: After th completely filled in by the funeral	edicai	(Check only one)	2 ☐ Medicai Exa	miner: On the ba	asis of examination of the state of the stat	etion and/o	r investig	etion, in my	opinion, de	ath occurr	ed at the time	, date and place,	and due to	the cause(s)
	To the To the Com	Σ	29b. Signeture and	title of certifier	^		0	60	29c. Licen	se number			29d. Date signe	ed (Month, I	Day, Year)
5			AIA	Me	("	au.	M.	N.	DI	446	18		CED 12	1006	
1	int		30. Name and eddr	ess of person who	completed caus	e of death (Ite	m 23a) (Ty	pe, Print)					SEP 12,	T330	
/	1		AURORA T	AN, M.D.	9600 1	NORTH P	TAIO	ROAD	, FOR	C HOWA	RD.	MARYLA	ND 2105	2	
	Sta		31. Dete filed (Mon	th, Day, Year)	32. F	legistrar's Sign	ature				,				
	Registi	ar	35	1 6 1996	0	widson-7	Janase	2 -							



State of Maryland / Department of Health and Mental Hygiene 96

27410

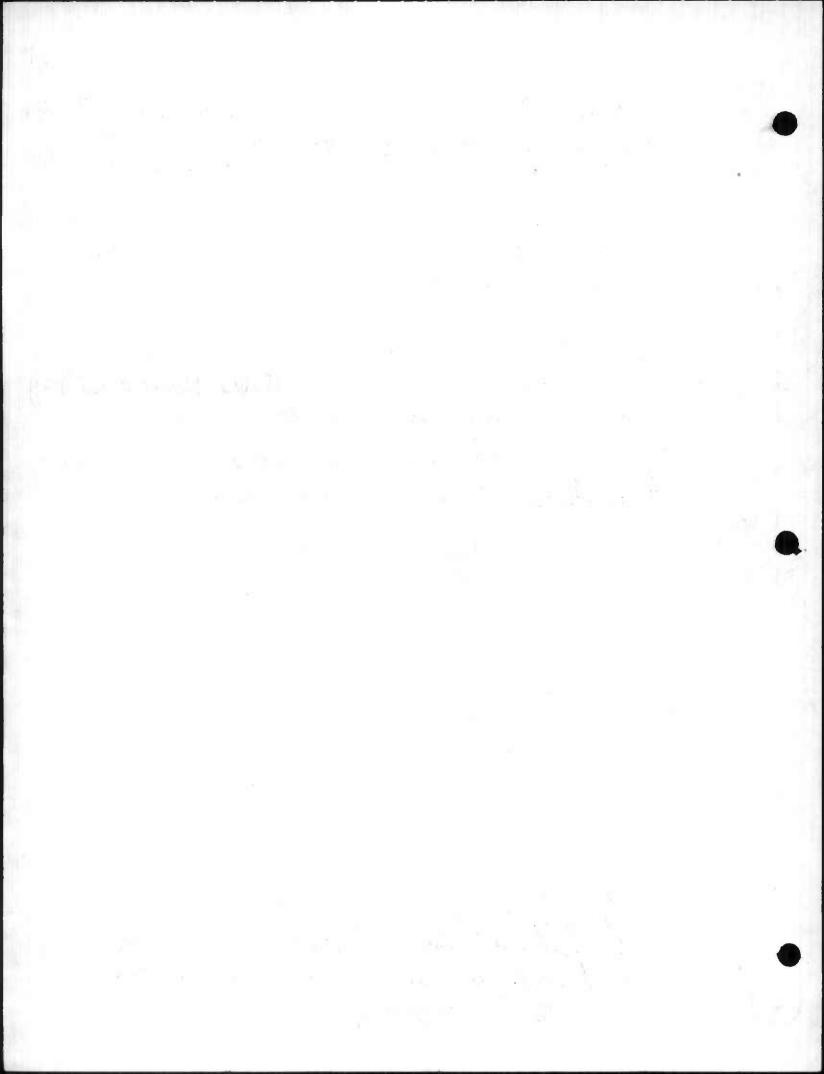
1 Occopied home of first Models Last   1 Occopied not been first Models Last   2 Occopied not been first Models Last   3 That of Colored Note Country   1 Occopied not been first Models Last   3 Occopied not been first Models Last   3 Occopied not been first Models Last   3 Occopied not been first Models Last   3 Occopied not been first Models Last   3 Occopied not been first Models   3 Occopied not been first Models Last   3 Occopied not been first Models   3 Occop					,	Certificate of Dea	ath	Reg. No.	0 6741	O
POWD TO LEAD POWD TO LOCATION OF THE POWD TO LOCATION	г	Physic	an	Decedent's Name (First, Middla, Last)						Death
School State   April						GREEN				AI
South Security Marinary   South Security M	3	Exami	ner			4b. Cit			of Death	
100. Bits and the plants of th			_			and hirthdow) If Under 1 Year   If U	Himore	N/	A	********
Semanting   Conting	Director	,	217-86-2069 10 M 2184	3.	Months Devs Ho	urs Min. 8. Data of (Month,	Dey, Yeer) 3-63	Maryand	Foreign	
Semanting   Conting	how		10a. State 10b. County	10c. City	, Town or Location					
Semanting   Conting	Se-f-s	cto	Md. NIA	130	altimore			1 E Yes 2	t□No	
Semanting   Conting	vith th	Dire	in/		10f. Zip Code	~	10g. Citizen of	What Country?		
Semanting   Conting	s 23	eral		ecodont Ever in III	S 13 Was Dandon of History	o Origin 2 (Conniby Ven or	No. 114 Pag	SQ.		
Semanting   Conting	flar d	Fun	Armed	Forcas?	If Yes, specity Cuban, Me		Bia			
Semanting   Conting	al', o	þ	if Yes,	Give	1 ☐ Yes 2 Ø No Spe	ecify:	Specif	American		
Semanting   Conting	72 ho natur lical	eted		d)	16a. Decedent's Usuai Occupation	most of working	16b. Kind of B	usiness/Industry		
The storm of the s	121	5 \$	mple		-	life. DO NOT usa retired)				
Because of Street and Number of Plants Bayes Name City or Term, State, 20 Code)  196. Informerts Name Classification (1962 Prior)  196. Making Agroess (Street and Number or Plants Bayes Name Plants Code)  196. Making Agroess (Street and Number or Plants Bayes Name Plants Code)  196. Making Agroess (Street and Number or Plants Bayes Name Plants Code)  197. Making Agroess (Street and Number or Plants Bayes Name Plants)  290. Plants of Code of Plants Street on Code of Plants Street On Code of Plants Street on Code of P	2	Hygier ther th		17 Father's Name (First Middlen) act)	<u> </u>	IVEVEL WOLL	Acthor's Name (First Min	Idla Maldan Suman	200	
200. Might of Disposition  1 Official 2 Clickments on 3 Removal from State  2 December of Disposition (Manner of Burnary of Disposition)  2 December of Disposition (Manner of Disposition)  2 December of Disposi	an	d be de de de de de de de de de de de de de	o Be	Chalas		F	Paris B	. /	<i>C</i>	
200. Might of Disposition  1 Official 2 Clickments on 3 Removal from State  2 December of Disposition (Manner of Burnary of Disposition)  2 December of Disposition (Manner of Disposition)  2 December of Disposi	ary	shoul mark	F			19b. Malling Address (Street end N	umbe) or Rural Boute Nu		Stete, Zip Code)	
200. Head of Disposition Of Plane of Disposition Of Disposition Of Plane of Disposition Of Di	Z	CENL		Mrs Berrie Green		1705 Lorman	St. Balt	more m	1. 21217	
Physician   Physic	ore	of Ha of Ha r othw				eca of Disposition (Name of ametery, cremetory or other place).	Pate	20c. Location	City or Town, State	
Physician   Physic	Ë	ment ant: h			M	T. ZION Cemeler	V 9/17/96	Lanso	lowne, Md.	-
Physician (Medical Examinor)  Physic	3all	epart report ny in		21. Signature of Funeral Service Literature	7	22 Name and Address of F	PRUSS for	neral H	one	
Physician (Modical Examiner)    Immediate Cause (Final disease or condition resulting in death)   Immediate Cause (Final disease or condition resulting in death)   Immediate Cause (Final disease or condition resulting in death)   Immediate Cause (Final disease or condition resulting in death)   Immediate Cause (Final disease or condition or resulting in death)   Immediate Cause (Final disease or conditions)   Immediate Cause (Final disease or consequence of);   Immediate Cause (Final disease or consequence of);   Immediate Cause (Final disease or consequence of);   Immediate Cause (Final disease or consequence of);   Immediate Cause (Final disease or consequence of);   Immediate Cause (Final disease or consequence of);   Immediate Cause (Final disease or consequence of);   Immediate Cause (Final disease or consequence of);   Immediate Cause (Final disease or consequence of);   Immediate Cause (Final disease or consequence of);	_	0D = 6 0		Joseph n. Ne	ess	2222 W.n	orth ave.	Balto. n	nd 21216	
Interesting in death)   Interesting in death   Interesting in deat			٠.,	23a. Part. Enter the disease, or complications the	t caused the death n each line.	. Do not entar tha moda of dying, suc	h as cardiac or raspirator	y arrest,	Interval Between	een
Securiting in death   Securiting in death				immediate Cause (Finai		O			Offiset and De	reitri
Source reliably list conditions.  Sequentially list conditions.  Sequentially list conditions.  Sequentially list conditions.  Sequentially list conditions.  Sequentially list conditions.  Sequentially list conditions.  Sequentially list conditions.  Sequentially list conditions.  CARDIOMYPATHY  LUNISNEW  Due to (or es a consequence of):  CARDIOMYPATHY  LUNISNEW  Due to (or es a consequence of):  CARDIOMYPATHY  LUNISNEW  Due to (or es a consequence of):  CARDIOMYPATHY  LUNISNEW  Due to (or es a consequence of):  CARDIOMYPATHY  LUNISNEW  Due to (or es a consequence of):  CARDIOMYPATHY  LUNISNEW  Due to (or es a consequence of):  CARDIOMYPATHY  LUNISNEW  Due to (or es a consequence of):  CARDIOMYPATHY  LUNISNEW  Due to (or es a consequence of):  CARDIOMYPATHY  LUNISNEW  Due to (or es a consequence of):  CARDIOMYPATHY  LUNISNEW  Due to (or es a consequence of):  CARDIOMYPATHY  LUNISNEW  Due to (or es a consequence of):  CARDIOMYPATHY  LUNISNEW  Due to (or es a consequence of):  CARDIOMYPATHY  LUNISNEW  Due to (or es a consequence of):  CARDIOMYPATHY  LUNISNEW  Due to (or es a consequence of):  CARDIOMYPATHYPATHYPATHYPATHYPATHYPATHYPATHYPATH	111			disease or condition	CARD	106ENIC 3	HOCK		1 0-7	
Source reliably list conditions.  Sequentially list conditions.  Sequentially list conditions.  Sequentially list conditions.  Sequentially list conditions.  Sequentially list conditions.  Sequentially list conditions.  Sequentially list conditions.  Sequentially list conditions.  CARDIOMYPATHY  LUNISNEW  Due to (or es a consequence of):  CARDIOMYPATHY  LUNISNEW  Due to (or es a consequence of):  CARDIOMYPATHY  LUNISNEW  Due to (or es a consequence of):  CARDIOMYPATHY  LUNISNEW  Due to (or es a consequence of):  CARDIOMYPATHY  LUNISNEW  Due to (or es a consequence of):  CARDIOMYPATHY  LUNISNEW  Due to (or es a consequence of):  CARDIOMYPATHY  LUNISNEW  Due to (or es a consequence of):  CARDIOMYPATHY  LUNISNEW  Due to (or es a consequence of):  CARDIOMYPATHY  LUNISNEW  Due to (or es a consequence of):  CARDIOMYPATHY  LUNISNEW  Due to (or es a consequence of):  CARDIOMYPATHY  LUNISNEW  Due to (or es a consequence of):  CARDIOMYPATHY  LUNISNEW  Due to (or es a consequence of):  CARDIOMYPATHY  LUNISNEW  Due to (or es a consequence of):  CARDIOMYPATHY  LUNISNEW  Due to (or es a consequence of):  CARDIOMYPATHYPATHYPATHYPATHYPATHYPATHYPATHYPATH	_		ner		CON 61	ESTIVE HEA	ET FAIL	URE	, dan	7
Cause (Disease or Injury Cause (Disease Or Injury Cause (Disease Or Inj		acuted and transi	ami	Sequentially list conditions,	Due to (or	as e consequence of):	,_,,,,			/
d	60,	cian s	E E	rany, leeding to immediate cause. Enter Underlying Cause (Disease or injury	CAT	DIOMYOPA	THY		UNICN	vw.
TNTRA-VENUMS DIZNG A1305E   1   Yes 2   No   1   Yes 2   No   24a. Was an auticpsy performed?   24a. Was an auticpsy performed?   24a. Was an auticpsy performed?   24b. Were autopsy findings available prior to completion of cause of destin?   1   Yes 2   No	587	physic sthe	dic	that initieted events	Due to (or	es a consequenca ot):				
TNTRA-VENUMS DIZNG A1305E   1   Yes 2   No   1   Yes 2   No   24a. Was an auticpsy performed?   24a. Was an auticpsy performed?   24a. Was an auticpsy performed?   24b. Were autopsy findings available prior to completion of cause of destin?   1   Yes 2   No		certif nding use a	2	d						
TNTRA-VENUMS DIZNG A1305E   1   Yes 2   No   1   Yes 2   No   24a. Was an auticpsy performed?   24a. Was an auticpsy performed?   24a. Was an auticpsy performed?   24b. Were autopsy findings available prior to completion of cause of destin?   1   Yes 2   No		deeth atte	icia	Part II Other significant conditions contributing to	death but not resu	Iting in the underlying cause given in I	Part 1 23h F	old tobacco use co	otribute to the cause of	death?
STORY OF THE PROPERTY OF THE P	0.0	by the	hys							
24b. Was an autopay performed?  25c. Was an autopay performed?  25c. Was an autopay performed?  25c. Was an autopay performed?  25c. Was an autopay performed?  25c. Was an autopay performed?  25c. Was an autopay performed?  25c. Was an autopay performed?  25c. Was an autopay performed?  25c. Was an autopay performed?  25c. Was an autopay performed?  25c. Was an autopay performed?  25c. Was an autopay performed?  25c. Was an autopay performed?  25c. Was an autopay performed?  25c. Was an autopay performed?  25c. License number performed?  25c. License number  25c. Signeture and dua to the cause(s) end manner es stated.  25c. Li		es the	by	INTRA-VENOU	AS DIZ	NOT HISUSE				
1   Yes   2  No   2   No   N	ord	een s	ted				24a. V	as an autopsy erformed?	available prior to	
1 Month   1 Mo	Sec	lew ras b	nple						of death?	JSB
1 Month   1 Mo	alF	Pad at		<u> </u>			1	☐ Yas 2 1 No	1 ☐ Yas 2D(N	lo
1 Month   1 Mo	VIE.	sician certifi recto	m	examiner?	4	Other				
State   Stat		Phys this ral d	-	1 1 162 5 TA 140		EH/Outpetient 3LI DOA   41				
29a. Cartifier (Check only one)  29a. Cartifier (Check only one)  29a. Cartifier (Check only one)  29b. Signeture and title of certifier  29c. License number  29c. License number  29c. License number  29d. Date signed (Month, Day, Year)  30. Name end address of person who complated cause of deeth (Item 23e) (Type, Print)  30. Name end address of person who complated cause of deeth (Item 23e) (Type, Print)  31. Data filed (Month, Day, Year)  32. Registrar's Signature	ion	ath. r: Afte e fun	ation		onth, Day Year)		2 □ No			
29a. Cartifier (Check only one)  29a. Cartifier (Check only one)  29a. Cartifier (Check only one)  29b. Signeture and title of certifier  29c. License number  29c. License number  29c. License number  29d. Date signed (Month, Day, Year)  30. Name end address of person who complated cause of deeth (Item 23e) (Type, Print)  30. Name end address of person who complated cause of deeth (Item 23e) (Type, Print)  31. Data filed (Month, Day, Year)  32. Registrar's Signature	Vis	er der rector	tific	determined 200. Fig.	ce of injury - At ho	ma, tarm, street, fectory, offica			per or Rural Routa Number	er,
M.D. D 23300 SEPT 12 1996  30. Name end address of person who completed cause of deeth (Item 23e) (Type, Print) Liberty Medical Central BUDITIR. D. PATEL 3600 Liberty Rd. BAUTO. MD. 21215  State  31. Data filed (Month, Day, Year)  32. Registrar's Signature	Ō	ttal or ral Di								
M.D. D 23300 SEPT 12 1996  30. Name end address of person who completed cause of deeth (Item 23e) (Type, Print) Liberty Medical Central BUDITIR. D. PATEL 3600 Liberty Rd. BAUTO. MD. 21215  State  31. Data filed (Month, Day, Year)  32. Registrar's Signature		he Hosp in 24 hou he Fune pletely fi		(Check only 2 Medical Examiner: On tha	basis of axaminati	rledge, death occurred at the time, da on and/or Invastigation, in my opinion	te end place, end due to death occurred et the tir	the cause(s) end manner, date and piece,	inner es stated. and dua to tha causa(s)	
30. Name end address of person who completed cause of deeth (Item 23e) (Type, Print) Liberty Medical Center & BUDI41R. Dr. PATEL 3600 Liberty Rd. BAUTO. MD., 212,5  State 31. Data filed (Month, Day, Year) 32. Registrar's Signature		of the most	Σ	29b. Signeture and title of certitier	(6)					
30. Name end address of person who completed cause of deeth (Item 23e) (Type, Print) Liberty Medical Center & BUDI41R. Dr. PATEL 3600 Liberty Rd. BAUTO. MD., 212,5  State 31. Data filed (Month, Day, Year) 32. Registrar's Signature		EV		· MAN	22	M.D. D 2:	3300	SEP		
State 31. Data filed (Month, Day, Year) 32. Registrar's Signature	1	L		BUDHIR. D. PA	use of deeth (Item	230) (Type, Print) Liber; 2600 Liber;	Ly hedre	of Cer BALTO.	13, 170, 21:	215
Registral SEP 16 1005		Sta Registr	- 1	31. Data filed (Month, Day, Year) 32. SEP 1 6 1996	Registrar's Signat	de 82				



State of Maryland / Department of Health and Mental Hygiene 0.6

			Certificate of Death		Reg. N	20	2/4/1	
	Physic /Medi Examir	cal	Man I I I I I I I I I I I I I I I I I I I		Dete of Daeth Month Don On of Deeth  46	c. County of Deeth	3. Time of Daath 302 AM	
	Funeral Director		5. Sociel Security Number 6. Sex 7. Age (In yrs. last birthdey) H Under 1 Year II Under 239-60-2730 1 2 F 57 Yrs. Hours	der 24 Hrs. 8. g	Dete of Birth Month, Day, Year	n/ 1939 N. Count	a ece (Stete or Foreign PAROLINA	
	the Maryland 28a-f ehow notified at	or	Usuel Residence of Decedent   10e. Stete   10b. County   10c. City, Town or Location   MD   n/a   BALTIMORE			10	od. Inside City Limits	
	3e or 28a-	Funeral Director	10e. Street and Number 509 HOFFMAN STREET	21202		itizen of Whet Count		
020	filed within 72 hours after death with the Maryland Hygiene. ther than "natural", or items 23e or 28a-f show ont, the Medical Examiner must be notified at	by	1  3		Yes or No- n, etc.)	14. Rece - America Bleck, White, e Specify: BLA	etc.	
21215-0020	filed within 72 ho Hygiene. ther than "nature ent, tre Medical.	Completed	15. Decedent's Education (Specify only highest grede completed)  Elementery/Secondery (0-12)  11 th  16e. Decedent's Usuel Occupetion (Give kind of work done during me life. DO NOT use retired)  LABORER	e during most of working red)			Business/Industry	
Maryland	B B S	To Be	17. Fether's Neme (First, Middle, Last)  18. Mot	other's Name (Fire	st, Middle, Malde	ore Woo	di Gray	
	is 1 and 2 should life. The and Menitem 27 is marker other traumatic		19a. Informent's Neme/Ralationship (Type, Print) 5614 KAVON AVENUE, BALTIMORE, MD, DAVID GR	RAY, 212	ute Number, City 06, DAVI	or Town, State, Zip	Code)	
Baltimore,	Department of Department of Department of Important: If its Examiner of Important: If its Examiner of Opportunity or Opportuni	ler	4 Donation 5 Other (Specify)  21. Signature of Funeral Service License  22. Name end Address of Fectors  WM. C. MARCHF  23a Part 1. Enter the disease, or complication what caused the deeth. Do not anter the mode of dying, such end shock, or heert failure. List only one ceur on each line.  Immediate Causa (Finei disease or condition resulting in deeth)  Due to (or as a consequence of):	FH1101 es cardiec or res	E NOR			
Box 68760,	leath certificate be executed attending physician and for use as the buriel-transit	in/Medical Examiner	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Lest  b. Due to (or es e consequence of):  c. Due to (or es e consequenca of):					
P.O. B	that the death	Physician/M	Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Per				the cause of death?	
	law requires that the death cer as been signed by the attendin 2 should be deteched for use	by	Left Empyema with Drainage and Decort		1 Yes		ably 4 Unknown ra autopsy findings	
Recor	0 - 0	Completed	Bilateral Adreral Apoplexy		performed?	evel com of d	ileble prior to plation of cause eeth?	
Vital	delan: certific rector,	o Be C	exeminer? / Hospital:	ece of Deeth (Ch				
Division of Vital Records,	To the Hospital or Attending Phys within 2 hours effer death. To the Funeral Director: After this completely filled in by the funeral directors.	Certification: To	1   Yes 2   No	28d.	Describe how Inju	and Number or Rural		
		Medical	29e. Certifier (Check only one)  1 Certifying Physicien: To the best of my knowladga, daath occurred at the time, detection one)  2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, date end/manner steter.  29b. Signature end title of certifier  29c. License number	laath occurred at	tha tima, data an	nd piace, and due to	the ceuse(s)	
)	4		30. Nama and eddress of person who completed causa of daath (Item 23a) (Type, Print)  Selven Schwaltz, M.D. Go Makijland  31. Dete filad (Month, Day, Year)  32. Registres Signeture	Gener	Ral Ho	spital		
	Sta Registr		31. Dete filed (Month, Day, Year) SEP 1 6 1996 32 Registres Signeture Rendered					

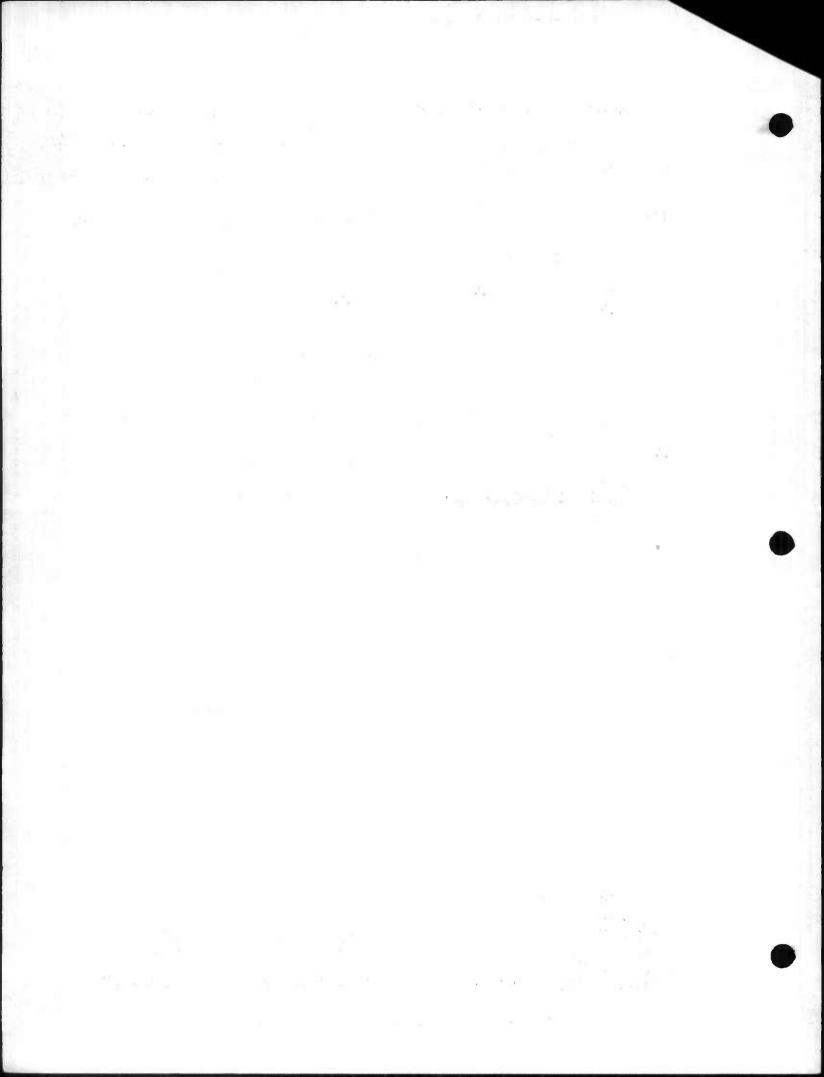
DHMH 16 Rev 6/95



# Item4c 9-16-96 Film6739 W.H.Per F'/h Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96

						Cert	ificate of	Death		Reg. No.		5 J 4 5 hom
nı	avolei.	200	1. Decedant's Name (First, Middla, La						2. Date of D		Yaar	3. Tima of Death
	nysici: Medic		HENRY	V GRA	PHAM				09	12	-96	1806
	xamin		4a. Facility Nama (If not institution, giv	a street and number)				4b. City, Town, or I	Location of Des	ith 4c. County	of Death	N/A
			Sinai Ho:				T	Dulte	nire	7	all	- City
	neral		5. Social Security Number 6. S	x 7. Aga D→M 2□ F	(In yrs. last b		If Undar 1 Yaar Months Days		8. Data of B (Month, L	irth Day, Year)	9. Birth	placa (Stata or Foreign
Dire	ector		017-17-7027	201	16	Yrs.			05-	21-20		RGINÍA
Pue 3			Usual Rasidence of Decedant  10a. Stata 10b. County		10c. City, Tox	wn or Loca	ation				T	10d. Inside City Limits
Mery	a pai	0	10a. Stata 10b. County n/a			ВА	ALTIMO	RE				Yas 2□No
the st	notif	Director	10e. Street and Number				10f. Zip Coda			10g. Citizan of N	What Co.	
5-0020 72 hours after deeth with the Meryland	edical Examiner must be notified at		3212 DORINT	UVN DOVD			212	015				
deeth	TUN	Funeral	11. Marital Status	12. Was Decedant E	var in U,S.	13. W		とエフ Hispanic Origin? (S en, Mexican, Puart	pecify Yas or N	U.S.OF		icen Indian,
0 # #	e l		1 Never Married 2 Married	Armed Forces? 1 ☐ Yas 2 🗷 No	0				o Rican, etc.)		ck, White	
002 urs s	ă	by	3 ☐ Widowed 4 Divorced	If Yas, Give Yaar or Datas:		11	□Yas 2NNo	Specify:		Specify	BL.	ACK
5-0 72 he	Scal	Completed	15. Decedant's Ed (Specify only highast gra	ducation	166	a. Decede	nt's Usuai Occu	pation	tina	16b. Kind of B	usinass/l	ndustry
•	Mes	nple	Eiemantary/Seçondary (0-12)	College (1-4or 54	+)			during most of wor	King			
d 2121 filed within Hygiene.	#	Co	n/A		W	TRE	MILL N			STEEL		L
De fil	<b>^</b>	Be	17. Fathar's Name (First, Middle, Last, JEREMIAH GRAH.							a, Ma <i>idan Suma</i> n	na)	
arylan should be nd Mentel	natic	2							E WIL			
Maryland d2 should be file h end Mentel Hy Z is marked othy	any injury or other traumatic event, the Monice.		19a. Informant's Name/Raiationship ( MR. EWELL GRAH)					ian <i>d N</i> um <i>ber or R</i> u IAN ROAL		-		
1 end Heelth	ther		20a. Method of Disposition	Ari, SK.	1		DUKLLI tion (Name of	IAN KUAL	Data	TO., MD.	Chy or I	ZIJ
timore,  . Peges 1 er tment of Hee	0		Buriai 2 Cremation 3 Donation 5 Other (Specific	Ramovai from Stata	cemate	ary, crama	atory or other pla			200. Location	City of	own, State BALTO
Itin	cale.			A second second					1//96	BALTIM	ORE	,MD. CO.
Balti permit. Departm	eny ir		21. Signature of Funesal Service Licer	-01	-		Name and Addre	CT CT	IVNIN E	TMEDAT	НОМ	E 21215
			23a. Part1. Entar tha diseasa, or com shock, or heart failure. List only	Levyns	U		4517	PARK I	EIGHT	SAVE.	BAI.	$\frac{E}{E} = \frac{21215}{E}$
5 17-3			23a. Part1. Entar tha diseasa, or com shock, or heart failure. List only	plications the caused to ona caused mach line	tha daath. Do	not antar	tha mode of dyl	ng, such as cardiad	or respiratory	arrest,		Approximate Interval Between
Physi /Med	_		immediata Causa (Finai		14		Λ.	L -			- 1	Onset and Death
Exam	_		disaase or condition resulting in daath)	a	anti	cula	- trop	Thma				Mountes
2 5 3		6			Due to (or as a	consequ	ance of):	,				" D b
petn F	ansit	Examiner		b. CH	F		· · · · · · · · · · · · · · · · · · ·				<u> </u>	MONTHS TY
C 68760, ortificate be executed no physician and	s the buriel-transit	Exa	Sequantially ilst conditions, if any, leading to immediate cause. Enter Underlying	Λ.4	Dua to (or as a	conseque	ence or):	1				11
68760 ficete be e	Ing e	edical	that initiated evants	c. / VI	ua to (or as a	conseque	loca off					years
<u> </u>	th se e	P P	rasulting in death) Last	· ·	da to joi as a	Coriseque	silve oi).					
BOX eeth cert	esn	M		d								
equires that the death ce	be deteched for us	Physician/	Part il. Other significant conditions o	ontributing to death but	not rasulting	in the und	larivino causa oi	ven in Part I.	23b. Die	i tobacco use co	ntribute	to the cause of death?
D et to	teche	, h	0-1-1	1.10		.(				Yes 2 No	3 □ Pro	V
S the	ep ec	by F	Conder	ive 14	ortp	2/47						
equires the			want so	act.	1	,	1011	A 5 0		s an autopsy formed?	24b. V	Vere autopsy findings vailable prior to
a De Co	2 sh	plet	recent of	as a w	huno.	W	20n	1-10	per	ioiiiieo r	C	ompletion of cause f death?
F 7 2	900	Completed							10	Yas 2000	1	UVAs 2□ No
E P	tor, s	Bec	25. Was case refarred to medical					26. Place of Dea	ath (Check only	/0		
Physici this ce	direc	10	axaminer? 1 <b>%</b> Yas 2 □ No	Hospitai: 1 ☐ inpatian	t 2 FFVO	utpatlant	3□ DOA Oti	har:		sidance 6 Oth	ar (Spec	ify)
on of ding Phys h. After this			27. Mannar of Death	28a. Date of injury (Month, Day	(Year) 28b.	Tima of Injury	28c. inju Wo			how injury occur		
DIVISION  or Attending after death. Director: After	he fu	Certification:	1 Natural 5 Pending (Month, Day Year) Injury Work? 2 Accident invastigation M 1 Yes 2 No									
DIVISION ARTENICATE ARTENICATE DIFFECTOR:	in by the	1	3 Suicida 6 Could not be datarmined 28a. Place of injury - At homa, farm, straat, factory, office building, atc. (Specify) 281. Location (Street and Number of Duilding, atc. (Specify) 281. Location (Street and Number of Duilding, atc. (Specify) 281. Location (Street and Number of Duilding, atc. (Specify) 282. Location (Street and Number of Duilding, atc. (Specify) 283. Location (Street and Number of Duilding, atc. (Specify) 284. Location (Street and Number of Duilding, atc. (Specify) 285. Location (Street and Number of Duilding, atc. (Specify) 285. Location (Street and Number of Duilding, atc. (Specify) 285. Location (Street and Number of Duilding, atc. (Specify) 285. Location (Street and Number of Duilding) 285. Location (Street and Number of Duil							er or Ru	ral Routa Number,	
그 기 등 등 등	led in											
To the Hospital within 24 hours a To the Funeral	completely filled	edicai	(Check only 2 Madical Exam	yelclan: To the best of a liner: On the besis of a	my knowladg	a, daath d	occurred at tha ti	ma, data and piace	, and dua to the	a causa(s) and ma	anner as	stated. to the cause(s)
\$ in the	eldm	Z P	U(U)	and mannar state	ad.						-	
₽₹₽	8		29b. Signature and title of destifier	and title of defifier 29c. License number 29d. Date signed Mont						, Day, Year)		
	\						1	1112		110,	176	
1	1		30. Name and address of person who	completed causa of date	ath (item 23a)		rint)	Oldco	TOI	0-6	7-7	2 /2 2/0
V			31. Date filad (Month, Day, Year)	22 Boolets		•	1000	CICK COL	WI NO!	SUNK	303	1 100
Re	Stat gistra		SEP 1 6 1991	32. Registrar								
DUMMI 40 TO			001 1 0 1930	grave was	nelson Ra	Adams.						



03

31. Date filed (Month, Day, Year)

DAVID R. FOWLER

SEP 1 6 1996

111 Penn Street, Baltimore, Maryland 21201
32. Registrar's Signature

30. Name end address of person who completed cause of deeth (Item 23a) (Type, Print)

State



96-4400-033

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

ITEMS: 23 PART I, 27, 28a-f,

PER MED FILM G-739 9/16/96 t.t

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

27414

3. Time of the

10d. Inside City Limits

Approximate intervel Between Onset and Deail

1XX Xes 2 □ No

Physician	
/Medical	
Examiner	ı

1. Decedent's Neme (First, Middle, Last) MICHAEL **JOHNSON** 

2. Date of Death

1996 2:08P.M.

**Funeral** 

Director

Director the Maryland 28a-f show "natural", or items 23a or 28a-f show Funeral

filed within 72 hours after death The Medical Hygiene. . Pages 1 and 2 should be filed w tment of Heeith and Mental Hygien tant: If Item 27 is marked other th jury or other traumatic event, In

21215-0020

Baltimore, Maryland

Physician /Medical Examiner

The law requires that the death certificate be executed and bunial-tran Box 68760 physician the USB BSU P.0. s been signed by t should be detact Records, certificate has Division of Vital Attanding Physician: at or Attanding Physics after death.

I Director: After this ad in by the funaral di After this

Be Department of Important: If any Injury or Once. Physician/Medical by Completed Be 2 Certification: To the Hospital or within 24 hours at To the Funeral D Medical

AUGUST 4a. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth PRINCE GEORGES HOSPITAL CENTER CHEVERLY PRINCE GEORGES 5. Social Security Number If Under 1 Year If Under 24 Hrs. 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) Deys Hours 1€MM 2□ F 578-86-2046 37 Yrs. 10/17/57 Bethesda, MD Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location MD Prince George Bladensburg, 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 20772 USA 5200 Qunicy Street 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 基②No If Yes, Give Year or Daies: Was Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black. White, etc. 1 Never Married 2 Married Specify: African-Amer 1 ☐ Yes 2 X No Specify: by 3 ☐ Widowed 4 ☐ Divorcad Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) Carpetry Laborer lyear 17. Father's Name (First Middle Last) 18. Mother's Name (First, Middle, Malden Sumame) David Johnson, Sr Eunice Pearson 19a. informant's Name/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3803 Windom Road Brentwood, Md 20772 EUnice P. Johnson(mother) 20a. Method of Disposition 20b. Placa of Disposition (Name of cemetery, cremetory or other placa) 20c. Location - City or Town, State 1 Hurial 2 □ Cremation 3 □ Removel from State Wash. DC Glenwood MemorialCem. 8/11/96 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral 9 nXce Licensee Dunn and Son Funeral Home 5635 Eads St. NE DC 20019 Wash. 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. immediate Ceuse (Finai ACUTE NARCOTIC INTOXICATION disease or condition resulting in death) Due to (or as a consequenca of): Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lest Due to (or as a consequence of): Due to (or as a consequenca of): Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributa to the cause of death? 3 Probably 4⊠Unknown 1 Yes 2 No 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? 1/2 Yes 25. Was case referred to medical

1 Yes 2 No 27. Manner of Death 1 Naturai 2 Accident

5 Pending investigation Could not be determined

28a. Date of injury (Month, Day Year) FOUND 8-5-96 1:50 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)
FOUND IN BATHROOM

Hospital: 1 ☐ Inpatient 2 【XER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residenca 6 Other (Specify) 28c. Injury at Work? FOUNDYAT PM

1XXYes 2 No

28d. Describe how injury occurred UNKNOWN

26. Place of Death (Check only one)

28f. Location (Street and Number of Rural Route Number, City of Town, State) 2805 OLIVE STREET CAPITOL HEIGHTS, MD.

29a. Certifier

3 Suicide

4 Homicide

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 Medicat Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated. 29c. License number 29d. Dete signed (Month, Day, Year)

29b. Signeture and title of certifier

O.C.M.E.

10 Yes

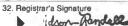
2 \ No

30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Dennis J-

111 Penn Street, Baltimore, Maryland 21201

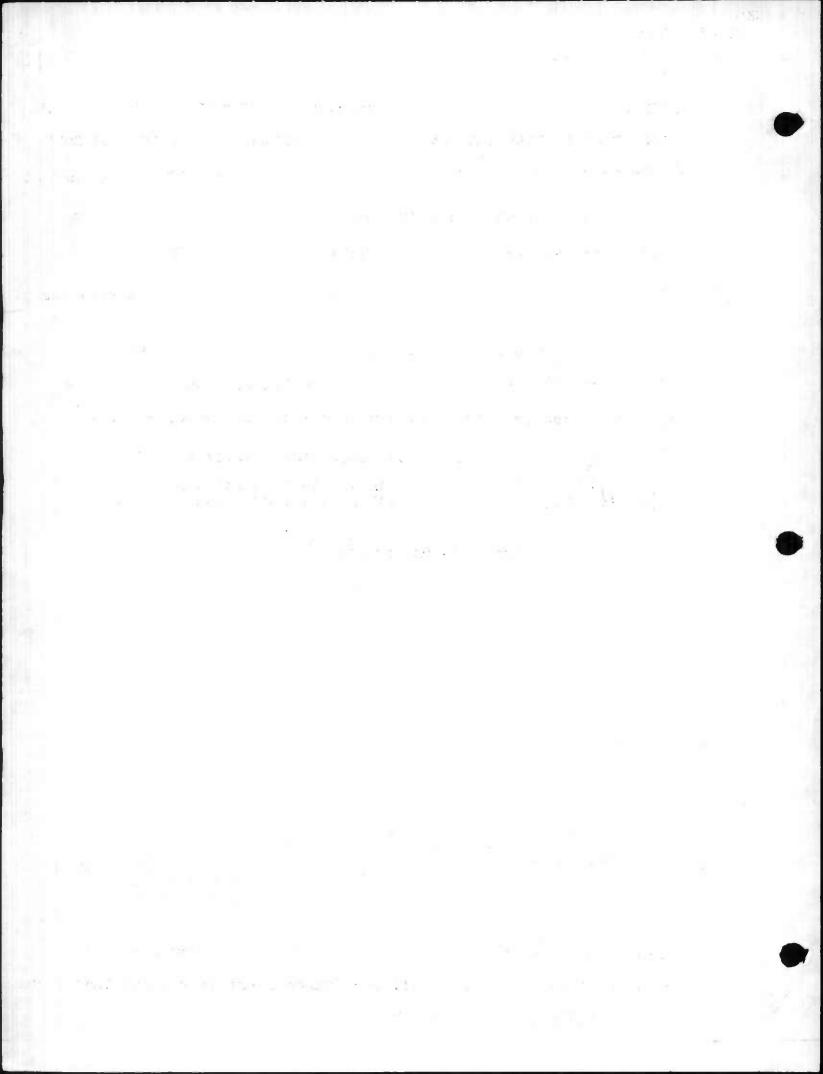
State Registrar

31. Date filed (Month, Day, Year) SEP 1 6 1996



**DHMH 16 Rev 6/95** 

AUGUST 6,1996



Control of the contro

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

1	-	STATE REGISTRAR

### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	RTIF	<b>ICAT</b>	E OF	DEATH		REC	G. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)							2. [	DATE OF DE	ATH			3. TIME OF DE	ATH
	GEORGE W.	JONES						15"	EDT,	DA (		96	105	PM
		5. SEX 6.	AGE (In yrs. lasi	t birthday)		ER 1 YEAR	IF UNDER 24 HRS.	. 7. 0	ATE OF BIR			8. BIRTH	IPLACE (State or	Foreign
	403-36-6713	1 K M 2 🗆 F	69	YRS.	MONTHS	DAYS	HOURS MIN.	Νő	Month, Day, 1	ł. 1	.926	Ker	ntucky	
	9a. FACILITY NAME (If not institution, give street	et end number)			9b. Cr	ry, town o	R LOCATION OF					INTY OF D		
8	Mercy Hospital				В	altir	nore Cit	ty			N/	/A		
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY													
2				l .		OR LOCAT							10d. INSIDE CIT	TY
	Maryland N/A				ват	timo							1 XXVES 2	
ᇫ	924 S. Decker Ave					101	ZIP CODE	N.					VHAT COUNTRY?	
岁							2122					S.A.		
BY FUNERAL	11. MARITAL STATUS  1 Never Married 2 Merried	12. WAS DECEDENT EV FORCES? 1	YES 2 N	MED IO	15	If yes, sp	ENDENT OF HISP ecify Cuban, Mexi	ANIC OF	RIOIN? (Spec erto Rican, a	olfy Yes	or No-	14. RACI Black	- American Inc.	ilen,
≽	3 Widowed 4 Divorced	Korean		0+			2 NO Spec			,		Speci	White	
	15. DECEDENT'S EDUCA				HALISH	OCCUPATIO	NAM .		16b, KIND	OF BUILD	IMEGG (IN)			
COMPLETED	(Specify only highest grade co	ompleted)	(G/	ve kind of v	work don	e during mo	st of working		100, KIND	Or BUS	IME 29/IMI	DUSTRY		
2	9	College (1-4 or 5+)	1 1	nspe	ecto	r			Δ11+	OMO	tive	,		
§ ∣	17. FATHER'S NAME (First, Middle, Last)			пърс		_	18. MOTHER'S N	VAME /E				-		
Ö	Ophelia Jones						Maggie			vieliuoii s	surreme)			
8	19a. INFORMANT'S NAME (Type/Print)		196	. MAILING	ADDRE	SS (Street a		al Route Number, City or Town, State, Zip Code					223	100
2	Edward P. Tooma, J	r.						Drive, Apt. G, Al						
	20a. METHOD OF DISPOSITION		20b.PLACEA		_						G, Alexandria, VA			
	1X Burial 2 ☐ Cremation 3 ☐ Remove 4 ☐ Denation 6 ☐ Other (Specify)	al from State	cemetery cres	matory or o	ther plant	o l		1						
		NSEE	11011,	1111	22	CIIIOT I	D ADDRESS OF I	FACILITY	AT)	Dal	LIMC	re.	MID	
	Holly Hill Memorial Park 9-13 Baltimore, Matthews Funeral Home													
_	Unn X. A	atche	w	3021 Eastern Ave., Baltimore, MD 2										
	shock, or heart failure. Lie	mplications that ca at only one cause (	ueed the dea on each iine.	ath. Dor	101 ente	er the mo	de of dying, su	ich aa	cardisc or	respir	story ar	rest,	Approxim	
													Onset sr	
													3 d	ay s
					,	1 0								
	Sequentially list conditions, b.	Myaca DUE TO (OR	45 4 CONSES	J.	far	chon							4 99	Me
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	0-06-1	L	1 L	- L	E.	1.00						1-1	
음	CAUSE (Disease or Injury that initiated events	Congo	AS A CONSEO	UENCE OF	F):	1 2	cijore						50	ays
	resulting in death) LAST				,								j	
벙	0.													
4	PART II. Other algnificant conditions	contributing to dee	th but not re	suiting	in the u	ınderiying	ceuse given i	n Part		AS AN	WED?	24b.	WERE AUTOPSY	
DICAL	Denentia									YES 2			COMPLETION OF OF DEATH?	
ME													1   YES 2	NO
	DID TOBACCO USE CONTRI	BUTE TO CAUS	E OF DEAT	TH YE	S 🗆	NO [	UNCERTA	IN E	<u> </u>					
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HQSPITAL:	26. PLACI	E OF DEAT		k only one)								
PHYSICIAN:	1 YES 2 NO	Inpatient 2 - ER	Outpatient 3	□ DOA:	OTHE 4 □ No		6 - Realdence	6 🗆 6	Other (Specif	(y)				
E	27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF INJU		28b. TIM	E OF URY	28c. INJI WO	JRY AT RK?	28d.	DESCRIBE	HOW IN	JURY OC	CURED		
E I	1 X Natural 5 Pending 2 Accident investigation				М		ES 2 NO							
- 1	3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF IN. building, atc.	IURY — At hor (Specify)	ne, farm, s	street, fa	ctory, office		28f.	LOCATION (	Street ar	nd Number	r or Runsi F	loute Number,	
														_
COMPLETED	29a. CERTIFIER 1 CERTIFYINO PHYSICIA	AN: To the best of my i	nowledge, das	nth occurre	ed at the	time, date	end place, and de	ue to the	Cause(a) ar	nd menr	ner aa ste	ted.		
5(	2 MEDICAL EXAMINER:												and menner ea	stated.
	190 SIGNATURE AND TITLE OF CERTIFIER						29c. LICENSE NI	UMBER			29d, DAT	E SIGNED	(Month, Day, Year,	)
#	J Mules	w						38675 1911/96						
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	F DEATH (ITEM	1 27) (Type,	Print)			·				. ( , ,	1.0	
	VIOEL MESH	MANU	1147	SHA	nu f	VER	55	RA	LTIMO	11		0	21230	
İ	31. DATE FILED THE POT YOUR 1996	32 REGISTRAN'S			,, 40			SA	CIINIC	JICE		1/	-1270	
	2EL T P 199P	Jana Krus	ason-Na	fandell										

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 2. Dete of Deeth 3. Time of Deeth

Month

Year

**Physician** /Medical Examiner 1. Decedent's Neme (First, Middle, Last)

**Funeral** Director

the Maryland II. Pages 1 and 2 should be filed within 72 hours after death with the Manylan imment of Health and Mental hygiene. Interest if length 23a or 28a-f show trans II length 27 is marked other than "naturat", or itama 23a or 28a-f show in your or other traumatic avant, the Medical Examines must be notified as fully no other traumatic avant, the Medical Examines must be notified as

Baltimore, Maryland 21215-0020

**Physician** /Medical Examiner

sician and burial-transit physician s the burial Box 68760 89 ò P.O. Ž been signed t Records, certificate Division of Vital Hospital or Attending Physician: 24 hours after death. this funeral After To the Hospital or Attend within 24 hours after death To the Funeral Director: illed in by

Dev BETTY **JACKSON** SEPTEMBER 11,1996 3:45PM 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death SAINT JOSEPH MEDICAL CENTER TOWSON, MARYLAND BALTIMORE If Under 1 Yeer | If Under 24 Hrs. | Months | Deys | Hours | Min. 5. Sociel Security Number 6. Dete of Birth Month, Day, Year, JAN. 1, 1916 PENNSYLVANIA 7. Age (In yrs. lest birthdey) 9. Birthplece (State or Foreign 1□M 2**X**)F 219-01-7858 Yrs Usual Residence of Decedent 10a Stete 10h County 10c. City, Town or Location 10d. Inside City Limits 1X Yas 2□ No BALTIMORE CITY Directo N/A MARYLAND 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? USA. 3002 HOWARD PARK AVENUE 21207 Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. 1 Never Merried 2 Merried 1 ☐ Yes 2 No if Yes, Give Yeer or Detes: 1 Yes 2 No Specify: Specify: BLACK þ 3 ☐ Widowed 4 ☐ Divorced 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) OWN HOME HOMEMAKER 12 GRADE 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Malden Sumame) WILLIAMS LAVINIA WILLIAM STEWART 19a. Interment's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rurel Route Number, City or Town, Stete, Zip Code) 7103 MINNA ROAD, BALTIMORE, MARYLAND 21207 **GERALD JACKSON** 20e. Method of Disposition

1 Burlel 2 Cremetion 3 Removel trom Stete 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete GARRISON FOREST CEMETERY 9-17-96 OWINGS MILLS, MD. 4 Donetlon 5 ☐ Other (Specify) ature of Funeral Service Licensee 21. Sig JOSEPHO H. HOME, P.A. FUNERAL HOME, P.A. 2140 NORTH FULTON AVENUE, BALTIMORE, MD. 21217 ter the discuse, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, heart failure. List only one cause on each line. Approximete Intervel Between Onset end Deeth ate Ceuse (Finel SUSPECTED PULMONARY EMBOLISM 1-2 DAYS diseese or condition resulting in deeth) Due to (or as e consequence ot) CARCINOMA OF THE COLON WITH LUNG METASTASES 7 YEARS Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest Due to (or es e consequence of) Physician/Medical Due to (or es e consequence of) Pert tl. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown by 24b. Were eutopsy findings avellable prior to completion of cause of deeth? Completed 24e. Wes an eutopsy performed? 2 No 1 ☐ Yes 2 No 25. Wes cese referred to medical 26. Place of Deeth (Check only one) exeminer? Hospitel: 1 Inpatient 2 ☐ ER/Outpatlent 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28a. Dete of Injury (Month, Dey Year) 27. Manner of Death Certification: 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 1 Neturel 5 Pending 1 ☐ Yes 2 ☐ No investigation 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Plece of Injury - At home, term, street, tectory, office building, etc. (Specify) 28t. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 12 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Madical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. Medicai 29a, Certifier 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) D10091

ARTHUR A. SERPICK, M.D., 7620 YORK ROAD, TOWSON, MARYLAND 21204

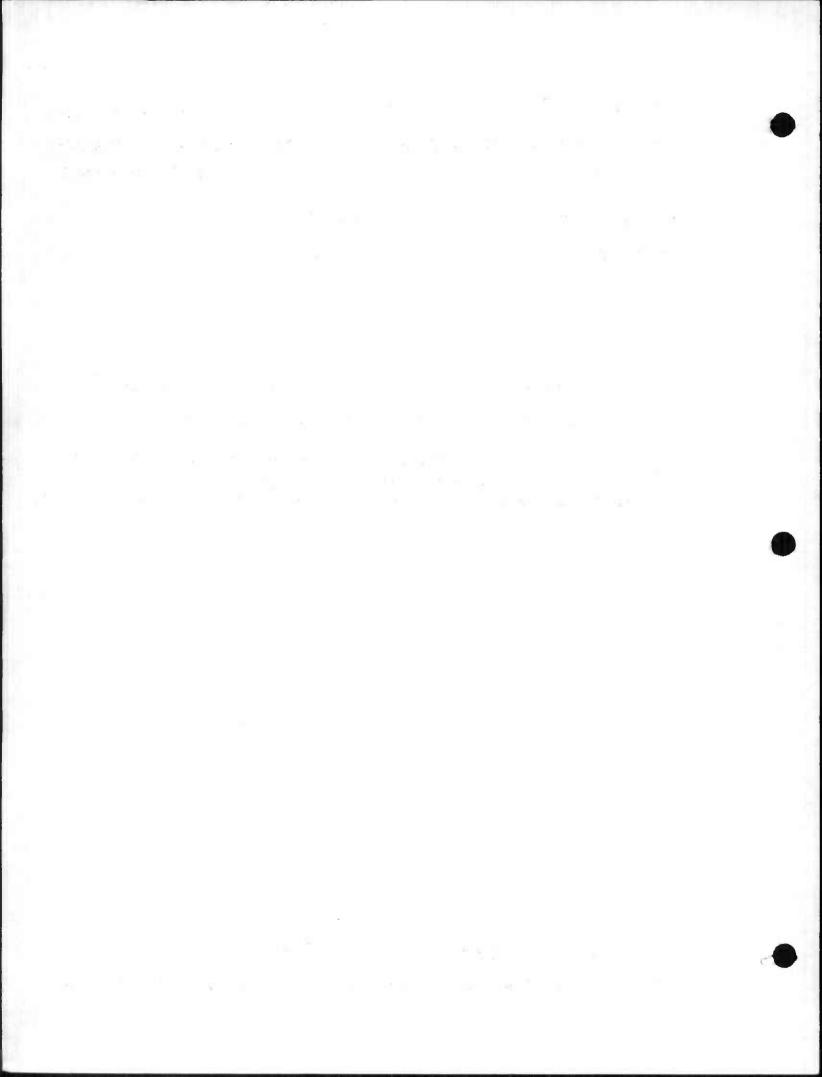
State Registrar

31. Dete tiled (Month, Day, Year)

SEP 1 6 1996

30. Name and eddress of person who completed cause of death (Item 23e) (Type, Print)

22. Registrar's Signature



State of Maryland / Department of Health and Mental Hygiene

•	0	7	1	E	0
	6		4	1	O

					Certifica	ate of	Death		Reg. No.		
Physicia /Medic		1. Decedent's Nema (First, Middla, L LYD/A	ast)		KEL	4		2. Date of E Month SEPTEM	Day	Yaar 1996	3. Tima of Death
Examin		4a. Facility Nama (If not Institution, g	ive street end number North Arui		nital		4b. City, Town, o		4c. County Anne	y of Death	del
Funeral Director		212-16-3828		ge (In yrs. last bi	•	der 1 Year ns Days	If Undar 24 Hi	s. 8. Dete of E	lirth Day, Year)	9. Birthpi	laca (State or Foreig enna .
show	7	Usuel Residence of Decedant  10a. Stata 10b. County  Md Anne A	oundo l	10c. City, Tow		21 on	Burnie			10	0d. Inside City Limit
with the Marylan  or 28a-f show  be notified st	Director	10e. Street and Number		27.0		Zip Coda	21061		10g. Citizen of		itry?
or Herra 23	by Funeral	11. Merital Stetua  1 Never Married 2 Merried 3 🕱 Widowed 4 Divorced	Leisure L  12. Was Decedant Armed Forces 1 Tyas 2 X If Yas, Giva Yeer or Datas:	t Ever in U,S. ? [No		cedant of h pecity Cub 2 X No	Hispenic Origin? en, Maxican, Pus	(Specify Yas or Nation Rican, etc.)	United  Io- 14. Rec Bla  Specifi	ce - Amarica ck, Whita,	an Indian,
inin /2 hours e. an "natural" Medical Ex	Completed !	15. Decedant's I (Specify only highast g Elemantary/Secondery (0-12)	Education	16e			pation during most of w	rorking	16b. Kind of B	Busineas/Ind	
4 d in 9	Be	6 17. Fathar's Nama (First, Middle, Las		govt	Home	naker	18. Mother's N		OWN H		
h and h and h and h and h	To	19a. Informent'a Neme/Ralationship Mabel V. Morr	(Type, Print)		o. Malling Addr			Rural Routa Num	rison ber, City or Town rnie, Md		
rages and nent of Health int: If Nem 27 iry or other tr		20e. Method of Disposition  1 🔀 Burlai 2 □ Cramation 3    4 □ Donation 5 □ Other (Spec	Removel from State	20b. Place o cemata	of Disposition (I	lama of or othar ple		Date	20c. Location Baltim	- City or To	
Department Important: Has any Injury o		21. Signature of Funerel Sarvice Library	Milton J	Knight J	r 22. Name	end Addra	ass of Facility	Leonard	J. Ruck ore, Mar	, Inc	
hysician /Medical Examiner		23a. Part1. Enter the disease, or conshock, or heert failure. List all immediate Cause (Final disease or condition resulting in death)			BOWEL	/	ng, such as cardi		arrast,		Approximete Interval Between Onsat and Death
drig physicia se as the bur	Med	Sequantially list conditions, if any, laeding to immediate causa. Enter Underlying Cause (Disasse or Injury that initiated events resulting in deeth) Last	0.	Dua to (or es a	BOWEL	of);	GANG. VOLUB				< 1HR < 2HRs
by the attentation to the transfer of the tran	Physician	Part II. Other significant conditions	contributing to death i	but not resulting i	n tha underlyin	g causa gh	ven in Part I.		d tobacco use co		the cause of death
5.2	Completed by F							24a. Wa	s an autopsy tormed?	ava	ara autopsy findings allable prior to mpletion of cause death?
		25. Was casa refarred to medical							Yas 200 No		Yas 200 No
40	Certification: To Be	axaminar?  1	be 28e. Piece of in	ury 28b.	Tima of Injury M	28c. Inju Wo	har: 4□ Nursing	28d. Dascrib	sidence 8 Otto be how injury occur  (Street and Num. own, State)	rred	
al Direction of the control of the c		29a. Certifiar 1 Certifying P	hysician: To the best	of my knowledge of axaminetion en	a, daath occurr	ed at tha ti	ma, data end pia	ce, and dua to th		annar as st	lated. the cause(s)
funer Funer lely fill	2	(Check only 2 Medical Exa			IOO IIIVestigati						
n 24 hou	Medical	(Check only 2 Medical Example)  29b. Signature and title of cartifiar  Add ward David	end mannar si			20a Licens	se number	/	29d. Deta signe		

Registrar

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** FRANCIS KEARNEY September 13, 1996 4:50 pm /Medical 4e. Facility Name (If not institution, give street end number) 4b. City. Town, or Location of Death 4c. County of Death Examiner Hospice (ARis If Under 24 Hrs. 8. Dete of Birth Hours Min. (Month, Day, BALTIMORE SIELLA 7. Age (In yrs. last birthday) If Under 1 Yeer Months Deys 5. Social Security Number 9. Birthplace (State or Foreign Country) **Funeral 125** M 2□ F 217 18 9398 Yrs Director DARYLAND bv.16 Usual Residence of Decedent the Maryland 10a State 10b. County 10c. City, Town or Location 10d. inside City Limits 7 is marked other than "natural", or items 23s or 28s-f shot traumetic event, the Medical Exerciting that be motified as 1 ☐ Yes ZNo Director BALTIMORE BRYLAGE limorium 10e. Street and Number 10f. Zlp Code 10g. Citizen of What Country? 2 KILGLAS # 303 OURT 21093 U.S.A Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. 11. Meritel Stelus 72 hours after Yes 2 No If Yes, Give Yeer or Dates: Wall 1 ☐ Never Married 200 Married Baltimore, Maryland 21215-0020 Specify: WHITE 1 ☐ Yes 2 No Specify: p 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life, DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry MARYLAND permit. Pages 1 and 2 should be filed within 7 Department of Health and Mental Hygiene. Important: If item 27 is marked other than \*n any figury or other traumatic event, me Med 2000s. College (1-4or 5+) Elementary/Secondary (0-12) CASUALTY 127RS. 5 G A1 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) FRANCIS EARNSY MAKZL 22,100 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2003 2 KILGLAS ELIZABETH KLARNLY MARYLAGO LT: #303 limonium 20b. Place of Disposition (Name of cemetery, crematory or other plece) 20c. Location - City or Town, State 20a. Method of Disposition Dele 7922 Burial 2 Cremation 3 Removel from Stele 4 ☐ Donation 5 ☐ Other (Specify) GARRISON FOREST 119 1001 GARRISON Mure of Funeral Service Lig 22. Name and Address of Fecility CF CHIMES ROAD 2325 YORK 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. - limoniur Approximate Interval Between Onset and Death **Physician** /Medical Immediate Cause (Finel disease or condition resulting in death) Examiner Due to (or as a consequenca of) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lesi Brid Due to (or as a consequence of) Box 68760. physician 3 Physician/Medical å Due to (or as a consequenca of): # attending Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? Division of Vital Records, P.O. 1 Yes 20 No ď 3 Probably 4 Unknown Bone Metastases signed the det à 24a. Was an autopsy performed? 24b. Were autopsy findings available prior to completion of cause of death? Completed page 2 20 No 1 ☐ Yes 2 ☐ No 25. Was case referred to medical examiner?
1 Yes 2 No Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Nother (Specify) HOSPICE 2 1 Inpatient 2 ER/Outpatient 3 DOA 결 28a. Date of Injury (Month, Day Year) 27. Manner of Death Certification: 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred Allar Natural 2 Accident 5 Pending Investigation ours after dea.

V Director: A

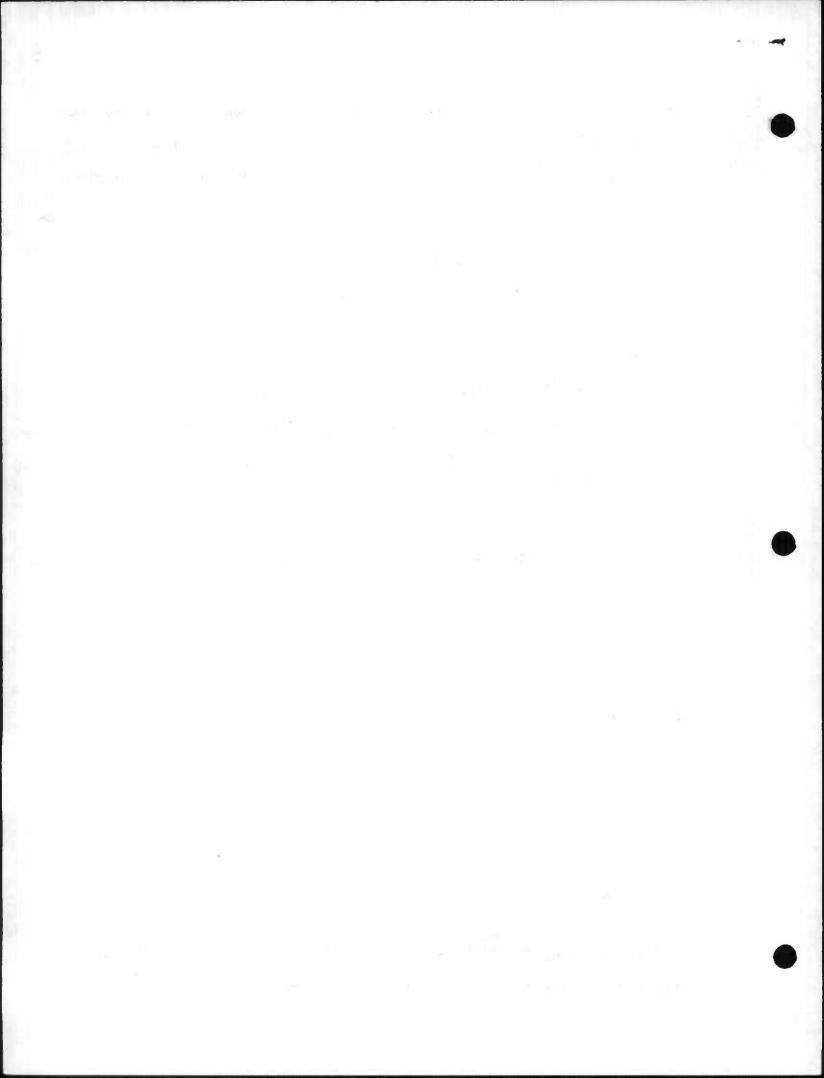
'n by P death. 1 Yes 2 No 281. Location (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide Hospital of Funeral Medical 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and placa, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated. 29a, Certifier in 24 29b. Signeture and title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) aul buen 96

State Registrar

31. Dete filed (Month, Day, Year)

1 6 1996

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)



State of Maryland / Department of Health and Mental Hygiene

27420

						C	ertificate o	f Death	7	F	Reg. No.	50	G. 1 1 2 0
	Physic	ian	Decedent's Name (First, Midd							2. Date of Dea	ith	~ Xeer	3. Time of Deeth
	/Medi			ck M. Korma						Sept.	14 <sup>Pay</sup> 19	96	11:49 a.m
	Exami	ner	4e. Fecility Name (If not institution	on, give street end numb	er)			4b. City, To	own, or L	ocation of Deeth	4c. Count	ty of Death	
Ш		М	Northwest Ho	-				Randa		-		timor	•
	Funeral Director		5. Sociel Security Number 217–16–8862	6. Sex 1 M 2 F	Age (In yrs. I	est birthda Yrs.	y) If Under 1 Yes Months Day		Min.	8. Dete of Birth (Month, Dey July 9,	(, Year)	9. Birtho Coun Mary	lace (Stete or Foreign try) Land
	and *		Usual Residence of Decedent 10e. State 10b. Count	v	10c. City	, Town or	Location						Od. Inside City Limits
	he Maryi 28a-f sho	Director	Md. Balti	more			erstown						1 ☐ Yes 2 📉 No
	ath with t		10e. Street and Number 303 West Ch				10f. Zip Code 211	36				What Coun	try?
21215-0020	n 72 hours after death with the Maryland "natural", or items 23a or 28a-f show adical Examiner must be nutified at	by Funeral	Never Married 2 Mar     Never Married 2 Mar     Widowed 4 □ Divorced	If Vac Give	os? □ No	S. 13	I. Was Decedent of If Yes, specify Cu			ecify Yes or No- Rican, etc.)	14. Ra Bla Speci	ack, White, of	elc.
2-0	thin 72 ho a. "natur	ted	15. Deceder	nt's Education		16a. Dec	edent's Usual Occ	upation			16b. Kind of E		
21	within 7 ene. than "r	Completed	Elementary/Secondary (0-12)	est grede completed)  College (1-4)	or 5+)	life.	e kind of work don DO NOT use reti	red)	st of work	ing	0	_	
		S	10				Carpenter					struc	tion
Maryland	0 5 0 0	To Be	17. Father's Name (First, Middle, Frederick M.							Brother		me)	
lan	O 00 00 00	ľ	19a. Informant's Name/Relations	shlp (Type, Print)		19b. Me	iling Address (Stre	et end Numb	er or Run	al Route Number	r, City or Town	, State, Zip	Code)
	os 1 and of Health itam 27 l		Margaret Rose					ry Hil	1 Con	urt, Rei	sterst	own, 1	Md. 21136
Baltimore,	8 4 2 0		20a. Method of Disposition 1	3 ☐Removal from Sta	Ce	metery, cr	position (Neme of ematory or other p	lece)			20c. Location		
IE I	Department Copperation of Important: If any Injury or affice.		4 Donation 5 Other (5	Specify)	ALL	-	nts Cemet			18, 199	6 Reis	terst	own, Md.
Bal	Departm Departm Importar any Inju		21. Signature of figureral Service	000	1		22. Name and Add Eekhard	t Fune	rol	Chanel		2	1117
_			23a. Part1. Enter the diseese, o shock, or heart feilure. List	Ward			11605 R	eister	stow	n Rd.	Owings	Mills	. Md.
68760,	Physician //Medical be executed upon fine as the print-tensit	ai Examiner	Immediate Cause (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury the Initiated events	a Cor b. CHR	STO	515	equence of):	EAR 1	- FT	41LU 1	LE SEAS	6	
Box 687	2 5 60	an/Medical	resulting in death) Last	d	Due to (or	as a conse	equenca of):						
E	he eth	Physician/	Part II. Other significant condition	ons contributing to death	but not resul	iting in the	underlying cause (	given In Part	1.	23b, Did to	obacco use co	ontribute to	the cause of death?
P.O.	that the death hed by the etter detached for u									1 🗆 Y	es 2 No	3 Prob	ably 4 Unknown
Records,	requires seen sign should be	Completed by								24e. Was a perform		ava	re autopsy findings liable prior to apletion of cause eeth?
	0 5 8	E O								1 □ Ye	98 2 <b>V</b> No		Yes 2 No
ta		BeC	25. Was case referred to medica	1				26 Piace	of Deatl	h (Check only on			165 28110
>	Physician: r this cartific and director,	0	exeminer? 1 ☐ Yes 2 No	Hospital:	atient 2 F	R/Outpatie	ent 3 DOA	ther:		me 5 Reside		her (Specify	1
on o		tion: T	27. Manner of Death  1 Naturel 5 □ Pendir	28e. Date of It (Month, I		28b. Time Injury	of 28c. Inj			28d. Describe ho			
Division of Vital	or Attending after death. Director: After in by the fune	ertification:	2 Accident Investig	not be	Injury - At hor etc. (Specify)	ne, farm, s	treet, factory, office			28f. Location (St City or Town		ber or Rurel	Route Number,
	Hospital or Attending Ph     24 hours after death.     Funeral Director: After th     stely filled in by the funeral	edicai Ce	29e. Certifier (Check only one) 1 Certifyin 2 Madical	ng Physicien: To the bes Examiner: On the basis and manner	of examination	ledge, dee on and/or i	th occurred at the nvestigation, in my	time, dete en opinion, des	d plece, a	and due to the co	euse(s) end m	anner as sta	ated. the cause(s)
	the party of	Me	29b. Signature end title of cartifie		otatoa.		29c. Licer	nse number		2	9d. Date signe	ed (Month, D	ley, Year)
-			* RACIO	HOUSE P	H-1510	IAN	D 4	4039	0				
	10	3	30. Name and address of person P. R. DESAL M	who completed cause o	death (Item:	23a) (Type	Print)	ER RA	MOS	HULTER	sw. A	10 CH	14,1996
	Sta Registr		31. Date filed (Month, Dey, Yeer)	32. Regin	strar's Signatu	lie .							
	3		0 1000	U		-							

DHMH 16 Rev 6/95

refrain a subtreme ing

TABLE TO THE PARTY OF THE PARTY

Lance angular mind of the College and a graph was a larger than 100 min

ASTER CHARLES TO COLUMN TO THE TAX TO THE TA

# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

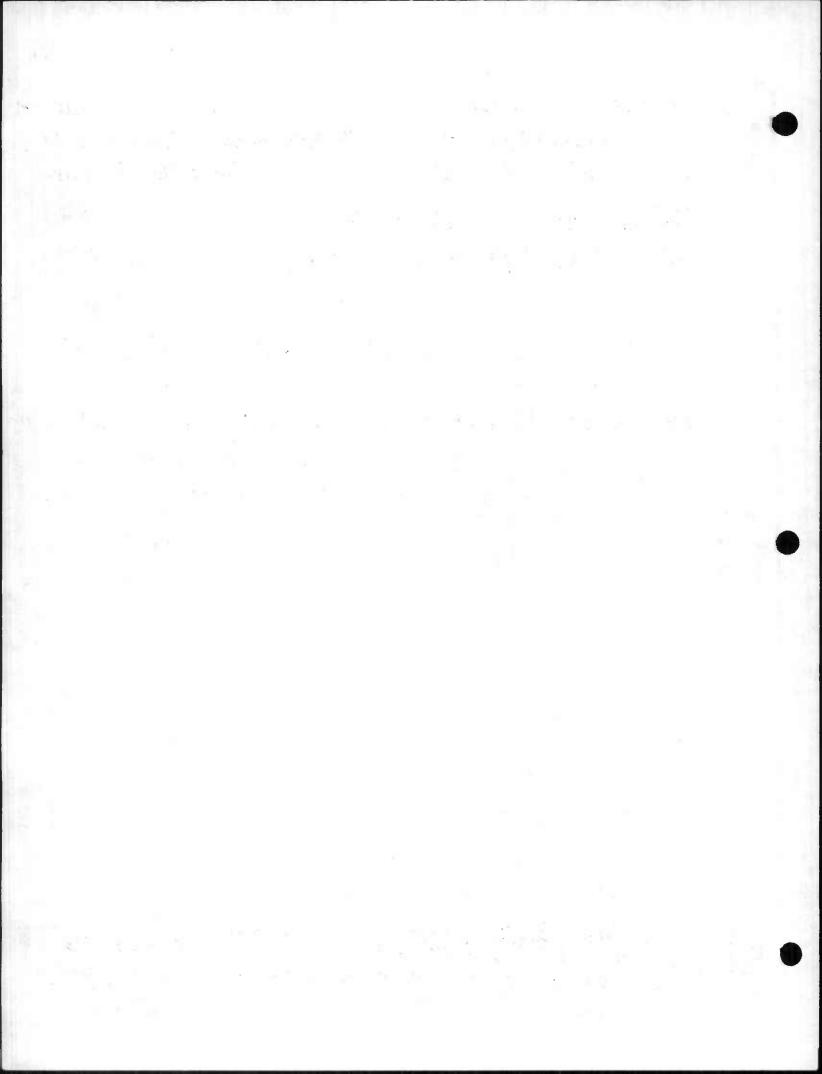
27421

_			Certificate of Death	Reg. No.	00 21421
	Physic		1. Decedent's Name (First, Middle, Last) PHYLLIS LEIGH	2. Date of Death Month Day	3. Time of Deeth
D	/Medi Exami		4a. Facility Name (If not institution, give street and number)  JOHNS HOPKINS BAYVIEW HOD. CENTRE BACTIME	05 01	- 4- 6-
-	Funeral Director		5. Social Security Numbar  6. Sex  1 - 6 - 6 2 - 9 1	8. Date of Birth	9, Birthplace (State or Foreign
			Usual Residence of Decedent	June 6, 1961	maryland
	ter deeth with the Merylan Rems 23a or 28a-f show Inc. man be norified at	tor	Mary aw 10b. County A 10c. City, Town or Location Baltimore		10d. Inside City Limits 1 Yes 2 □ No
	with the	Funeral Director	10e. Street and Number 10f. Zlp Coda	10g. Citizen of	What Country?
	deeth v	neral	11. Marital Status  12. Was Decedent Ever in U.S. Armed Forces?  13. Was Decedent of Hispanic Origin? (Sp. If Yes, specify Cuban, Mexican, Puarto	pecify Yas or No- 14. Ra	USH ce - American Indian,
020	0 6	þ	11. Marital Status  12. Was Decedent Ever I U,S. Armed Forces?  13. Was Decedent of Hispanic Origin? (Sp. If Yes, specify Cuban, Mexican, Puento I Lyes 2 No Specify:  14. Was Decedent Ever I U,S. Armed Forces?  15. Was Decedent of Hispanic Origin? (Sp. If Yes, specify Cuban, Mexican, Puento I Lyes, Specify:  16. Was Decedent Ever I U,S. Armed Forces?  17. Was Decedent of Hispanic Origin? (Sp. If Yes, specify Cuban, Mexican, Puento I Lyes, Specify:  18. Was Decedent of Hispanic Origin? (Sp. If Yes, Specify Cuban, Mexican, Puento I Lyes)  19. Was Decedent of Hispanic Origin? (Sp. If Yes, Specify Cuban, Mexican, Puento I Lyes)  19. Was Decedent of Hispanic Origin? (Sp. If Yes, Specify Cuban, Mexican, Puento I Lyes)  19. Was Decedent of Hispanic Origin? (Sp. If Yes, Specify Cuban, Mexican, Puento I Lyes)  19. Was Decedent of Hispanic Origin? (Sp. If Yes, Specify Cuban, Mexican, Puento I Lyes)  19. Was Decedent of Hispanic Origin? (Sp. If Yes, Specify Cuban, Mexican, Puento I Lyes)  19. Was Decedent of Hispanic Origin? (Sp. If Yes, Specify Cuban, Mexican, Puento I Lyes)  19. Was Decedent of Hispanic Origin? (Sp. If Yes, Specify Cuban, Mexican, Puento I Lyes)  19. Was Decedent of Hispanic Origin? (Sp. If Yes, Specify Cuban, Mexican, Puento I Lyes)  19. Was Decedent of Hispanic Origin? (Sp. If Yes, Specify Cuban, Mexican, Puento I Lyes)  19. Was Decedent of Hispanic Origin? (Sp. If Yes, Specify Cuban, Mexican, Puento I Lyes)  19. Was Decedent of Hispanic Origin? (Sp. If Yes, Specify Cuban, Mexican, Puento I Lyes)  19. Was Decedent of Hispanic Origin? (Sp. If Yes, Specify Cuban, Mexican, Puento I Lyes)  19. Was Decedent of Hispanic Origin? (Sp. If Yes, Specify Cuban, Mexican, Puento I Lyes)  19. Was Decedent of Hispanic Origin? (Sp. If Yes, Specify Cuban, Mexican, Puento I Lyes)  19. Was Decedent of Hispanic Origin? (Sp. If Yes, Specify Cuban, Mexican, Puento I Lyes)  19. Was Decedent of Hispanic Origin? (Sp. If Yes, Specify Cuban, Mexican, Puento I Lyes)  19. Was Decedent of Hispanic Origin? (Sp. If Yes, Specify Cuban	Rican, etc.) Bla Specif	ck, White, atc.
15-0	"natural",	eted	15. Decadent's Education (Specify only highest grade completed)  16a. Decedent's Usual Occupation (Give kind of work done during most of work	16b. Kind of B	Jusiness/Industry
21215-0020	d within	Completed	Elementery/Secondary (0-12) College (1-4or 5+) Ph Photomist	He	ospital
and	of in the	Be	17. Father's Name (First, Middle, Last)  18. Mother's Name  LOO  10. Mother's Name	e (First, Middle, Maiden Surner	ne)
Maryland	d 2 should b th end Ment 7 is marked traumetic e	70	19a. Informant's Name/Relationship (Type, Print)  19b. Mailing Address (Street and Number or Run	PIOI DE	, State, Zip Code)
	s 1 and 2 of Health Item 27 is other tra		Mrs, Eleanor Farmer 2820 W. Coldspri	ng Lane	Balto, Md. 212
mor	S 75 20		1 Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	1/14/96 By 1+	- City or Town, State
Baltimore	permit. Page Department of Important: If eny Injury or once.		21. Signature of Funeral Service Aconsee 22. Name and Addrass of Facility	= Funom	Home.
	707 e d		222 Part Figure the deplace or complication that caused the death. Do not extend the most of this	Ave. Balto	Md. 21216
	Physician		23a. Part   Enter the disease, or complication that caused the death. Do not enter the mode of dying, such as cardiac shock, or heart failer. List only one cause on each line.	or respiratory arrest,	Approximate Interval Between Onsat and Death
	/Medical Examiner		Immediate Cause (Final disease or condition resulting in death)  a. INTESTINAL PERFORATIO	N	2 DAYS
	D #	iner	Due to (or as a consequence of):  SCHEMIC CARDIO MYOPA	-THY	15 MONTHS
,	tificete be executed ig physician and as the buriel-transit	Examiner	Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying		
68760,	nysiciar he buri	edical	cause. Enter Underlying Cause (Disease or Injury that Initiated events rasulting In death) Last  Due to (or as a consequence of):		
		VMec	d		1
. B	death cert he ettendin ed for use	Physician/M	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.	23b. Did tobacco uee co	ntribute to the cause of death?
Division of Vital Records, P.O. Box	The lew requires that the death cer ate has been signed by the ettendir page 2 should be deteched for use	y Phy	ACUTE RENAL FAILURE	1 <b>1 1 1 1 1 1 1 1 1 1</b>	3 Probably 4 Unknown
spic	v requires been sign should be	ted by	_GANGRENE OF LEG FROM PURIPHERAL	24a. Wes an autopsy performed?	24b. Were autopsy findings evailable prior to
Rec	has be	Completed	VASCULAR DISEASE		completion of causa of death?
a	ysician: The lev is certificate has director, page 2	Be Co	25. Wes case referred to medical 26. Place of Death	1 Yas 2 No	1 Yes 2 No
of <	Physical this central direction	2	1 Yes 2 No Hospital: 12 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Hospital:	me 5 ☐ Residenca 6 ☐ Oth	
on	Attending Physician: or death. ector: After this certific by the funeral director,	atlon	27. Manner of Death  28e. Date of Injury  (Month, Dey Year)  28b. Time of Injury  28b. Injury at Work?  1 Yes 2 No	28d. Describe how injury occur	red
Divis	or Attending after death. Director: After I in by the fune	Certification:	3 Suicide 6 Could not be determined 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify)	28f. Location (Street and Numb City or Town, Stata)	per or Rural Route Number,
	apita hours neral y filled		29e. Certifier  (Check only   Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and the control of the best of a semination and/or investigation in my onlying death occurred.	and due to the cause(s) and ma	anner as stated.
	the Ho	Medical	one) and mannar stated.	1	
	FT		29b. Signature and title of cartifler Duto By MD 29c. Licansa number 6000	2 9 -	08-96
1	二人		30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print)  HUGO BERTOZZI MD JOHNS HOPKINS BALVIEW MIST	D CTRE, 4940	EASTERN AVE
-	-		31 Date flord (Month Day Year)	BALT.	100 91224

State Registrar

31. Date filed (Month, Day, Year) SEP 1 6 1996





State of Maryland / Department of Health and Mental Hygiene

96 8

27422

21204

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth Dey 14 **Physician** SEPTEMBER 1996 BARBARA LOVERDE 5:10 am /Medical 4e. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth Examiner TOWSON, SAINT JOSEPH MEDICAL CENTER MD BALTIMORE If Under 1 Year if Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. lest birthdey) 9. Birthplace (State or Fpreign **Funeral** Months Deys Hours 1 M 2 X F 276-26-6696 Usuel Residence of Decedent Yrs 0 **Director** with the Maryland 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examinar must be notified at 1 ☐ Yes 2 No Maryland Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 0 permit. Pages 1 and 2 should be filled within 72 hours after deeth to Department of Health and Mentel Hyglene. Important: if Item 27 is marked other than "natural", or there any Injury or other transmission. Funeral Was Decedent Ever In U.S. Armed Forces?

1 Yes 2 No If Yes, Give Yeer or Detes: Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Rece - American Indien, Bleck, White, etc. 11. Meritel Status 12 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify. white Specify: þ 3 Widowed 4 □ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) Coilege (1-4or 5+) 18. Mother's Neme (First, Middle, Meiden Symeme) 17. Fether's Neme (First, Middle, Last) 19a. Informant's Name/Reletionship (Type, Print) 19b. Malling Addrass (Street and Number of Pural Route Number, City or Town, State, Zip Code) 0 21050 0 20b. Piece of Disposition (Name of cemetery, cremetory or other piece 20e. Method of Disposition 20c. Location - City or Town, State Date 1 Burial 2 Cremetion 3 RemoveLfrom Stete 4 ☐ Donetion 5 ☐ Othar (Specify) 21. Signature of Fugarel Service Licenses 8800 30 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximeta Intervel Between Onset and Deeth **Physician** immediate Cause (Finet disease or condition resulting in deeth) /Medicai LEFT LOWER LOBE PNEUMONIA FEW DAYS Examiner Dua to (or es e consequence of): Examiner and Ftransit The lew requires that the deeth certificate be axecuted Sequentielly list conditions, if eny, laading to immediete cause. Enter Undarfying Cause (Diseese or injury that initieted events resulting in death) Last Due to (or es e consequence of): physician ar s the burial-ti Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or es e consequence of): the a Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by the 1 Yee 2 No 3 Probably 4 € Unknown CHRONIC OBSTRUCTIVE PULMONARY DISEASE à 24b. Were autopsy findings aveileble prior to completion of cause of death? 24a. Wes an autopsy performed? Completed Peen hes page 2 1 Tes 1 ☐ Yes 2 ☐ No Mospital or Attending Physician: n 24 hours after death. Funeral Director: After this certific funeral director, 25. Wes case referred to medical exeminer? 26. Place of Deeth (Check only one) 1 Yes 2 No Other: 4 Nursing Home 5 Residence 8 Other (Specify) Certification: To Inpatient 2 ER/Outpetient 3 DOA 27. Manner of Death 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 1 Neturei 2 Accident 5 Pending investigation 1 ☐ Yes 2 ☐ No 3 Suicide 6 Could not be datermined 28a. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 281. Location (Street end Number or Rural Route Number, City or Town, Stete) filled in by 4 Homicide 1 Certifying Physician: To tha best of my knowledge, deeth occurred at tha tima, date and piece, and due to the cause(s) and mannar as stated.

2 Madical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, data and place, and due to the cause(s) and mannar stated. 29e. Cartifian edicai stely i 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Day, Year) D 41410 30. Neme end and person who completed cause of deeth (Item 23a) (Type, Print)

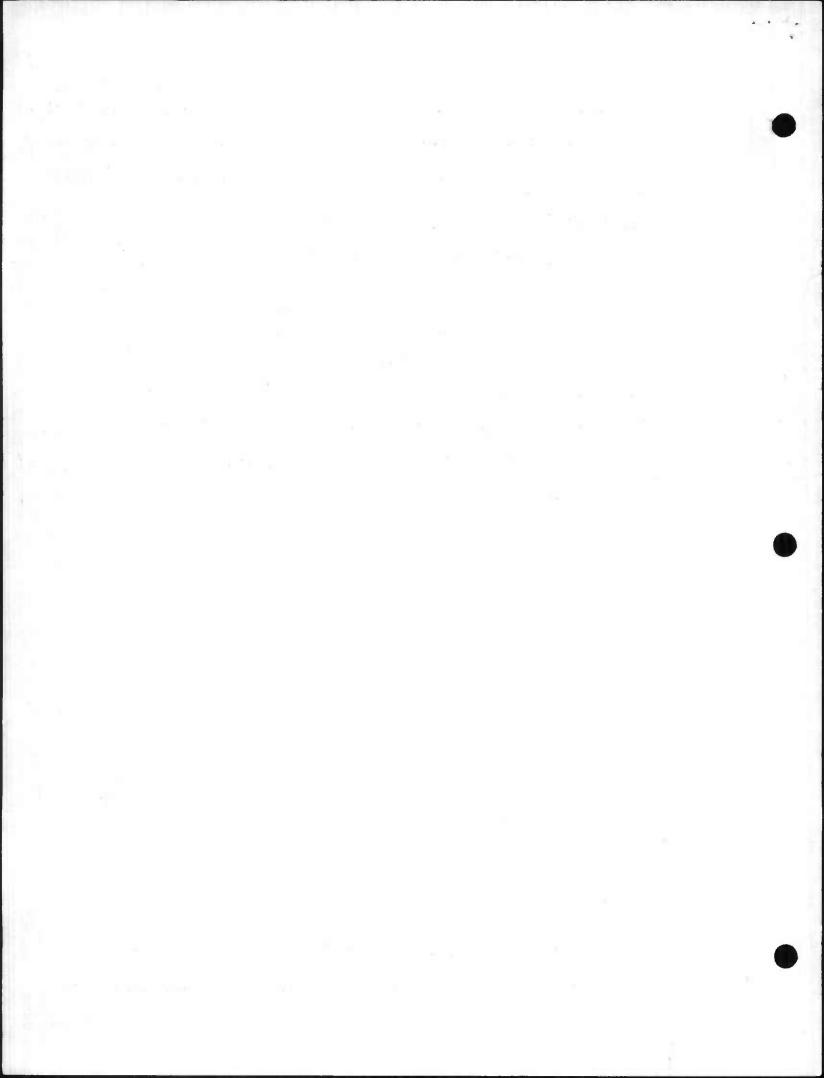
State Registrar JOGINDER P.

31. Dete filed (Month, Dey, Year) Ser 1 6 1996

MEHTA, M.D.

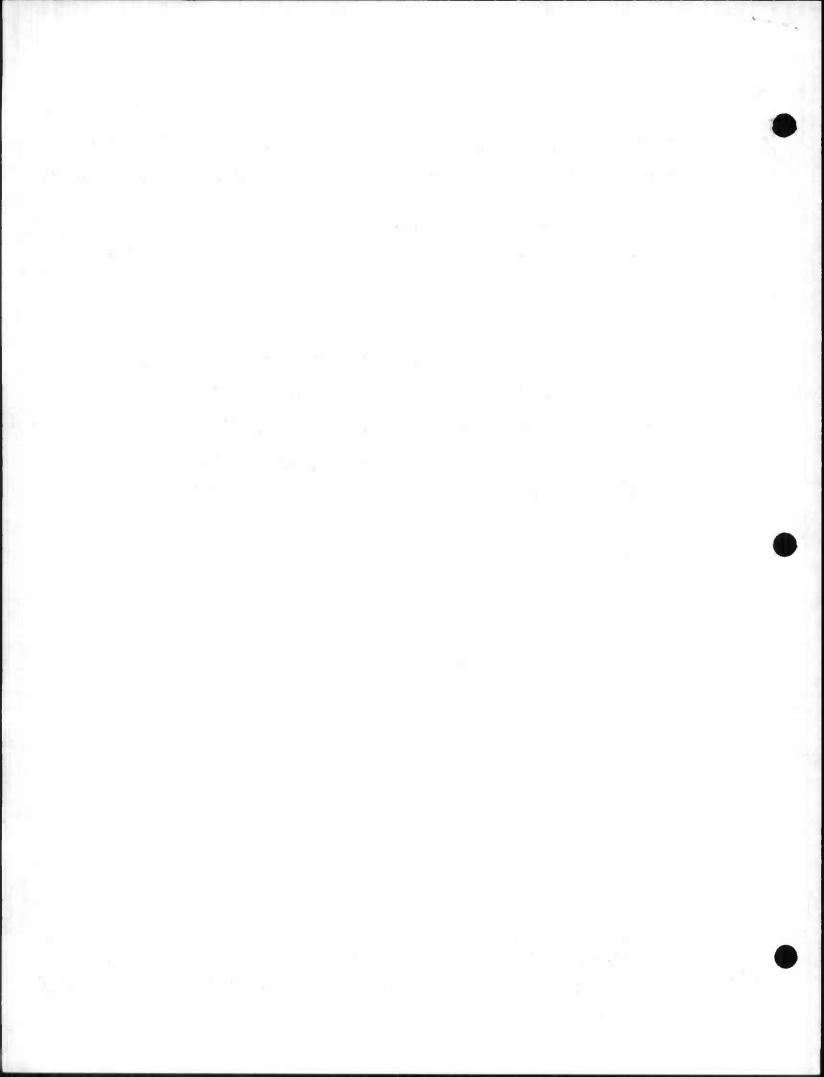
32. Registrer's Signature

7620 YORK ROAD TOWSON, MARYLAND



State of Maryland / Department of Health and Mental Hygiene 96

				Certificate of Death	Reg. No.	10 21425
	Dhusia	1 a u	Decedent's Neme (First, Middle, Last)		2. Date of Deeth Month Day	3. Time of Death
	Physic /Medi		GRACE Eloise Lewis		Sept. 5	1996 3:00pm
Ţ.	Exami		4a. Facility Name (If not Institution, give street and number)	4b. City, Town, or L	ocation of Death 4c. C	County of Deeth
			8528 Old Hartord Rd.	Parkvi	lle B	altimore
Г	Funeral Director	п	5. Sociel Security Number 6. Sex 7. Age (In 2)2-36-2594 1 M 2)2F	yrs. last birthday) If Under 1 Yeer If Under 24 Hrs.  Months Days Hours Min.	8. Date of Birth (Month, Day, Year)	9. Birthplace (State or Foreign Country)  MARY (ANC)
Ь			Usual Residence of Decedent		March 29, 19	13 11 Mary 10110
	how		10a. State 10b. County 10c	City, Town or Location		10d. Inside City Limits
	e Ma	cto	Maryland Baltimore 1	Pakkville		1 ☐ Yes 2 No
	15 9 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Dire	10a. Street and Number	10f. Zip Code	10g. Citize	en of What Country?
	eth w	To .	8528 UID MARTORD RO	1. 21234		U.S.A.
	item item	Funeral Director	11. Marital Status  12. Wes Decedent Ever Armed Forces?	in U.S. 13. Was Decedent of Hispenic Origin? (Sp. If Yes, specify Cuben, Mexican, Puerto	pecify Yes or No- 14 o Rican, etc.)	4. Raca - American Indian, Black, White, etc.
020	72 hours efter deeth with the Maryland natural', or ferms 23a or 28a-f show final Examiner must be notified at	by	1 ☐ Never Merried 2 1 ☐ Married 1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Dates:	1 ☐ Yes 201 No Specify:	S	specify: White
5-0020		Completed	15. Decedent's Education (Specify only highest grade completed)	18a. Decedent's Usual Occupation (Give kind of work done during most of work life. DO NOT use retired)	kina 16b. Kina	d of Business/Industry
2121	within ene. then	mpje	Elementary/Secondary (0-12) College (1-4or 5+)	11 11 - 800	1.1.	2-2-4-1
	Hygle ther t	ပိ	17. Fether's Name (First, Middle, Last)	Admitting Officer	ne (First, Middle, Maiden S	Spiral
an	od of other states	Be c	10800h 1 C.80101		o M	JJI
Maryland	should nd Men marke umetic	70	19a. Informant's Name/Relationship (Type, Print)	19b. Malling Address (Street and Number or Ru.	ral Poute Number City or	Town State Zin Code)
S	and 2 s selth ar n 27 le		Vennoy 6 Jews/husha	nd 8528 Old Hadford	Pol Paphy	ulle My 21234
re,	Hee tem			b). Placa of Disposition (Name of	Date/ 20c. Loc	eation - City or Town, State
Baltimore	Pages nent of I art: If ite		1 Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	Commetery, crematory or other place)	GIGGIA BO	Kimno
alti	permit. I Departm Importar any Injur		21. Signatu u Funeral Service Lemba	22. Name end Address of Facility	Memories	Trimore
B	Depa impo any l		120 D. X	Evans Chapel of 8800 Harfand R	0 11	M. N.1 217311
	_		23a. Part1. Enter the disease, or complications that caused the c shock, or heart failure. List only one cause on each line.			Approximate Interval Between
	Physician		snock, or near failure. List only one cause on each line.			Onset and Death
	/Medical		Immediate Cause (Final disease or condition	stive Heart Failu	PO	7/3/195
3	Examiner		resulting in death) a			997770
-	be sit	Examiner	a diab	etes melitus		Same
	and and	хап	Sequentially list conditions, if any, leading to immediate cause. Enter Underfying Cause (Disease or Injury c.			
09	icate be executed physicien and s the burial-transit	ai	cause. Enter Underlying Cause (Disease or Injury that initiated events	blood pressure	7	Same
68760,	death certificate be exacute estending physicien and ed for use as the burial-trar	Medical	resulting in death) Last	o (or as a consequence of):		
Box	nding use as	M	d			
	death e ette	cia	Part II. Other significant conditions contributing to death but not	resulting in the underlying cause given in Part I	23h. Did tobacco u	see contribute to the cause of death?
P.0	requires that the death cer been signed by the ettendir should be detached for use	Physician/	Taharan 1180	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		No 3 Probably 4 Unknown
	gned be de	by	TODUCTO USE			
brd	law requires that the as been signed by the 2 should be detache				24a. Was an autops performed?	available prior to
ecc	S 50 CA	Completed				completion of cause of death?
H	The ate h	5			1 ☐ Yes 2 D	ľNo 1 □ Yes 2 □ No
Vita	sician: The law certificate has b lirector, pege 2 s	Be	25. Was case referred to medical examiner?		ith (Check only one)	
of Vital Records,	Physician: this certifical	T <sub>0</sub>			ome 5 Besidence 6 28d. Describe how injury	
L C	After funer	For	1 Natural 5 Pending (Month, Day Yea	28b. Time of	28d. Describe flow injury	occurred
Division	Attending or death. ector: After by the fune	fica	a D Could not be		28f. Location (Street and	I Number or Rural Route Number,
Ö	after Direct d in by	Certification:	4 Homicide determined 206. Place of figury 1/2 building, etc. (Sp	At home, farm, street, factory, office secify)	City or Town, State)	
	Hospital or Attending Physician: The is a hours after death.     Funeral Director: After this certificate harely filled in by the funeral director, pege		29a. Certifier (Check only 2   Medical Examinar: On the basis of exam	knowledge, death occurred at the time, date and place, nination end/or investigation, in my opinion, death occur	, and due to the cause(s) a	and manner as stated.
	444	fedical	one) and menner stated.			•
	(P)	Σ	29b. Signature and title of certifier	29c. License number	29d. Date	signed (Month, Day, Year)
	(-)		WIN MU.	D24602	Jep	x 7, 1996
	10		30. Name and address of person who completed cause of death (	(Hem 23a) (Type, Print) Li3/4 German Hil	11 201 0.	11/1/1/1/1
	- CV	to	31. Date filed (Month, Day, Year)		1 KOL DU	maure, Ma.
	Sta Registi		SEP 1 6 1996 0	The second secon		



State of Maryland / Department of Health and Mental Hygiene 96

96 27424

						Cert	tificate of	Death		Reg. No			to 1 The
			1. Decedant's Name (First, Middla, Le	ist)		_			2. Date of D	eath			3. Tima of Death
ı	Physic		CYNTHIA	+ 47	TLE				SEP	T. Day	310	96	3:40Ar
7	/Medi Examii		4a. Facility Name (If not institution, give	re street and number)				4b. City, Town, o	r Location of Dea	th 4c.	County	-	
	Exami		Levindale Hebrew	Geriatric	Ctr. &	Host	oital	Baltimo	ore		Nor	ne	
П	Funeral		5. Social Sacurity Number 6. 5	Sex 7. Aga	(In yrs. last bi		If Under 1 Year	If Under 24 H	s. 8. Data of B	irth			aca (Stata or Foreign
	Director		218-64-1659 Usual Rasidence of Decedent	1□M 2⊠F	39	Yrs.	Months Days	Hours Mi	n. (Month, D Aug 2	1, 19	957	Counti	Md
	/land		10a. State 10b. County		10c. City, Tov	n or Loca	ation					10	d. Insida City Limits
	Mar	to	Md None		Baltin	nore							1⊠ Yas 2 No
	r 28	Director	10e. Street and Number				10f. Zip Code		-	10g. Cit	izen of W	/hat Count	ry?
	h wit		3005 Thorndale A	ve Apt 3			21215				USA		
	deal	Funeral	11. Marital Status	12. Was Decedant E Armed Forces?	ver in U,S.	13. W	as Decedent of I	Hispanic Orlgin?	(Specify Yes or Norto Rican, etc.)	0-		- America	
Maryland 21215-0020	72 hours after death with the Maryland natural; or items 23s or 28s-f show dical Examinet must be notified at	þ	1☑ Never Married 2☐ Married 3☐ Widowed 4☐ Divorced	1 Yes 2 N If Yas, Giva Year or Datas:	0		Tas, specify Cub		orto rican, etc.)			Blacl	
2-0	natural',	Completed	15. Decedant's E (Specify only highast gro	ducation	16a	. Deceda	int's Usual Occup	pation	odvina.	16b. K	ind of Bu	siness/Indi	ustry
21	within one one.	ple	Elementery/Secondary (0-12)	College (1-4or 5-	+)	lifa. Do	O NOT usa retire	during most of w	OIKING				
2		Con	12th	2 Years		Butch	ner			Mea	at In	dust	ry
pu	be filed ital Hygid d other avent, ti	Be	17. Fathar'a Nama (First, Middla, Last	)					ama (First, Middle		Sumam	a)	
yla		10	Edward Little					Florer	nce Smit	h			
lar			19a. tnformant's Name/Ralationship (						Rurai Routa Num				
3,			Florence Briggs (	Mother)	_			Rd. Apt	E Balt:				
Baltimore,	permit. Pages 1 ar Department of Hea Important: If Item 2 any Injury or other once.		20a. Mathod of Disposition  1 ⊠ Burial 2 □ Cramation 3 □  4 □ Donation 5 □ Othar (Specia		camete	ry, crema	ition (Nama of atory or other pia Cemeter	•	9-19-96			n, Mo	
Balt	Departi Departi Importa any Inje		21. Signature of Funaral Service Lice	nsee		Th		ck C. Jo	nes Fune				
	_		23a. Part1. Enter the disease, or com-	pilosticas that sound	the death Do	46	ll Park	Heights	Ave. Ba	ltim	ore,		21215 Approximata
x 68760,	eath certificata be executed  attending physician and ifor use as the bunk-transit	/Medical Examiner	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	b. a/h	Dua to (or as a  World  Oua to (or as a  hhilat  Oua to (or as a  PSIS	consequ		enden	- di.	seas	-		
BO	death of attended for us	lan										1	
o.	0 6 2	Physician/	Part II. Other significant conditions of	ontributing to death but	not rasulting i	n tha und	dariying causa gi	van in Part I.	23b. Dic	tobacco	use con	tribute to	the cause of death?
0	d by	P	Sacral + much	inle decul	Lite				10	Yes 2	□ No	3 Prob	ably 4 Unknown
of Vital Records,	v requires that the been signed by th should be detach	Completed by	metastate be	east car	oin ing ahim	<u>-</u>	Becomo thyra	lang to	mad	s an autor	psy	ava	ra autopsy findings ilabia prior to npletion of cause
Sec.	N 65 CA	idu		Hremo	n im	mun	odehy.	enay M	rus			of d	leath?
al F	E as a		hypothymidism	.,,-				/	10	Yes 2	No	10	Yea 2 No
/it	ifcian: The certificata rector, pag	Be	25. Was casa reterred to medical axaminar?	Maraital.			04		aath (Check only	ona)			
of	Physician: this certific rai director,	To	1 Yes 2 No		t 2 ER/O		3LI DON		Homa 5 Ras				)
5	275	lon	27. Mannar of Death 1 ☐ Natural 5 ☐ Pending	28a. Data of Injury (Month, Day		Tima of Injury	28c. Inju Wo M 1	ryat rk? ]Yas 2∐No	28d. Describe	now injui	ry occurr	ea	
OWISI	Or Athenselver	Certification:	2 Accident Invastigatio 3 Suicida 6 Could not b 4 Homicide detarminad	e One Diese of Injur	ry - At homa, fo (Specify)	arm, atrae		148 2 10	28f. Location City or To	(Street ar own, State	nd Numbe	er or Rurai	Routa Number,
	To the Hospital within 24 hours	edical C	29a. Cartifiar 1 Certifying Pr (Check only one) 1 Medicat Exar	ystclan: To the best of niner: On the basis of a and manner stat	axamination ar	e, daath o	occurred at tha ti estigation, in my o	ma, data and pia opinion, daeth oc	ce, and due to the curred at tha time	e cause(a)	) and mai d place, a	nnar as sta and dua to	ited. tha cause(s)
	within 2 To the compie	Me	29b. Signatura and titia of certifiar				29c. Licens	se number		29d. Da	te signed	(Month, D	)ay, Year)
	->-0		Ca suit	Mayora			D . 4	14907		-	L	124	4 100
	0		30. Nama and addrass of person who	completed cause of the	ath (itam 23e)	(Typa P		1/0/		Jeg		13.	1726
	7		CONSUEL ALVA	•	2424	1.		vedere	Aur		Balt	9 . 24	1986 p 21215
	Sta	te	31. Deta filed (Month, Day, Vear)	O Dogistra	's Signature			V 1,57 G	110		10-11	1	21-13
	m t - 4-		0 - 0 - 0 - 0 - 0	A. V. Buch	A TURNET	000	411						

**DHMH 16 Rev 6/95** 

	2	7	1.	2	5
1	6	1	4	6	J

					Cert	ificate of	Death		Reg. No.		
Physici /Medic		Decedent's Name (First, Midd     STEL			MANI	ATIS		2. Date of D Month SEPTE	Day	Yeer	Time of Death 4:45 a
Examir		4a. Facility Name (If not institution	on, <i>giva street</i> end	(number)			4b. City, Town, o	r Location of Dee	th 4c. County	of Deeth	
		SAINT JOSE	PH MEDI	CAL CEN	ITER		TOWSO	N, MD		BALTIN	4ORE
Funeral		5. Sociel Security Number	6. Sex	7. Age (in yrs.	lest birthday)	if Under 1 Year Months Deys	If Undar 24 Hr Hours Mid		irth	9. Birthpiace	(Stata or Foraign
Director		217-20-4631	1□M 2ŪX	84	Yrs.		710010	Aug 2	3, 1912	Turk	
>		Usual Residence of Dacedant  10e, Steta 10b, Count		10. 0%	. T						
ahow id at	_	Control Line Control		10c. City	y, Town or Loc		0:4				nsida City Limits
28a-f ahon notified at	cto	Md.	N/A			Baltl	more Cit	,y		1	¥Yas 2□No
	Funeral Director	10e. Street and Number				10f. Zip Coda	0402/		10g. Citizen of		
al", or items 23a or Examiner must be	La	282	9 Harvie				21234			States	
heme iner m	- Pu	11. Meritei Stetus		Decedent Ever in U, I Forcas?	S. 13. W	as Decedant of F Yas, specify Cub	lispanic Origin? ( an, Maxicen, Pue	Specify Yas or N rto Rican, etc.)	o- 14. Rad Bia	ce - American In ck, Whita, atc.	dian,
or h	F	1 Never Merried 2 Mai	if Yas	es 2 🔀 No Giva		□Yas 2⊠No	Specify:		Specif		
	d by	3 ₩ Widowed 4 Divorce	Yeer o	or Detes:						, MILL C	.е
dica	ete	15. Dacedar (Specify only highs	nt's Education ust grade complete	ed)	16a. Deceda (Giva k	int's Usuai Occup ind of work dona	pation during most of w d)	orking	16b. Kind of B	usinaas/Industry	1
ther then int, the Me	Be Completed	Elementary/Secondary (0-12)	T	e (1-4or 5+)					Our	Home	
E E	8	6	1000		П	omemaker					
marked other than imatic avant, the M	Be	17. Fether's Neme (First, Middle,		2.	. 7				e, Maiden Sumar	na)	
arke	2		Petro	Dimogou	ITOU		Ka.	iroy M	oraites		
E E		19a. Informant's Name/Raiation							ber, City or Town		
item 27 other tr		Evangeline Ale	xion (D	aughter)		Cub Hil	I Rd. I	Baltimor	e,Maryla		
f itam 27 in other tri		20e. Mathod of Disposition 1 X Buriai 2 ☐ Cramation	2 □Demovei fr		iaca of Disposi emetary, crami	ition (Nama of atory or other pla	ce)	Data	20c. Location	- City or Town, S	Stata
ury o		4 ☐ Donation 5 ☐ Other (5	Specify)	Gre	eek Orti	hodox Ce	metery 9	/17/96	Woodlav	vn Mary	land
important: If tam 27 is marked other than "netu any injury or other traumatic avant, the Medical once.		21. Signature of Funerei Sarvice	Licensee Mi 1t	on J. Knigh	it Jr 22.	Neme end Addre	ss of Fecility	onard J	. Ruck, 1	inc.	
E = 8		mitt	1K	-all					more, Mar		21214
		23a. Part1. Enter tha diseasa, o shock, or haart failura. Lis	complications th	at a sed the that						App	roximata
/sician		shock, or haart failura. Lis	offly one cause of	or each line.						Inter	rvai Between et and Death
ledical		Immediata Causa (Finai		PERITON	ITTTS					12	2 days
miner		disaase or condition rasulting in daath)	a								- aajb
	9			Dua to (or	r as a consequ	ance of):					
d ansit	Examiner	Constant the state of the state	b	Due to /er	r as a consequ	2000,060				<u> </u>	
n an iel-tr	EX	if any, leading to immediate		D09 10 (01	as a consequ	arios orj.					
physician and the buriel-trensit	dical	Sequentially list conditions, if any, leading to immediate cause. Entar Underlying Cause (Disass or injury that initiated evants	c	Due to (or	es e conseque	ance off:					
as th	w	resulting in death) Last		D00 10 (01	es e consequi	arice or).					
for use	Physician/M		d								
d for use as	Ca	Part II. Other significant conditi	one contribution t	a death but not recu	siting in the une	tachina sausa si	una in Dant I	22h Dia	tobacco usa co	ntellucte to the	name of death'
ed by the a detached f	hys	, a.t.n. outer argumount content	one contributing t	o death but not rest	nting in the thic	Janying Causa gr	ren in Fait i.		Yes 2 No	3 Probably	
pe det	by P								1188 2010	O_1100B0I	- A STIKETON
n sig uld b	교								s an autopsy		utopsy findings
pinous	Completed							per	ormed?		a prior to ion of cause
ate has page 2	Ĕ								Not		
icate r. pa									Yes 2 No	1 Ll Yas	2 □ No
is certificate director, pag	Be	25. Was casa refarred to medica axaminer?	Hoenitel:			Ott	or.	eath (Check only			
9 0	9	1 Yas 2 No 27. Manner of Death		Inpatient 2	ER/Outpatient	3LI DOA	4 LI Nursing		idance 8 Ott		
Director: After d in by the funer	0	1 WNaturai 5 ☐ Pendi	ng (A	fonth, Day Year)	28b. Time of Injury	28c. Inju Wo		260. Dascribe	how injury occur	Ted	
the the	cat	2 Accident invest	not be				Yaa 2 □ No	0011	(0)		
Director: I in by the	Certification:	4 ☐ Homicida datam	nined Zoa. Pi	ace of Injury - At ho riiding, etc. (Specify		at, factory, office			(Street and Numi own, Stata)	per or Hurai Hou	ita Number,
E		00. 0. ml									
Fune tely f	edical	29a. Cartifiar Cartifyin	ng Physician: To Examiner: On the	the best of my know basis of axaminat	vledge, death o ion and/or inve	occurred at the tile stigation, in my o	ma, data and place ppinion, daath occ	a, and dua to the curred at the time	causa(a) and m., data end piace,	annar as stated. and dua to tha	causa(s)
0 0	Med	one) 29b. Signatura and titia of certifia	and n	annar stated.		29c. Licens					
\$ E			II.			I ZSC. LICONS	19UIIIUII BI		250. Data eigne	d (Month, Day,	rear)
To the Funeral Director: After the completely filled in by the funeral		1	D	0004		D 41	410		00 11.	0.1	
within 24 hours after To the Funeral Director Completely filled in		> gragen Ja	Pm	ehla n	10	D 41	410		09-14	-96.	

Registrar DHMH 16 Rev 6/95

State

31. Data filed (Month, Dey, Yaar) SEP 1 6 1996

27426

					Ce	rtificate of	Death		Reg. No.		
			1. Decedant's Nama (First, Middla, Las	it)				2. Data of De	ath	won	3. Time of Deeth
	Physic		ELIZA	BETH	MCDI	SWELL		SELT	1) Day	996	12:53 p.n
1	, /Medi Exami		4s. Facility Nama (If not institution, giva				4b. City, Town, or I	ocation of Deatl	4c. County		-
4	Exami		HARBOR HOSP.	ITAL PEN	1ER		BALTEM	ORE	BAL	TIM	DRE
	Funeral		5. Social Security Number 6. Sa	ax 7. Aga (In y	rs. last birthday)	If Undar 1 Yaar	If Undar 24 Hrs.				
	Director		247-48-4882	□м ЖХЕ	67 Yrs.	Months Days	Hours Min.	8. Data of Bir (Month, Da 10/28/	y, Year) 1928	SOUT	lace (State or Foreign htry) th Carolina
	_		Usual Rasidance of Decedant					10/20/	1720	oou,	11 Odi O i i i i
	within 72 hours after death with the Maryland one. than "natural", or items 23s or 28s-f show he Medical Examinat must be notified at		10a. Stata 10b. County	10c.	City, Town or Lo	ocation				1	Od. Inside City Limits
	Man 4	ō	Md. Anne Aru	undel Co.	ANNE	Aruno	101				1 Yaa 2 No
	vurs after death with the Manylen aft, or items 23a or 28a-f show Examiner must be motified at	Director	10e. Street and Number	111461 001	1 (1010 C	10f. Zip Coda	161		10g. Citizen of	What Coun	itry?
	with with										.,,
	e 23	Funeral	312 Elizabeth Aver	12. Was Decedant Evar in	11.6	21225		panih. Van ar Na	U.S.	A . e - Amaric	en Indian
	172 hours after dea *natural*, or items	Š	11. Maritai Status	Armed Forcas?	10,5.	If Yas, apecify Cul	Hispanic Origin? (Sp ban, Maxican, Puart	Rican, atc.)	Bla	ck, Whita,	
20	s aft	by F	1 Nevar Married 3 Married 3 Widowed 4 Divorced	1 ☐ Yas 2 No If Yas, Giva		1 □ Yas 2)( No	Specify:		Specif	Blac	:k
8	hour line	Q P		Yaar or Datas:							
21215-0020	natur	Completed	15. Decedent's Edu (Specify only highast grad	ucetion da com <i>plated)</i>	16a. Dece (Giva	dent's Usual Occu kind of work done	ipation a during most of wor ad)	king	16b. Kind of B	usinass/ind	Justry
12	withir ene. then	du	Elementary/Secondary (0-12)	College (1-4or 5+)			90)		~	wv	1
	filed v Hygie ther t	ပ္ပ	12th 17. Fathar's Nama (First, Middla, Last)		Home	Maker	Table of entre				1
n	T TO Y	Be					18. Mothar's Nan	na (First, Middla,	, Maidan Suman	ne)	
$\frac{8}{9}$	should be filed within the Mental Hygiene.  marked other then imatic event, the Mental t	2	Ceaser Bradley				Mary L	-udd			
Maryland	s 1 and 2 should be filed within Health and Mental Hygiene. 1em 27 ie marked other then other treumatic event, the Me		19a. Intormant'a Name/Ralationship (7)	ype, Print)	19b. Maili	ng Address (Stree	et end Numbar or Ru	ral Routa Numb	er, City or Town,	Stata, Zip	Code)
-	1 and 2 Health em 27 i		Leroy McDowell Sr.	./Husband	312	Elizabet	ch Ave, Ba	ltimore	. Marvl	and 2	1225
re			20a. Mathod of Disposition	200	b. Place of Dispo	osition (Nama of matory or other pla		Data	20c. Location		
m	Page ento		1 ☐X Burial 2 ☐ Cramation 3 ☐ F 4 ☐ Donation 5 ☐ Othar (Specify)	Ramoval from Stata		11 Cemet		9/17/96	Brook	lyn P	ark, Md.
altimore	permit. Page Department of Important: If any Injury or once.		21. Signatura of Fynaral Sarvice Ligent			2. Nama and Addr		3/1//30	DIOOK	b 2	urk, u.
Ba	Depa Impo any l		11 . ( .	) ( )	1.	lilliam (	Prown (	Communit	v Funer	al Ho	me
_			23a. Part1. Entar tha disaasa, or complanck, or heart teilura. Liat only o	lose		206 W. A	Inrth Ave	Paltim	ore Ma	rvlan	d 21217
			23a. Part1. Entar tha disaasa, or compl ahock, or heart teilura. Liat only o	lications that ceusad the dona ceusa on aach iina.	eath. Do not an	lar tha mode of dy	ing, auch as cerdiad	or respiretory a	lifest, C 5	Jidii	Approximate /
	Physician									1	Criset and Death
7	/Medical		Immediate Cause (Finel disaasa or condition	Card	iogeni	ic 87	upula s	ec. to A	rcule		
	Examiner		rasulting In daath)	Dua t	o (or as a conse	quence ot):	uocle s	Myor	a relial	2mla	relian
	D =	ner		Se	plic	8houle		1 - 1 - 0	34	4	
	certificate be executed ording physician and use es the buriel-transit	Examiner	Sequentially list conditions.	Due to	o (or as a conse	quance of):				1	
ó	an a		Sequentially list conditions, if any, laading to immediala causa. Entar Undarlying Cause (Disease or injury that initiated evants	· Right	110001	late	Puelin	pina		1 -	x4 days.
9/	te be	Medical	Cause (Disaasa or injury that initiated evants	C. Due to	(or as a consec	uance ot):	Pueun	10 4001			K . way).
68760,	deeth certificate b ettending physic d for use es the b	Pe	rasulting in death) Last	0		0 0	0.0.			į	•
×				d. Tradici	many	Emb	oc m	0			
Bo	requires thet the deeth seen signed by the etter hould be deteched for	Physician	Part II. Other significant conditions con						1-h		Abo cours of death 8
0	the che	ys	Part II. Other significant conditions con	intributing to death but not	rasulting in that t	indanying causa g	iven in Part 1.		,		the cause of death?
0	es thet the de igned by the e be deteched i							10	Yss 2 No	3 Prot	bably 4 Unknown
ds	sign d be	d by						Odn Minn	an autonou	24b Ws	ara autopsy tindinga
0	v require been s should	ete						perfo	an autopsy ormed?	ava	allable prior to
ec	2 S S	d d								ot	death?
<u> </u>	The late he page	Completed						12	Yas 2□No	10	Yas 2 No
of Vital Records,	raician: The s certificate director, pag	Be	25. Was cese reterred to medicel examinar?				26. Place of Des	th (Check only	one)		
<b>&gt;</b>	5 00	70	1 Yes 2 No	Hospital:   Impatiant 2	ER/Outpatie	nt 3 DOA	thar: 4 Nursing H	ome 5 Rasi	dence 6 □Oth	ar (Specif	y)
			27. Mannar of Death	28a. Data of tnjury (Month, Day Year	28b. Tima o	f 28c. Inju	ury at	28d. Dascribe	how Injury occur	red	
0	Attending I or death. octor: After by the fune	atio	1 □Natural 5 □ Panding 2 □ Accident Invastigation	(WOTHIN, Day 1 bar	mijury		Yas 2 □ No				
115	or Attendi efter death. Director: A I in by the fu	1 Co	3 Suicida 6 Could not be datamined	Zoa. Place of injury - A	t homa, tarm, st	raat, factory, office		28t. Location (	Streat and Numi	ber or Rura	I Route Number,
Division	5 g g c	Certification:	4 Homicida	building, etc. (Spe	ecify)			City or To	wn, Stata)		
_	hours e hours e merel C		29a. Cartifiar 12 Cartifying Phys	reiclan: To the best of my l	cnowledge deat	h occurred at the t	ime data and place	and due to the	cause(s) and m	annar as el	tated
	Fun Fun etely	edical	(Check only 2 Medical Exami	Iner: On the basis of axam and mannar stated.	Ination and/or In	vastigation, in my	oplnion, daath occu	rred at tha tima,	data and place,	and dua to	tha causa(s)
	and and and and and and and and and and	Me	29b. Signatura and titla of certiflar	and memiar stated.		29c Lican	nsa number		29d. Data signe	d (Month	Day Year)
1	1	[ ]		MOUSE STAF	-6			2 2-	O. L. L.	Q (	,, , , , , ,
	F		1 Shame		V	177-6	441614-		7 111	76.	
1	(-8)		30. Name and addrass of person who co		tem 23e) (Type,	Print)			TOLONG G	~ 14	0
	-		PRATIBHA SHART			HANOVE	e stree	, ISACT	TI-OKE		7
	Sta	ite	31. Data tiled (Month, Day, Year)	P. Hegistrar's All	parties.						
	Regist	ar	SEP 1 6 1996 0			1					

..... 2 

State of Maryland / Department of Health and Mental Hygiene 96

96 2742

						Cer	tificate of	Death		Reg. No.						
			1. Decedent's Nama (First, Middla, L.	ast)					2. Deta of De Month	eath Dey	Yeer	3. Time of Death				
	Physici /Medi		HELEN		MOORE				SEPTE	MBER LO	96	8:15 Am				
	Examir		4a. Facility Name (If not institution, gi	va streat and numb	er)			4b. City, Town, or Lo	ocation of Deet	h 4c. County	ot Death					
			STELLA MARIS	AT MERC	Y HOS	PITAL		BALTIM	ORE	N	7A					
	Funeral				Aga (In yrs.	last birthday)	If Under 1 Yae Months Days	r If Under 24 Hrs. Hours Min.	8. Dete of Bi (Month, Di 12	rth	9. Birthple	ca (Stata or Foreign				
	Director		217-01-7567	1□M 200€	85	Yrs.	MONITS Days	Hours Will.	12	8 191	1 Count	Ď.				
	2		Usuai Residence of Decedant													
	anyla ahov	-	10e. Stete 10b. County		10c. Cit	y, Town or Loc	cation				10	d. Inside City Limits				
	Me M	cto	MARYLAND N	/A	B	ALTIM	ORE					1 □ XX 2 □ No				
	1 2 × ×	Director	10e. Street and Number				.10f. Zlp Code			10g. Citizen of 1	What Count	IX3				
	172 hours after death with the Manyland "natural", or items 23a or 28a-f show- idical Examiner must be notified at		901 McKean A	venue			212	17		US						
	r dez	Funeral	11. Marital Status	12. Was Decede Armed Force	int Evar in U, is?	S. 13. V	Ves Decedent of Yes, specify Cui	Hispanic Origin? (Sp ban, Maxican, Puarto	ecify Yas or No Rican, atc.)	0- 14. Red	e - America					
0	of it		1 ☐ Never Merried 2 ☐ Merried	1 ☐ Yes 2 If Yes, Giva			□Yas 2N No		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
8	ours	l by	3 ¼Widowed 4 □ Divorced	Yaer or Date	a:		- 100 120	oposity.		Specify	BL.	ACK				
2	72 h	Completed	15. Decedent's E (Specify only highast gi			16e. Deced	ent's Usuei Occu	ipation a during most of work	ina	16b. Kind of B	usiness/Ind	uatry				
7	within ene.	Idu	Elementery/Secondery (0-12)	College (1-4	or 5+)			during most of work ed)								
7	D D b	CO	6	-0-		CU	STODIA	1		HOUSE		PING				
P P	m = 0 5	Be	17. Father'a Neme (First, Middla, Las	t)				18. Mother'a Nem		, Maidan Suman	na)					
$\frac{1}{8}$		9	UNKNOWN					UN	KNOWN							
Maryland 21215-0020	2 2 2		19e. intorment's Neme/Reletionship VERA RIVERA	(Type, Print) (DAUG	עמיים /	19b. Meilln	g Address (Stree	nt and Number or Run N AVENUE	al Routa Numb	er, City or Town,	Stata, Zip	Code)				
	CENH			(DAUG				NAVENUE	DALI							
0			20a. Method of Disposition	1 ☑ Puriai 2 □ Cremation 3 □ Removel from Stete cematary, cramatory or other place)												
Baltimore,	permit. Pages Department of I Important: If its any injury or o once.		4 ☐ Donation 5 ☐ Other (Spec			RISON	FORES	T VET 9	/16/96	OWING	S MI	LLS, MD.				
	Depart Mport my inj		1. Signature of Funeral Sarvice Licensee 22. Nama and Addrass of Facility PHILLIPS FUNERAL HOME													
•	20128		Deretha De	Derection List only one cause on each line.  PHILLIPS FUNERAL HOME 1721-27 N. MONROE ST. BALTIO., MD. 2121  18. Pert1. Enter the disease, or complications thet caused the deeth. Do not enter the mode of dying, such as cardiec or respiretory errest, shock, or heef fellura. List only one cause on each line.												
1	Physician /Medical Examiner	er	Immedieta Ceusa (Finei disease or condition resulting in deeth)			Unknown										
o,	rdificate be avacuted ng physician and as the buriel-transit	Examiner	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury	b	Due to (o	r es a consequ	uence of):				i i i					
x 68760,	certificate be axending physician and as the burial	Medical	thet initieted events resulting in deeth) Last	d	Due to (o	es e consequ	uence of):									
Box	ath of the	Physician/														
o	that the de led by the a detached (	ysi	Part II. Other significant conditions	contributing to deat	h but not res	ulting in the un	derlying cause g	iven in Pert t.				the cause of death				
7	that the detail								10	Yee 38No	3 Prob	ably 4 Unknow				
Records,	aw requires as been sign 2 should be	Completed by								s en eutopsy ormed?	SVS	rs sutopsy findinga ileble prior to apletion of cause eeth?				
	The ate h	5							1 🗆	Yea 25 No	10	Yes 2□ No				
Vital		Be	25. Was case reterred to medical examiner?					28. Place of Deat	h (Check only	ona)						
0	000	2	1 ☐ Yas 2 No	Hospitei: 1 ☐ Inp	atiant 2 🗆	ER/Outpetient	3□ DOA O	ther: 4 Nursing Ho	ma 5□Ras	idanca 6 💆 Oth	er (Specify,	HOSPICE				
	Ming After Iune	Certification:	27. Menner of Deeth  1. Selecturel 5 Pending 2 Accident Investigation		njury Day Year)	28b. Time ot injury	28c. Inje We M 1	ury at ork? ☐ Yes 2 ☐ No	28d. Describe	how injury occur	red					
Division	ital or Atten its after deat al Director: led in by the		3 Suicide 6 Could not l	286. Pieca ot	tnjury - At ho etc. (Specif)	ome, term, atre	et, tectory, office			(Street and Numi wn, Stata)	er or Rural	Routa Number,				
	To the Hospital or Attent within 24 hours after deat To the Funeral Director: completely filled in by the	edicai			of examine			ime, dete end piece, opinion, deeth occuri								
~	To the within To the comple	2	29b. Signatura and titla of certifier	~	P.A.			isa number		29d. Dete algne	d (Month, D	ay, Year)				
	1.0		<i>m</i>	Don	20 -10	_	0	40480		Sept.	10,	1996				

20

21206

34270

State Registrar 31. Dete filed (Month, Day, Yaar)
SEP 1 6 1996

30. Name end eddress of parson who completed cause of daeth (itam 23a) (Type, Print) 5810

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene item#14, film 739 9/16/96ag perFH Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3 Time of Death **Physician** September 12
4b. City, Town, or Location of Death
4c. City veille 1:03 am 1996 /Medical 4a. Facility Nama (If not institution, giva street and number 4c. County of Death Examiner Baltimore B H Undar 1 Yaar II Undar 24 Hrs. 8. Data of Birth (Month, Day, Year) Medical Baltimore City Mercy 5. Social Security Number 7. Aga (In yrs. last birthday) Yrs. 6. Sex 9. Birthplaca (Stata or Foraign Country) **Funeral** 251-74-9088 Months 1□M 20 F 25,1915 Director Usual Rasidance of Decedant 10a State 10h County 10c. City, Town or Location 10d. Inside City Limits pernit. Pages 1 and 2 should be filed within 72 hours after death with the Maryla Department of Health and Mental Hygiene. Important: If item 27 is marked other than "naturel", or items 23a or 28a4 show any injury or other traumatic event, the Modical Evantment must be notified at 15a NIA 1 Yas 2 No Director 10e. Street and Number apt 10f. Zip Coda 10g. Citizen of What Country? 467 St U.S. eadenhall 21230 Funeral 12. Was Decedant Evar in U,S. Armed Forcas? 1 ☐ Yas 2 ☐ No If Yas, Giva Yaar or Datas: 13. Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puerto Rican, atc.) 11. MaritsI Status 14. Raca - American Indian, Black, Whita, atc. BLACK 1 ☐ Nevar Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 □ Yas 2 No Specify: by 3 Widowed 4 □ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use ratired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry College (1-4or 5+) Elementery/Secondary (0-12) touse wife 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Felder Janie rene 19a. Informant'a Name/Ralationship (Type, Print) 19b. Malting Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Rd Joanne Manon - Daughter 6841 Westridge Balto, md 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition 9/17/96 Data 20c. Location - City or Town, Stata 1 Buriai 2 Cramation 3 Ramoval from Stata Summerton, S.C. mt. 2ion Cemeters 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signature of Funaral Sarvice Licensee 22. Nama and Addrass of Facility marh F. H- west 23a. Part1. Entar tha disaesa, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or haart failura. List only ona causa on each line. Approximate Interval Between Onset and Death Physician /Medical Immediate Ceuse (Final Hematochezia hours disaasa or condition rasulting in daath) Examiner TI CO a a V La TI O N

Dua to (or as a consequence of): burial-transit Sequantially list conditions, if any, leading to immediata causa. Enter Underlying Cause (Disease or injury that initiated avants rasulting in death) Last and physician as the burial-Fibri Division of Vital Records, P.O. Box 68760 Physician/Medical Dua to (or as a consequence of): for use Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part t. 23b. Did tobacco use contribute to the cause of death? monary Edema , Congestive Heart 1 Yes 2 No 3 Probably 4 Unknown by 24b. Wara autopsy findings available prior to completion of cause of death? Mellitus 24a. Was an autopsy performed? Completed Vascular Disease eripheral 1 Yes 2 No 1 Yas 2 No after death.

Director: After this certifica 25. Was case refarred to medical examiner? 28. Placa of Death (Check only ona) Hospital: 1 Inpatiant 2 ER/Outpatient 3 DOA Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 1 ☐ Yas 2 No funeral 28a. Data of Injury (Month, Day Year) 27. Mannar of Death 28c. Injury at Work? 28b. Tima of 28d. Dascribe how injury occurred Certification: 5 Panding invastigation 1 Naturai 1 ☐ Yas 2 ☐ No 2 Accidant 6 Could not be detarmined 3 Suicide 281. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, street, factory, office building, atc. (Specify) 4 Homicide e Hospital 124 hours s e Funeral D 29a. Cartifiar (Check only one) 1 Certifying Physicien: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical To the To the To the I 29b. Signature and title of certifier 29c. Licansa number 29d. Data signed (Month, Day, Year) ULMP# P10548 September 12,1996 30. Name and address of person who complated cause of death (Itam 23a) (Type, Print)

PO BOX 249

32. Registrar's Signatura

Cabin John, Maryland 20818

DHMH 16 Rev 6/95

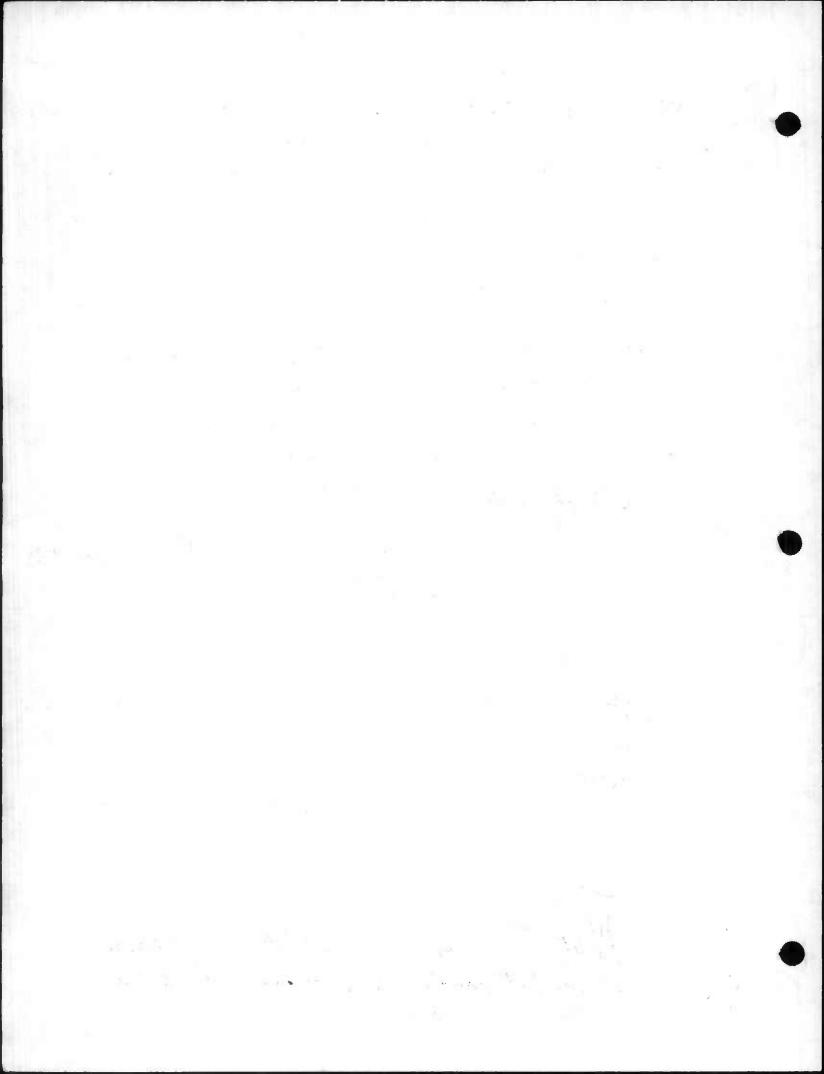
State Registrar George Agritellis 31. Date filed Month, Day, Year) SEP 16 1896

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

27429

					Cer	uncate of	Deam		Reg. No.	
Physician /Medical		Decedent's Neme (First, Middle,	in ou	100	~	2 5		2. Date of D	Day	3. Time of Day
Examiner Funeral			Evergre S. Sex. 7. As	en No	H.	If Under 1 Year Months Days	4b. City, Town, or Back	+O	irth	N ( A 9. Birthplace (State or For
Director		219-52-2662 Usual Residence of Decedent	1 M 2□ F	45	Yrs.	Months Days	Hours Min	April	30, 1951	Couletry)
the Maryland 28a-f show northed at		10e. State 10b. County	IA	10c. City, Tow	n or Loc					10d. inside City Life 12 Yes 2
ifter death with the Mar w items 23s or 28s-f si ring must be notified Funeral Director		10e. Street end Number 2609 Wood	Hand Au	ı		10f. Zip Code 2121	5		10g. Citizen of V	Λ .
ul; or items 23a or samener ment be	200	11. Maritel Status  1 Never Married 2 Married  3 Widowed 4 Divorced	12. Was Decedent Armed Forces  1  Yes 25 if Yes, Give Year or Detes:			/as Decedent of H Yes, specify Cubin ☐ Yes 2 (No	dispanic Origin? (San, Mexican, Puer Specify:	Specify Yes or Note Rican, etc.)	14. Rec Blac Specify	e - American Indien, ck, White, etc.
ges 1 and 2 should be filed within 72 hours after death with the Maryland it of Health and Mental Hygiene. If Item 27 is marked other than "natural", or items 23a or 28a-f show or other traumatic event, the Medical Examine must be notified at To Ge Completed by Funeral Director		15. Decedent's (Specify only highest Elementary/Secondary (0-12)	Education grede completed)  College (1-4or		(Give k	ent's Usual Occup ind of work done O NOT use retired	betion during most of wo	orking		Company
2 should be filed with and Mental Hygiene. Is marked other than aumetic event, the Nameti		7. Father's Neme (First, Middle, La James Moz					18. Mother's Na		e, Maiden Surnam Stuart	0)
other traumatic		19a. Informant's Name/Reletionship Mollie Ever	(Type, Print) th_ moth		. Mailing		end Number or A		ber, City or Town, Ito, md	
Part I	2	20e. Method of Disposition  1 Burial 2 Cremetion 3  4 Donation 5 Other (Spe	☐Removel from State	20b. Place o cemete.	ry, cremi	ition (Neme of atory or other place Star (	emetes	9/16/96	20c. Location -	City or Town, State ville, . md
permit. Page Department of Important: if any injury or once.	100	21. Signature of Funeral Service(Lic	Mark		22.	Name end Addre		t sh Ave		
Physician /Medicai Examiner		23a. Ann Enter the disease, or co shock, or heart failure. List on immediate Ceuse (Final disease or condition asulting in deeth)	mplications that cause ly one cause on each li a.	the deeth. Do ne.	not ente	r the mode of dyin	ng, such as cardia	c or respiratory	errest,	Approximete Interval Between Onset and Death
axecuted in and ial-transit Examiner		Sequentially list conditions,	b	Due to (or es a	consequ	ence of):				
h certificate be axecuted anding physician and use as the burial-transit an/Medical Examin		Gequentially list conditions, eny, leading to Immediate ause. Enter Underlying Cause (Disease or Injury het Initiated events esulting In death) Lest	initiated events							
ed by the atted detached for Physicial	F	earl II. Other significant conditions	contributing to death b	ut not resulting Ir	n the und	derlying cause giv	en in Part i.			ntribute to the cause of de
tata has been signe page 2 should be c		(\$15P							s an autopsy ormed?	24b. Were autopsy findin available prior to completion of cause of death?
this certificate has brial director, page 2 s		5. Was case referred to medical examiner?					26. Place of De		Yes 2000	1 ☐ Yes 2 ☐ No
2 00	L	1 Yes 2 No	Hospital: 1 ☐ inpatie	nt 2 ER/Ou	tpatient	3□ DOA Oth	er: 48 Nursing I	Home 5 ☐ Res	idence 6 Othe	er (Specify)
as after death.  The star death.  The star death.  The star death.  The star death.  Certification:	2	7. Menner of Death  1. Natural 5 Pending 2 Accident investigati 3 Suicide 6 Could not		ry (28b. 1 y Year)	Time of njury	28c. Injun Worl M 1 □	y et k? Yes 2 □ No	28d. Describe	how injury occurr	ed
tal or Attendent after death rail Director: lied in by the Certifical		4 ☐ Homicide determine	building, etc	c. (Specify)				City or To	iwn, State)	er or Rural Route Number,
To the Hospital or Attending Physician 24 hours after death to the Funeral Director; After th completely filled in by the funeral Medical Certification; T		one) 2 Medical Ex	Phyaiclan: To the bast of aminer: On the basts of aminer stand manner sta	examination and	, death o	stigation, in my o	olnion, deeth occu	e, and due to the urred at the time	, dete and place, a	and due to the cause(s)
To ut To ut com	300	96. Signature and Miled dertifier		dis		29c. Licenso	27569		29d. Dete signed	(Month, Dey, Year)
3		D. Name and address of person with	Nettle	eeth (Item 23a) (	Type, P	(P38 (	Green	· Ro	1 #	300
State Registrar	3	1. Dete filed (Month, Day, Year) SEP 1 6 1996	Julia Davi	ar's Signature Uson—Rand	-SE					



ON OF VITAL MECONDS, F.O. BOX 607600 CAUBALTIMONE, MANTLAND ZIZIS-0020	DING PHYSICIAN: The law requires that the death certificate be executed with glours after death. Page 6 may be retained by the hospital or attending physician	After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tra death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
INC N	Page 6 may	director, pa	
VYVDAL	nours after death. I	filled in by the funeral in, or removal.	
00/00	precuted with	After this certificate has been signed by the attending physician and completely filled in by the death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
.O. 0.0.	certificate be	ding physician Hygiene prior to	
ר יטמרט	s that the death	ned by the attentith and Mental	
שב מבי	The law require:	te has been significant to the s	
IA LO N	G PHYSICIAN:	er this certificath with the Sta	
5	N	Aft	

Pages 1, 2, 3 should

permit.

nsit

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -**CERTIFICATE OF DEATH** REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH DSEPH H. MITCHELL 9:00 AM 09 96 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreig Country) 216-20-4559 DAYS HOURS 1 1 2 F 09/18/192 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF GEATH N.H. 6000 BELLONA ADE DIRECTOR MERIDIAN BALTIMORE BALTIMORE RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore Baltimore 1 YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 6000 Bellona ANE 21204 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 XYES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 🕅 Married tf yes, specify Cuban, Maxican, Puerlo Rican, etc.) IF YES, GIVE WAR OR DATES 1 TYES 2 SLNO Specify: Black BY 3 Widowed 4 Divorced WILL COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 166. KIND OF BUSINESS/INDUSTRY ntary/Secondary (0-12) College (1-4 or 5+) Restruct 12+1 STIACO NA notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) DIMETRICE BEATRICE 1, TCHELL EDDIC 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Pulaski MITCHELL Mcl 51517 2121 N. DIVTO must be 20e, METHOD OF DISPOSITION
1 ☑ Burlal 2 ☐ Cremation 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State 4 Donation 5 Other (Specify) BT VET. CEMETER allin zpuice 22. NAME AND ADDRESS OF FACILITY

22. NAME AND ADDRESS OF FACILITY

22. NAME AND ADDRESS OF FACILITY

22. NAME AND ADDRESS OF FACILITY

22. NAME AND ADDRESS OF FACILITY

22. NAME AND ADDRESS OF FACILITY

22. NAME AND ADDRESS OF FACILITY

23. NAME AND ADDRESS OF FACILITY

24. NAME AND ADDRESS OF FACILITY

25. NAME AND ADDRESS OF FACILITY

26. NAME AND ADDRESS OF FACILITY

27. NAME AND ADDRESS OF FACILITY

28. NAME AND ADDRESS OF FACILITY

29. NAME AND ADDRESS OF FACILITY

21. NAME AND ADDRESS OF FACILITY

22. NAME AND ADDRESS OF FACILITY

23. NAME AND ADDRESS OF FACILITY

24. NAME AND ADDRESS OF FACILITY

25. NAME AND ADDRESS OF FACILITY

26. NAME AND ADDRESS OF FACILITY

27. NAME AND ADDRESS OF FACILITY

28. NAME AND ADDRESS OF FACILITY

29. NAME AND ADDRESS OF FACILITY

29. NAME AND ADDRESS OF FACILITY

29. NAME AND ADDRESS OF FACILITY

20. NAME AND ADDRESS OF FACILITY

20. NAME AND ADDRESS OF FACILITY

20. NAME AND ADDRESS OF FACILITY

20. NAME AND ADDRESS OF FACILITY

20. NAME AND ADDRESS OF FACILITY

20. NAME AND ADDRESS OF FACILITY

20. NAME AND ADDRESS OF FACILITY

20. NAME AND ADDRESS OF FACILITY

20. NAME AND ADDRESS OF FACILITY

20. NAME AND ADDRESS OF FACILITY

20. NAME AND ADDRESS OF FACILITY

20. NAME AND ADDRESS OF FACILITY

20. NAME AND ADDRESS OF FACILITY

20. NAME AND ADDRESS OF FACILITY

20. NAME AND ADDRESS OF FACILITY

20. NAME AND ADDRESS OF FACILITY

20. NAME AND ADDRESS OF FACILITY

20. NAME AND ADDRESS OF FACILITY

20. NAME AND ADDRESS OF FACILITY

20. NAME AND ADDRESS OF FACILITY

20. NAME AND ADDRESS OF FACILITY

20. NAME AND ADDRESS OF FACILITY

20. NAME AND ADDRESS OF FACILITY

20. NAME AND ADDRESS OF FACILITY

20. NAME AND ADDRESS OF FACILITY

20. NAME AND ADDRESS OF FACILITY

20. NAME AND ADDRESS OF FACILITY

20. NAME AND ADDRESS OF FACILITY

20. NAME AND ADDRESS OF FACILITY

20. NAME AND ADDRESS OF FACILITY

20. NAME AND ADDRESS OF FACILITY

20. NAME AND ADDRESS OF FACILITY

20. NAME AND ADDRESS OF FACILITY

20. NAME AND ADDRESS OF FACILITY

20. NAME AND ADDRESS OF FACILITY

20. NA 9.17-96 No ARRISON examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE MARCH FUNGET 16 4300 Wabash AUG md. 51512 medicai 23. PABY. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdisc or respiratory erreat, Approximete ahock, or heart failure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final the disease or condition\_ Stage Human Imm undeficiary Viring Syr resulting in deeth) event, DUE TO (OR AS A CONSEQUENCE OF): nta Venous traumatic CERTIFICATION dra Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events injury, or other OUE TO (OR AS A CONSEQUENCE OF): resulting in deeth) LAST PART II. Other algnificant conditions contributing to deeth out not resulting in the underlying cause given in Part I. 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMEO? 23 shows any 1 WES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) Item EXAMINER? HOSPITAL: 1 | Inpetiant 2 | ER/Outpetiant 3 | DOA ne 5 🗆 Residence 8 🗆 Other (Specify) 10 28a. DATE OF tNJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending trivestigation 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home farm, street, factory, office building, etc. (Specify) 3 Suicide 28 is 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) ETED. 6 Could not be FUNERAL DIRECTOR: within 72 hours after NA 4 Homicide Hem 29a. CERTIFIER COMPL 1 W CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and pl

TO THE HOSPITAL

TO THE FUNERAL

De filed within 72 h

IMPORTANT: If I 9-13-2 WHO COMPLETED CAUGE OF DEATH (ITEM 27) (Type, Print) Ro 1600 MOUNT LU/11MD W. 31. DATE FILEO (Month Dev 32. REGISTRAR'S SIGNATURE

29c. LICENSE NUMBER

3

when Davids

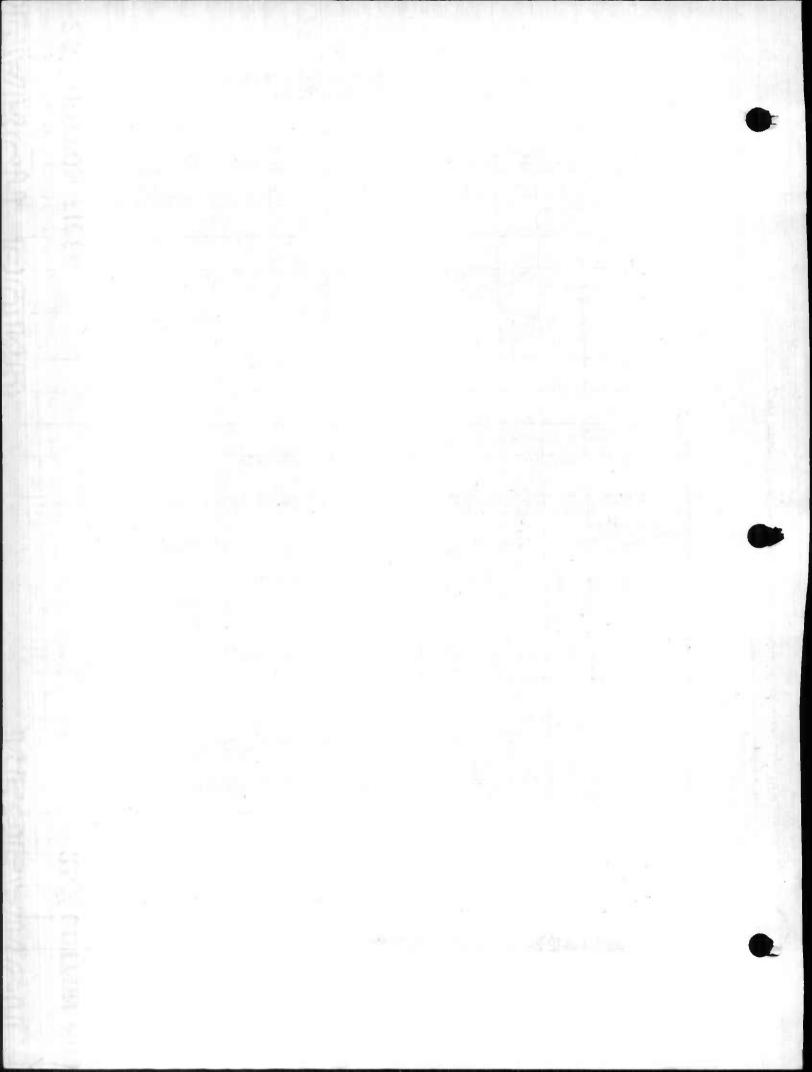
29b. SIGNATURE AND TITLE OF COURTS

55a

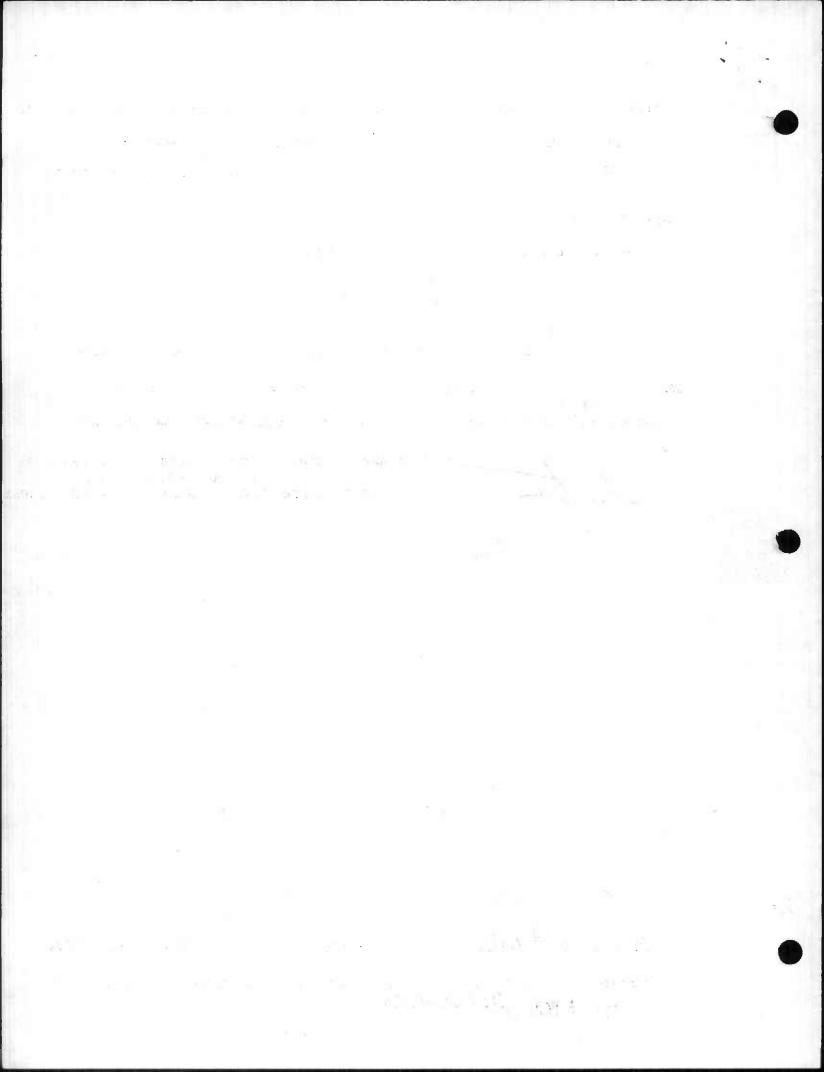
8

OHMH-16 Rev 1/89

29d. DATE SIGNED (Month, Day, Year)



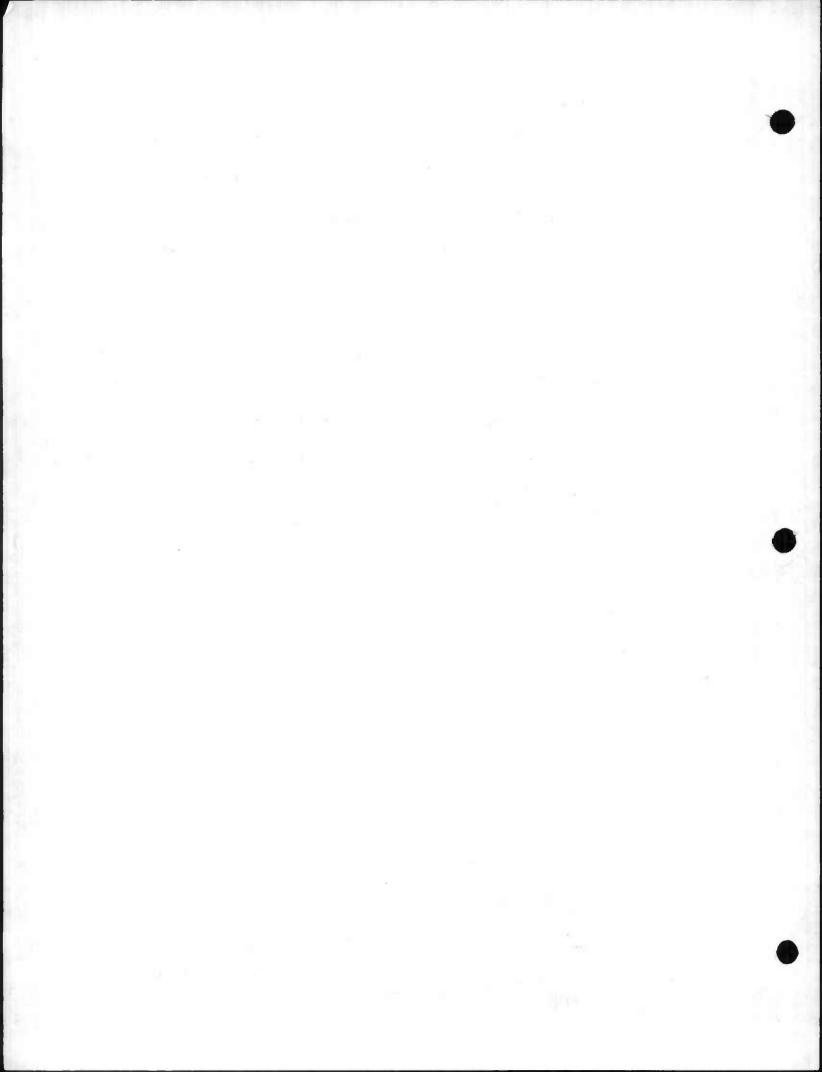
												No.		
hysicia /Medica	ai	Decedent's Neme (First, Middle,     ROBERT     Feelith Neme (March Institution)	HARRIS			MOYER		SR.		2. Dete of ( Month SEPTE	MBEI		Yeer 1996	3. Time of Death 3:45 P.1
Examine uneral rector		207-10-7828	CIRCLE	er) Age (In yrs. ias 80	st birthday) Yrs.	If Under Months		SEVE	RN	8. Date of E (Month, I	Birth Day, Yes	ANNE ANNE ANNE ANNE ANNE ANNE ANNE ANNE	ARUNI 9. Birthp	OEL blece (State or Foreign try) NSYLVANIA
3	-	Usuel Residence of Decedent  10e. Stete 10b. County		10c City	Town or Loc	ontion								
oho is pa	5			Too. Oity,	TOWN OF LOC								1	0d. Inside City Limit  1 ☐ Yes 2√☐ N
288	Director	10e. Street end Number	ARUNDEL			SEVE					100 (	Citizen of W	Mast Cour	
The or		8105 SPAULDING	CIRCLE			101. Zip		144			Tog. (	U.S		ntry r
COMMISSION OF STREET	Funeral	11. Marital Status	12. Was Decede	nt Ever In U,S.	13. W	Ves Decede		77	gin? (Spe	ecify Yes or I Rican, etc.)	No-			an Indian,
	by	1 ☐ Never Married 2 ☑ Married 3 ☐ Widowed 4 ☐ Divorced	Armed Force d 1 🖄 Yes 2[ If Yes, Give Yeer or Dete	□No 1935	,	f Yes, speci		Specify:	, Puerto	Rican, etc.)			k, White, WH]	
Medical	Completed	15. Decadent's (Specify only highest	Education grade completed)		16e. Deced	lent's Usuel kind of worl	Occupe	etion during mos	t of work	ina	16b.	Kind of Bu	siness/Inc	dustry
- 40	DE	Elementery/Secondary (0-12)	College (1-4d		life. D	OO NOT use	retired	)				~~~~	G=D.	
other than	ပ္ပိ	17. Fether's Neme (First, Middle, La		11.	OD PO	PICE	CHI		r'e Name	First, Midd	_	CIVIL		/ICE
p &	To Be	EARL		MOYER				HEL		(r ii ət, iviidü	o, mara			
EE	ř	19e. Informent's Name/Reletionship			19b. Meiling	g Address	(Street e			al Route Num	ber. Cin	SHEL!		Code)
N +			OYER (WIF							SEVER				21144
et de la company		20e. Method of Disposition		20b. Plac	e of Dispos	sition /Nem	e of		,	Dete	1	Location -		
Ty or		1 Burial 2 □ Cremetion 3 4 □ Donetion 5 □ Other (Spe		10	VETER				ia	/9/96	CPC	MNSII.	TI.T.E	MARYLAN
Important: If i any injury or once.	1	21. Signature of Furnish Service Lig	disec		1	. Name end				NGLETC	-			-
on you		1 Sto	ulto		1	SECON	D A	VENUE						ARYLAND 2
sician edical miner		23a. Pert1. Enter the disease, or conshock, or heart failure. List or Immediate Cause (Finet disease or condition resulting in death)	0	ed the deeth, line.			of dylng	g, such es	cardiac d	or respiretory	errest,			Approximate Interval Between Onset and Death
or sthe buriel-transit	2	Immediate Cause (Finat disease or condition	e. Pr		s e conseques s e conseque	uenca of):	of dying	g, such es	cardiac	or respiretory	errest,			Onset end Death
dical miner transit and make es the priviletransit and make transit and ma	in/Medical	Immediate Cause (Finet disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that hittleted events	e. Pr	Due to (or each	s e conseques s e conseques s e conseques	uenca of):  uenca' of):  uence of):				23b. DI	d tobacc		atribute to	Interval Between Onset and Death  I Week  5 mont
Signed by the ettending physician and be deteched for use es the buriel-transit	by Physician/Medical	Immediate Cause (Finet disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last	e. Pr	Due to (or each	s e conseques s e conseques s e conseques	uenca of):  uenca' of):  uence of):				23b. DI	d tobacc		atribute to	Interval Between Onset end Death  I week  5 mont
should be deteched for use as the buriet-transit	by Physician/Medical	Immediate Cause (Finet disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last	e. Pr	Due to (or each	s e conseques s e conseques s e conseques	uenca of):  uenca' of):  uence of):				23b. DI	d tobacc	2□ No	atribute to	Interval Between
should be deteched for use as the buriet-transit	Physician/Medical	Immediate Cause (Finet disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last	e. Pr	Due to (or each	s e conseques s e conseques s e conseques	uenca of):  uenca' of):  uence of):				23b. DI	d tobacc	2□ No	24b. We ever correct of 6	Interval Between Onset end Death    Week
should be deteched for use as the buriet-transit	Be Completed by Physician/Medical	Immediate Cause (Finet disease or condition resulting in deeth)  Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that mitiated events resulting in deeth) Last  Pert II. Other significant conditions  25. Wes case referred to medical exeminer?	e. Pr	Due to (or each	s e conseques s e conseques s e conseques	uenca of):  uenca' of):  uence of):	use give	en in Part I		23b. DI	Yes d tobacc	2□ No	24b. We ever correct of 6	Interval Between Onset end Death    Week
director, page 2 should be deteched for use as the buriel-transit  To Be Completed by Dhusinian Buriel-transit  To Be Completed by Dhusinian Buriel Buriel-Transit  To Be Completed by Dhusinian Buriel Burie	lo Be Completed by Physician/Medical	Immediate Cause (Finet disease or condition resulting in deeth)  Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that mitiated events resulting in deeth) Last  Pert II. Other significant conditions  25. Wes case referred to medical exeminer?  1 Yes 2 No	e. Pr	Due to (or established tient	s e conseques e consequents e	uenca of):  uenca of):  uenca of):  uence of):	Juse give	en in Part I. 26. Pteca 3f: 4 □ Nu	of Death	23b. DI 1 24e. We per	d tobacce (Yee  Is en eut formed?  I Yes (one)	2 No lopsy 2 No 8 □Othe	24b. We ever cord of a 1 [	Interval Between Onset end Death    Week
director, page 2 should be deteched for use as the buriel-transit  To Be Completed by Dhusinian Buriel-transit  To Be Completed by Dhusinian Buriel Buriel-Transit  To Be Completed by Dhusinian Buriel Burie	lo Be Completed by Physician/Medical	Immediate Cause (Finet disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that mitiated events resulting in death) Last  Pert II. Other significant conditions resulting in death) Last  Pert II. Other significant conditions resulting in death) Last  25. Wes case referred to medical exeminer?  1	e	Due to (or expenses the control of t	s e consequence s e consequenc	uenca of):  Lence of):  uence of):  uence of):  defrying car  a 3 DOA  28	Other	en in Part I. 26. Pteca 3f: 4 □ Nu	of Deeth	23b. DI  24e. We per  1 Ca (Check only me 5 Re-28d. Describe)	d tobacc (Yee sen eutrormed? (Yes (one) (sidence a how in)	2 No lopsy  2 No  8 Othe	24b. We cor of a	Interval Between Onset end Death  I Week  5 month  the cause of death  pably 4 unknown  are autopsy findings alleble prior to mpietion of cause death?  Yes 2 No
director, page 2 should be deteched for use as the buriel-transit  To Be Completed by Dhusinian Buriel-transit  To Be Completed by Dhusinian Buriel Buriel-Transit  To Be Completed by Dhusinian Buriel Burie	lo Be Completed by Physician/Medical	Immediete Ceuse (Finet disease or condition resulting in deeth)  Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury theth mitted events resulting in deeth) Last  Pert II. Other significant conditions resulting in deeth)  25. Wes case referred to medical exeminer?  1	e	Due to (or expenses the control of t	s e consequence s e consequenc	uenca of):  Lence of):  uence of):  uence of):  defrying car  a 3 DOA  28	Other	en In Part I.  26. Pteca  31. 4□ Nu  1 et ?	of Deeth	23b. DI  24e. We per  1 Ca (Check only me 5 Re-28d. Describe)	d tobacce  Yee  Is en eut formed?  Yes  one)  sidence e how in  (Street i	2 No lopsy 2 No 8 Othe	24b. We cor of a	Interval Between Onset end Death    Week
director, page 2 should be deteched for use as the buriel-transit  To Be Completed by Dhusinian Buriel-transit  To Be Completed by Dhusinian Buriel Buriel-Transit  To Be Completed by Dhusinian Buriel Burie	Certification: 10 be Completed by Physician/Medical	Immediate Cause (Finet disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that hitieted events resulting in death) Last  Pert II. Other significant conditions  25. Wes case referred to medical exeminer?  1   Yes   2   No    27. Menner of Death 1   Neturei   5   Pending   2   Accident   3   Suicide   6   Could not determined   29e. Certifier   12   Certifying   12   Certifying   13   Certifier   14   Certifying   29e. Certifier   14   Certifying   15   Certifier   15   Certifying   15   Certifier   15   Certifying   15   Certifier   15   Certifying   15   Certifier   15   Certifying   15   Certifier   15   Certifying   15   Certifier   15   Certifying   15   Certifier   15   Certifying   15   Certifier   15   Certifier   15   Certifying   15   Certifier   15   Cert	e	Due to (or established to find the sound of	s e consequence s e consequence de c	uenca of):  Lence of):  Jence	Other	26. Pteca 37: 4 Nu et :? fes 2 I	of Deeth	23b. DI  24e. We per  1 Carrier Service Check only or To and due to the	d tobacc Yee  sen eutformed?  Yes one) sidence a how inj	2 No topsy  8 Other and Number	24b. We ever cord of a series	Interval Between Onset end Death    Week
Institution of the control of the co	ledical Certification: 10 Be Completed by Physician/Medical	Immediate Cause (Finet disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that hitlated events resulting in death) Last  Pert II. Other significant conditions resulting in death) Last  Pert II. Other significant conditions resulting in death) Last  25. Wes case referred to medical exeminer?  1   Yes   2   No  27. Menner of Death 1   Neturei   5   Pending investigat investigat   3   Suicide   6   Could not determine   6   Could not determine   7   Certifying for the could not determine   7   Medical Exemples	e. Dr.  b. C. C. G. C. C. C. C. C. C. C. C. C. C. C. C. C.	Due to (or established to find the sound of	s e consequence s e consequence de c	uenca of):  Lence of):  Jence	Other	26. Pteca 37: 4 Nu et :? fes 2 I	of Deeth	23b. DI  24e. We per  1 Carrier Service Check only or To and due to the	d tobacc Yes sen eutrormed? Yes one) sidence a how inj	2 No topsy  8 Other and Number	24b. We ever con of a series o	Interval Between Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Ons
director, page 2 should be deteched for use as the buriel-transit  To Be Completed by Dhusinian Buriel-transit  To Be Completed by Dhusinian Buriel Buriel-Transit  To Be Completed by Dhusinian Buriel Burie	ledical Certification: 10 Be Completed by Physician/Medical	Immediate Cause (Finet disease or condition resulting in death)  Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that hitted events resulting in death) Last  Pert II. Other significant conditions resulting in death) Last  Pert II. Other significant conditions resulting in death) Last  25. Wes case referred to medical exeminer?  1   Yes   2   No  27. Menper of Death 1   20   Accident   3   Suicide   5   Pending investigat   3   Suicide   6   Could not determine   6   Could not determine   6   Could not determine   7   Certifying If (Check only one)	e. Dr.  b. C. C. G. C. C. C. C. C. C. C. C. C. C. C. C. C.	Due to (or established to find the sound of	s e consequence s e consequence de c	uenca of):  uenca	Other	26. Pleca 3f: 4 Nu et? 7/es 2 I	of Deeth	23b. DI  24e. We per  1 Carrier Service Check only or To and due to the	d tobacc Yes sen eutrormed? Yes one) sidence a how inj	2 No topsy  8 Othe and Number and Number (s) end mer	24b. We ever con of a series o	Interval Between Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Ons



State of Maryland / Department of Health and Mental Hygiene 96

						Ce	rtificate	of L	Death			Reg. No.		
hysic	ian	1. Decedant's Name (First, Mic		·						2	. Date of De		Yaar	3. Tima of Deeth
Medi/		Margaret McC									septen	wher of	3 199	10:20 P
Exami	ner	4e. Facility Nama (If not institut Union Memori							altimo	ore (	lion of Death City		y of Deeth imore	City
ineral rector		5. Social Sacurity Number 213–18–1232	6. Sax	х Эм <b>жж</b> г	7. Aga (In yr	s. last birthdey) 78 Yrs.	Months 1	Yaar Deys	If Under 24 Hours	Min.	Data of Birl (Month, Da lay 26	h y. Year) 1918		elace (Steta or Foreig etry) Land
		Usual Rasidanca of Decedant  10a. Stata 10b. Coun	nty		10c. C	City. Town or Lo	ocation				-		1	Od. Insida City Limits
a Del	5	Maryland Balt	Fimor	e City	,		Balti	more	e City	,				1 □XYas 2 □ No
TOU BOTH	I Director	10e. Street and Number 2700 North Cha					10f. Zip C			21218		10g. Citizan of USA	What Cour	niry?
soical Examiner must be notified at	by Funeral	11. Marilel Slelus 1 Nevar Marriad 2 Mi 3 XXIII	arriad	12. Wes Dace Armed Fo 1 ☐ Yes If Yas, Giv Yeer or Di	rees? 2⊞No ⁄a		Wes Daceda If Yas, specifi	y Cubai	spanic Origin, Maxican, I	n? (Spaci Puarto Ri	y Yes or No- can, etc.)		ca - Amaric ick, Whita,	
Hygiene. other than "natural", or items 23s or 28s-f show ent, the Medical Examinet must be notified at	Completed	15. Decedant's Education (Specify only highest grade complet Elamantary/Sacondary (0-12) Collag		e complated)	ed) (Giva kin lifa, DO		kind of work DO NOT usa	nt's Usual Occupation nd of work dona during most of worki D NOT usa retired)			rking		In Own Home	
		10 17. Father's Nama (First, Middle	a Last)			П	iomemak		18 Mother's	Nama //	First Middle	Maidan Sumar		me
c event,	To Be			ankard					ro. Moinar	,		ne McGi		
traumatic	Ĕ	19a. Informant's Name/Ralation	nship (Tv	Da. Print)		19b. Malil	Ing Addrass /	Straat a	nd Numbar	or Rural F	Routa Numba	ar, City or Town	Stata Zir	Code)
		William E. Mc			on)							more, M		
e uno		20e. Mathod of Disposition		,	20b.	Placa of Dispo	osition (Nama	of			Data	20c. Location		
o S		1  Burial 2  Cramation 4  Donation 5  Other		amovel from		altimor			_	9/1	3/96	Raltim	ore	Maryland
any injury or other		21. Signature of Funeral Service		a O	1	22	2. Nama and	Address	s of Facility				orc,	raryrana
any i	1	my di	/	( -	_//		Burgee	-He	nss Fi	mera	1 Home	9		
-				. A	. 1/2-									
		23a, Part , Enter the diamasa.	or compli	cations that ca	enly	77	3631 F	all:	s Road	Bal	A	e, Mary	land	
		23a. Part1. Enfer the diseasa, shook, or heart torura. Li	or compli st only on	cations that can a causa on a	ausad tha dar ach lina.	77	3631 F tar tha moda	'all: of dying	S Road g, such as ca	Bal Irdiac or r	A	e, Mary	land	Approximate Interval Batwaan
lan		23a. Part . Enter the disease, shock, or heart fatura. Li	or compli st only on			alh. Do not an	tar tha moda	of dying	, such as ca	rdiac or r	timore aspiratory ar	e, Mary	land	Approximate
an al			or compli st only on			alh. Do not an	tar tha moda	of dying	, such as ca	rdiac or r	timore aspiratory ar	e, Mary	land	Approximate Interval Batwaan
n al	ler.	Immediata Causa (Final disaasa or condition	or compli st only on			alh. Do not an	tar tha moda	of dying	, such as ca	rdiac or r	timore aspiratory ar	e, Mary rast,	land	Approximate Interval Batwaan Onsel end Death
an al er	miner	Immediata Causa (Final disaasa or condition rasulting in daath)	or complist only on		etasta Dua 10 a lign	ath. Do not and	Breasquanca of):	of dying	, such as ca	rdiac or r	timore aspiratory ar	e, Mary rast,	land	Approximate Interval Batwaan Onsel end Death
lan ical ner	Examiner	Immediata Causa (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	or complist only on		etasta Dua 10 a lign	alh. Do not an	Breasquanca of):	of dying	, such as ca	rdiac or r	timore aspiratory ar	e, Mary rast,	land	Approximate Interval Batwaan Onsel end Death
lan ical ner	cal Examiner	Immediata Causa (Final disassa or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Entar Undarfying Causa (Disassa or Injury that Initiated avants	or complist only on		Dua to	alh. Do not and	Breasquanca of):  pleviquance of):	of dying	, such as ca	rdiac or r	timore aspiratory ar	e, Mary rast,	land	Approximate Interval Batwaan Onsel end Death
lan cal ner	edical Examiner	Immediata Causa (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	or compliss only on		Dua to	ath. Do not and	Breasquanca of):  pleviquance of):	of dying	, such as ca	rdiac or r	timore aspiratory ar	e, Mary	land	Approximate Interval Batwaan Onsel end Death
lan ical ner properties as the	Medical	Immediata Causa (Final disassa or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Entar Undarfying Causa (Disassa or Injury that Initiated avants	or complist only on		Dua to	alh. Do not and	Breasquanca of):  pleviquance of):	of dying	, such as ca	rdiac or r	timore aspiratory ar	e, Mary	land	Approximate Interval Batwaan Onsel end Death
lan cal ner usus: leun en se esn	Medical	Immediata Causa (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Entar Undarlying Causa (Disease or Injury that Initiated avants resulting in death) Last	a b c c d	Д. П.	Dua to	alh. Do not and	Breasquance of):	of dying	Con	rdiac or r	timore aspiratory ar	rast,		Approximate Interval Batwaen Onsel end Death  Years  Days
lical iner	Medical	Immediata Causa (Final disassa or condition resulting in death)  Sequentially list conditions, if any, leading to immediata cause. Entar Undarfying Causa (Disassa or injury that Initiated avants resulting in death) Last	a b c d	tributing to de	Dua to	alh. Do not and	Breasquance of):	of dying	Con	rdiac or r	timore aspiratory are	obacco uss co	ontribute to	Approximate Interval Batwaen Onset and Death  Years  Days
an ical ner ear the bunel-transit	Physician/Medical	Immediata Causa (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Entar Undarlying Causa (Disease or Injury that Initiated avants resulting in death) Last	a b c d	tributing to de	Dua to	alh. Do not and	Breasquance of):	of dying	Con	rdiac or r	timore aspiratory are	obacco uss co	ontribute to	Approximate Interval Batwaen Onsel end Death  Years  Days
an ical need for use es the bunel-transit	by Physician/Medical	Immediata Causa (Final disassa or condition resulting in death)  Sequentially list conditions, if any, leading to immediata cause. Entar Undarfying Causa (Disassa or injury that Initiated avants resulting in death) Last	a b c d	tributing to de	Dua to	alh. Do not and	Breasquance of):	of dying	Con	rdiac or r	23b. Did t	obacco usa co 'sa 2□ No	ontribute to	Approximate Interval Batwaen Onsel end Death  YEARS  DAYS  othe cause of death oably 4 Wunknown are autopsy findings
a should be detached for use as the buriel-transit	by Physician/Medical	Immediata Causa (Final disassa or condition resulting in death)  Sequentially list conditions, if any, leading to immediata cause. Entar Undarfying Causa (Disassa or injury that Initiated avants resulting in death) Last	a b c d	tributing to de	Dua to	alh. Do not and	Breasquance of):	of dying	Con	rdiac or r	23b. Did t	obacco usa co	ontribute to 3 □ Prol	Approximate Interval Batwan Onsel end Death  YEARS  Days  the cause of death pably 4 Munknow
c should be detached for use as the buniel-transit	by Physician/Medical	Immediata Causa (Final disassa or condition resulting in death)  Sequentially list conditions, if any, leading to immediata cause. Entar Undarfying Causa (Disassa or injury that Initiated avants resulting in death) Last	a b c d	tributing to de	Dua to	alh. Do not and	Breasquance of):	of dying	Con	rdiac or r	23b. Did t	obacco uss co	24b. W. av. co. of	Approximate Interval Batwaen Onsel end Death O
page 2 should be detached for use as the bunel-transit	Completed by Physician/Medical	Immediata Causa (Final disaasa or condition resulting in death)  Sequentially list conditions, if any, leading to immediata cause. Entar Undarlying Causa (Disaasa or Injury that initiated avants resulting in death) Last  Part II. Other significant condit	tions cont	tributing to de	Dua to	alh. Do not and	Breasquance of):	of dying	C3 1	NCC.	23b. Did t 1 1 1	obacco usa co rss 2□ No an autopsy med?	24b. W. av. co. of	Approximate Interval Batwaen Onsel end Death  YEARS  DAYS  othe cause of death oably 4 Wunknow are autopsy findings allable prior to moletion of cause
page 2 should be detached for use as the bunel-transit	Be Completed by Physician/Medical	Immediata Causa (Final disaasa or condition rasulting in daath)  Sequentially list conditions, if any, leading to immediata cause. Entar Undarthing Causa (Disaasa or Injury that Initiated avants rasulting in daath) Last  Part II. Other significant condit	tions contact	tributing to de	Dua to Dua to Dua to (	alh. Do not and	Breas quanca of): Quanca of): quanca of):	of dying state of the control of the	con la Part I.	Daath (C	23b. Did t 1 1 2 24a. Was performed to the check only of the check only only only only only only only only	obacco usa co /ss 2□No an autopsy med?  (as 200000	24b. Www.coof	Approximate Interval Batwaen Onsel end Death  YEARS  DAYS  othe cause of death orbity 4 Wunknow are autopsy findings aliable prior to mpletion of cause death?  Years 2 No
arrector, paga z snould be deteched for use es the bunel-transit	To Be Completed by Physician/Medical	Immediata Causa (Final disaasa or condition rasulting in daath)  Sequentially list conditions, if any, leading to immediata cause. Entar Undarthing Causa (Disaasa or Injury that Initiated avants rasulting in daath) Last  Part II. Other significant condit	tions confidence with the state of the state	ospital:	Dua to  Dua to  Dua to  Dua to  Dua to (	(or es e consecutor es e conse	Reason of the second of the se	of dying state of the control of the	n In Part I.	Daath (Cong Home	23b. Did to 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	obacco usa co rss 2□ No an autopsy med?	ontribute to 3 Prof	Approximate Interval Batwaen Onsel end Death  YEARS  DAYS  othe cause of death orbity 4 Wunknow are autopsy findings aliable prior to mpletion of cause death?  Years 2 No
an a length and an ease of passage as a fact that the same as a sa	To Be Completed by Physician/Medical	Immediata Causa (Final disaasa or condition rasulting in daath)  Sequentially list conditions, if any, leading to immediata cause. Entar Undertying Causa (Disaasa or injury that initiated avants rasulting in daath) Last  Part II. Other algnificant conditions are under the conditions of the condition	tions confidence with the state of the state	ospital:	Dua to  Dua to  Dua to  Dua to  path bul not ra	alh. Do not and	Reason of the second of the se	of dying	n In Part I.	Daath (Cong Home	23b. Did to 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	obacco usa co 'sa 2□No an autopsy med? 'as 2₺No raa) anca 6□Ott	ontribute to 3 Prof	Approximate Interval Batwaen Onsel end Death  YEARS  DAYS  othe cause of death orbity 4 Wunknow are autopsy findings aliable prior to mpletion of cause death?  Years 2 No
funeral director, page 2 should be detached for use as the bunel-transit	To Be Completed by Physician/Medical	Immediata Causa (Final disaasa or condition resulting in death)  Sequentially list conditions, if any, leading to immediata cause. Entar Undarthing Causa (Diseasa or Injury that Initiated avants resulting in death) Last  Part II. Other significant conditions are successed in the condition of th	a a b d d d d d d d d d d d d d d d d d	ospital: 1 1 28a. Data of Month	Dua to  Dua to  Dua to  Dua to  Dua to  Dua to (  path bul not ra  paliant 2[  finjury  h, Day Year)	alh. Do not and (or es a consec (or es e conse	guanca of):  quanca of):  quanca of):  quanca of):  quanca of):	Otha	n In Part I.  26. Placa our 4 □ Nursi at 7	Daath (Cng Home	23b. Did t 1 1 1 24a. Was perior 1 Y Check only o	obacco usa co /ss 2 No an autopsy med?  /as 2 DNo na) lanca 6 Ott now injury occur	24b. W. av. oo of	Approximate Interval Batwaen Onsel end Death  YEARS  DAYS  othe cause of death orbity 4 Wunknow are autopsy findings aliable prior to mpletion of cause death?  Years 2 No
director, page 2 should be detached for use as the bunel-transit	Certification: To Be Completed by Physician/Medical	Immediata Causa (Final disaasa or condition rasulting in daath)  Sequentially list conditions, if any, leading to immediata cause. Entar Undarthying Causa (Disaasa or Injury that Initiated avants rasulting in daath) Last  Part II. Other significant conditions avaminer?  1	tions confidence of the state o	ospital: 1 126 28a. Data o Monti	Dua to  Dua to	(or es a consecutor es a conse	quanca of):  quanca of):  quanca of):  quanca of):  quanca of):  quanca of):  quanca of):  quanca of):	Otha Injury Work  Injury Work  Injury Work  Injury Work  Injury	g, such as ca  C 3 1  P	Daath (Cong Home	23b. Did t 1 1 1 24a. Was performed to the control of the control	obacco usa co /ss 2 No an autopsy med?  /as 2 DNo na) lanca 6 Ott now injury occur	24b. W. av. coo of 1	Approximate Interval Batwaen Onsel end Death Onsel end Death Onsel end Death Onsel end Death Onsel end Death Onsel end Death Onsel end Death Onsel end Death Onsel end End End End End End End End End End E
funeral director, page 2 should be detached for use as the bunel-transit	To Be Completed by Physician/Medical	Immediata Causa (Final disaasa or condition rasulting in daath)  Sequentially list conditions, if any, leading to immediata cause. Entar Undarlying Causa (Disaasa or Injury that initiated avants rasulting in daath) Last  Part II. Other significant condit  Lyper (e.g.)  25. Was casa rafarred to madic avaminer?  1 Yes 2 No  27. Manner of Death 1 Natural 5 Pand invas 3 Suicide 6 Could datar  29a. Cartifier (Check only 2 Medica)	a a a a a a a a a a a a a a a a a a a	ospital: 1 12 12 28a. Data co (Month) 28a. Pleca buildin 1clean: To tha ba	Dua to  Dua to	(or es a consecutor es a conse	quanca of):  quanca of):  quanca of):  quanca of):  quanca of):  quanca of):  quanca of):  quanca of):  quanca of):  quanca of):  quanca of):	Otha Dilium	g, such as ca  C 3 1  P	Daath (Cong Home	23b. Did t  1 1 1  24a. Was performed to the control of the contro	obacco usa co se 2 No an autopsy med?  as 2 DNo ana (6 Ott now injury occur itreet and Numb n, Stata)	24b. Was averaged annar as stand dua to	Approximate Interval Batwaen Onset and Death Onset and Death Onset and Death Onset and Death Onset and Ons
funeral director, paga 2 should be detached for use es the bunel-transit	edical Certification: To Be Completed by Physician/Medical	Immediata Causa (Final disaasa or condition rasulting in daath)  Sequentially list conditions, if any, leading to immediata cause. Entar Underlying Causa (Disaasa or Injury that Initiated avants rasulting in daath) Last  Part II. Other significant conditions avaminer?  1 Yes 2 No  27. Manner of Death 1 Natural 5 Pand invas 3 Suicide 6 Could datar  29a. Cartifier (Check only one)  1 Certify Certify 2 Madica	tions contained the state of th	ospital: 1 12 12 28a. Data co (Month) 28a. Pleca buildin 1clean: To tha ba	Dua to  Dua to	(or es a consecutor es a conse	quanca of):  quanc	Otha in my opl	g, such as ca  Co 1  Part I.  26. Place of 1  1	Daath (Cong Home)  286  286	23b. Did t  1 1 1  24a. Was performed to the control of the contro	obacco use co	24b. Wi avi co of 1 annar as si and dua to di (Month, in a di	Approximate Interval Batwaen Onset and Death Onset and Death Onset and Death Onset and Death Onset and Ons

State Registrar



State of Maryland / Department of Health and Mental Hygiene 96

					Cer	tificate o	f Dea	th		Reg. No.		
Physici /Medi		Decedent's Name (First, Middle, Last     WILLIAM	JOSEPH			NEL	MAI	VN	2. Date of De Month SEPTEME	Day	Year 1996	3. Time of Death 3.28 PM
Examir		4a. Facility Name (If not institution, give	A CONTRACTOR OF THE PARTY	)					ocation of Death		y of Death	
Funeral Director		Good Samaritan Hos  5. Social Security Number  6. S  213056802  Usual Residence of Decedent	ex 7. A	ge (in yrs. last b	Yrs.	If Under 1 Ye Months Day	er If Un	der 24 Hrs.	8. Dete of Bird (Month, Da May 20,	y, Year)	9. Birthpi Count Mary	
death with the Maryland ms 23a or 28a-f show r nast be modited at	Director	10a. State 10b. County  Maryland N/A  10e. Street and Number			10c. City, Town or Location  Baltimore City  10f. Zip Code 10g. Citizen of Wi							od. Inside City Limits  1 ☑ Yes 2 ☐ No  try?
à # E	by Funeral Director	5312 Barbara Avent  11. Marital Status  1 Never Married 2 Married  3 Widowed 4 Divorced						ick, White, 6	American Indian, White, etc.			
I within 72 land. The Made	Completed	15. Decedent's Ed (Specify only highest gra Elementary/Secondary (0-12) 12th Grade	5+)	(Give I life. E	OO NOT use ret	ccupation one during most of working officer  16b. Kind of Business/Indust Military						
d 2 should be filed the and Mental Hyg 7 is marked other traumetic avent,	To Be	17. Fether's Name (First, Middle, Last)  Joseph  All	pert	Neum	ann		In Inc		ne (First, Middle, Unk	, Meiden Sumai NOWN	me)	Warner
agas 1 an ent of Heal ft: If itam 2 y or other		Margaret I. Neuman  20a. Method of Disposition  1  Burial 2  Cremetion 3  4  Donation 5  Other (Specify	Removal from State	20b. Piaca cemet	of Dispos ery, crem	Barbara sition (Name of netory or other p Cemete	iace)		Saltimor Date 16/96	e, Mary 20c Location Baltimo	- City or To	wn, State
permit. Pa Departmen Important eny injury once.		21. Signature of Funeral Service Lican	n. Ma	rphy	Jo	Name and Ado hn C. M 15 Bela	iller	, Inc	altimor	e, Mary	land	21206
Physician		23a. Part1 Enter the disease, or comp shock, or heart feilure. List only	one ceuse on each l	line.		er the mode of c	lying, auch	as cardiac	or respiratory as	rrest,		Approximate Interval Between Onset and Death
/Medical Examiner	, 5	Immediate Cause (Final disease or condition resulting in deeth)	a CONG	ESTIVE		EART	FA	ILU	RE		-	1 YEAR
nsit	Examiner		b. CHRO		REN	JAL	FAIL	URE				
Local Control of the supering the physician and for use as the burief-transit	Medical	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury thet initiated events resulting in death) Last  Due to (or as a consequence of):  Due to (or as a consequence of):										
at the death ce d by the attendi	Physician/	Pert II. Other significant conditions co	ontributing to death b	but not resulting	In the un	derlying cause	given in Pa	art I.	1117		The state of the	the cause of death?
The law requires that the death at a base signed by the attended to should be detached for	Completed by P								24a. Was perfo	an autopsy ormed?	24b. We ava	re autopsy findings illable prior to npletion of cause leath?

Division of Vital Rec Hospital or Attending Physician: The law this 24 hours after death.

Be

Certification:

29a. Certifier (Check only one)

25. Was case referred to medical examiner? 1 ☐ Yes 2 No

27. Manner of Death

1 Natural 2 Accident 5 Pending investigation 6 Could not be determined 3 Suicide 4 Homicide

1 Inpatient

28b. Time of

28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

2 ER/Outpatient 3 DOA

28d. Describe how injury occurred 1 Yes 2 No 28f. Location (Street and Number or Rural Route Number, City or Town, State)

Other: 4 Nursing Home 5 Residence 6 Other (Specify)

26. Plece of Deeth (Check only one)

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner es stated.

2 Medicat Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated.

MD

29c, License number P08241

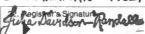
29d. Dete signed (Month, Day, Year) SEPTEMBER 12, 1996

30. Name end address of person who completed cause of deeth (Item 23a) (Type, Print)

GOOD SAMARITAN HOSPITAL, 5601 LOCH RAVEN BLUD, BALTIMORE, MD SANJAY SETHI

28c. Injury at Work?

State Registrar



and the second of the second o The state of the s Notes to the participation of the Company

State of Maryland / Department of Health and Mental Hygiene

Physician /Medical Examiner
-----------------------------------

Director

Funeral

þ

Completed

Be

2

**Funeral** 

Director the Maryland show r 28a-f show

r than "natural", or items 23a or the Medical Examiner must be r death il Hygiene.

filed within 72 hours after permit. Pages 1 and 2 should be file.
Department of Health and Mental Hyg.
Important: If Item 27 is marked other any injury or other traumes.
once. traumatic event,

Maryland 21215-0020

Baltimore,

Box 68760,

Division of Vital Records, P.O.

Physician /Medical **Examiner** 

Physician/Medical Examiner The law requires that the death certificate be executed the burial-tran and ettending physician 188 BS signed by þ 8 page 2 should Completed certificate has Physician: Be or Attending Physics of the death.

I Director: After this cond in by the funeral directors. Certification: To filled in 24 hours edical To the Hosp within 24 hor To the Fune completely fi

Certificate of Death 1. Decedant's Nema (First, Middle, Last) 2. Data of Deeth 3. Tima of Death IGNACIO NOVATON Sept. 1996 5 A.M. 3 4e. Facility Nama (If not institution, giva streat and number) 4b. City, Town, or Location of Death 4c. County of Deeth 2069 Brick Church Road New Windsor Carroll 5. Social Security Number If Undar 1 Year If Under 24 Hrs. 7. Aga (In yrs. lest birthday) 8. Data of Birth (Month, Day, Yaar) Birthplace (State or Foraign Country) Devs 1√2 M 2□ F Months Hours 074-32-4903 76 Yrs July 31,1920 Cuba Usuai Rasidence of Decedant 10a. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yas 2√ No Carroll New Windsor 10e Street and Number 10f. Zin Code 10g. Citizan of What Country? 2069 Brick Church Road 21776 USA 13. Was Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuben, Maxican, Puarto Rican, etc.) 11. Maritel Status 12. Was Dacedant Evar in U,S. 14. Race - Amarican Indien, Bieck, Whita, atc. ☐ Yes 2 No Yes, Giva 1 Navar Married 2 Married 1 Yas 2 No Spacify: Specify: White 3 ☐ Widowed 4 ☐ Divorced Cuban Yaar or Dates: 15. Decedant's Education (Spacify only highest grada completed) 18a. Dacadant's Usual Occupation 16b. Kind of Businass/Industry (Giva kind of work dona during most of working life. DO NOT usa ratired) Elamantary/Secondary (0-12) Collage (1-4or 5+) Painter Painting 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Meldan Sumama) Valentin Novaton Carmen Lloreda 19a. Informent's Name/Ralationship (Type, Print) 19b. Mailing Address (Streat and Number or Rural Routa Number, City or Town, State, Zip Coda) 2069 Brick Church Rd. New Windsor MD 21776 Consuelo Novaton
20a. Mathod of Disposition 20b. Pleca of Disposition (Nema of cematary, cramatory or other place) Data 20c. Location - City or Town, Stata 1 Burial 2 □ Cramation 3 □ Ramoval from Steta Flushing Cemetery 9/16/96Flushing, NY 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Emplat Service Licens 22. Nama end Addrass of Facility Sterling Ashton Funeral Home 736 Edmondson Ave. Catonsville, Md 21228 23a. Part 1. Entar tha disaasa, or comboundons that caused tha deeth. Do not antar tha moda of dying, such as cardiac or raspiretory errest, shock, or heert failura. List only or a causa on aach lina. Approximata Intarval Batween Onset and Death Immedieta Causa (Final disaase or condition rasulting in death) Lans

Sequantially list conditions, if any, laading to immadiata causa. Entar Underlying Cause (Disaase or Injury that Initieted avants

Dua to (or as a consequence of) rasulting in daath) Last Part II. Other significant conditions contributing to death but not resulting in the underlying causa given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown neuro 24b. Wara eutopsy findings 24a. Was an autopsy avallable prior to completion of cause of death? performed' 1 Yas 2DNo 1 Yas 2 No ener 25. Was casa raferred to medical exeminar? 26. Pieca of Death (Check only one) Othar: 4 Nursing Home Hospital: 1 Yas 2 No 1 ☐ inpatiant 2 ☐ ER/Outpatient 3□ DOA 5 Masidance 6 □Othar (Specify) 27. Manner of Death 1 (DNatural 28a. Data of Injury (Month, Dey Year) 28c. Injury at Work? 28b. Tima of 28d. Describe how injury occurred 5 Panding invastigation 1 Tas 2 No 2 Accident 6 Could not ba 3 ☐ Suicida 28e. Placa of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Steta) 4 ☐ Homicida 1 Certifying Physician: To tha best of my knowledge, deeth occurred at the time, dete and place, and due to the ceusa(s) and mannar as steted.
2 Medical Examiner: On the basis of axaminetion end/or invastigation, in my opinion, death occurred at the time, data and place, and due to the causa(s) end mannar stated. 29a. Cartifier (Check only one)

29c. Licanse number

29b. Signatura and title of certifiar

D14992

29d. Dete signed (Month, Day, Year) 09-13-96

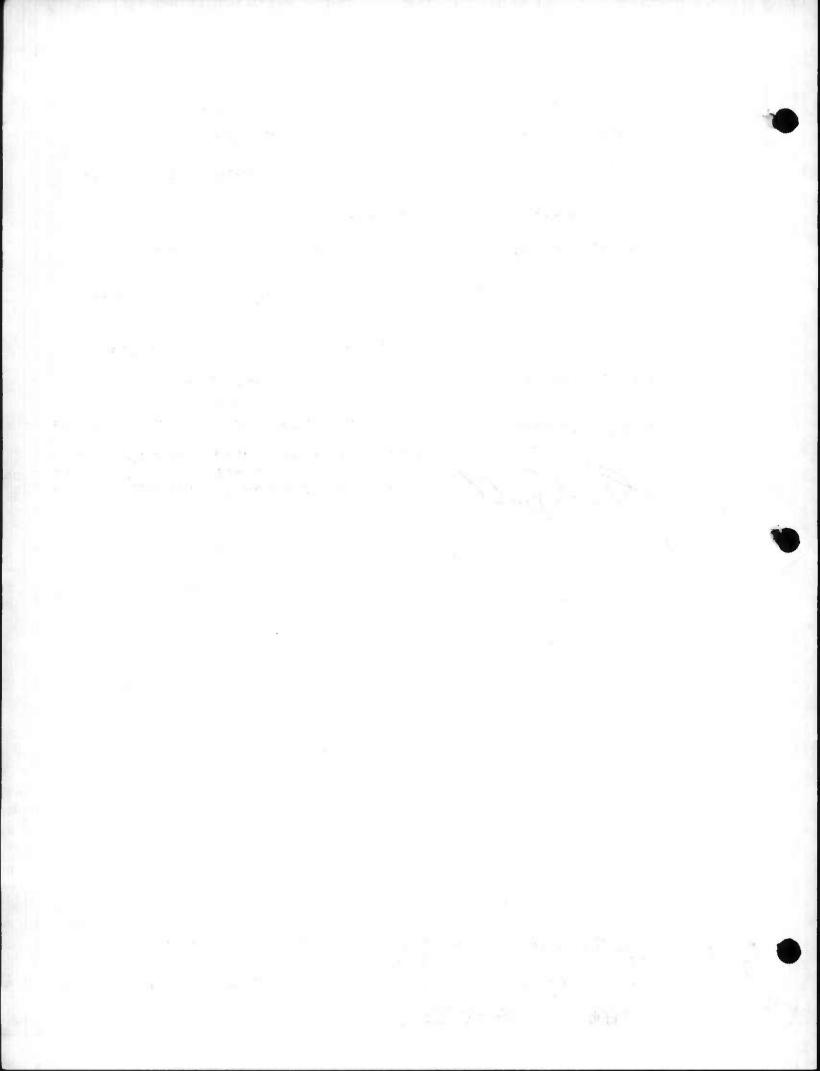
30. Name and addrass of person who completed causa of death (Item 23a) (Type, Print)

EPHRAIM B. BARZAGA, M.D. 1233 Union Bridge Road, New Windsor, Md 21776

Registrar

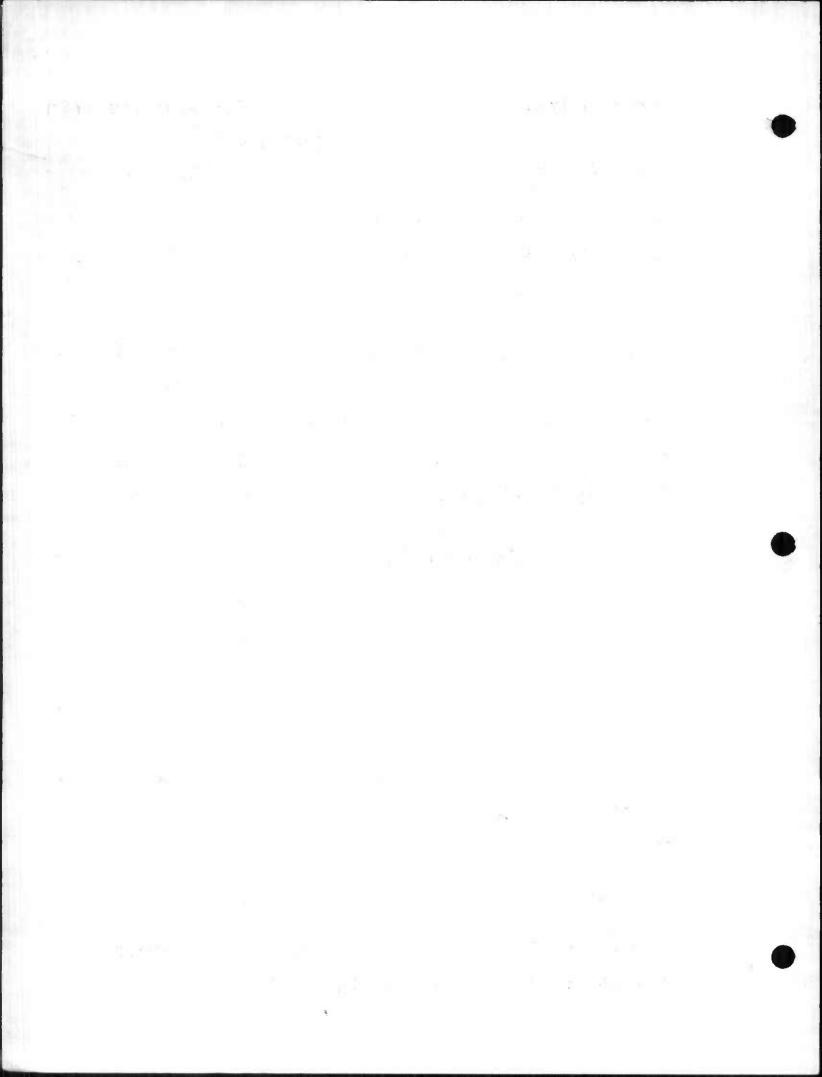
31. Data filed (Month, Day, Yaer)





State of Maryland / Department of Health and Mental Hygiene 96

					C	ertific	ate of	Death		F	Reg. No.			
	Dhusia		1. Decedent's Name (First, Middle, Li	ast)		7.0				Date of Dea Month	ith Dev	Year	3. Time	e of Death
	Physic /Medi		Louis H No	ewberry						entemi		1996	073	54 0
	Exami		4e. Facility Name (If not Institution, gi	ve street end number)				BAL TOW	m, or Locati	RE		ty of Death	a	
	Funeral Director		242-24-6590	Sex 7. Age (In	yrs. lest birtho	Monti	der 1 Yeer ns Deys	If Under 2	Min. J	Dete of Birth (Month, Day UN . 12	, 1925	Count	AROL	te or Foreig
	pue #		Usual Residence of Decedent  10s. State 10b. County	100	c. City. Town o	r Location						10	Od Inside	City Limits
	he Marylar Ha-f shor otified at	Director	MD	n/a	BA	LTIMO							1 🖾 💥	es 2□No
	ier doath with the Maryle Herms 23e or 25e-4 shor Inst. must be notified at	ral Dir	10e. Street end Number 11 W. 20 th	STREET	apt. 1		Zip Code	21218		10g. Citizen of What Country? UNITED STATES				
020	g 9 B	by Funeral	11. Maritel Stetus  1 △ Wever Married 2 ☐ Married  3 ☐ Widowed 4 ☐ Divorced	12. Wes Decedent Ever Armed Forces? 1 ★ Yes 2 No If Yes, Give Year or Dates:	unk,		cedent of I specify Cub		spenic Origin? (Specify Yes or No- h, Mexican, Puerto Rican, etc.)  Specify:			14. Raca - American Indian, Black, White, etc.  Specify: BL AC		
20	일 분류	pete	15. Decedent's E (Specify only highest gr	ducation ade completed)	16a. De	cedent's U	sual Occup work done	pation during most	of working		16b. Kind of I	Business/Ind	lustry	
1121	within then the Ms	Completed	Elementery/Secondary (0-12)	College (1-4or 5+) 4 Vears	SUB		Tuse retire ACHER	during most od)				school MORE C		PUBL I
9	Hygi Hygi ent, 1		17. Father's Neme (First, Middle, Las	1 10013	300	. 1	ACHER		'a Name (Fi	rst, Middle,	Meiden Sume		111	PUBLI
ılan	hould be of Mental marked o	To Be	FRED D. NEWS	BERRY				JU	JLIA	E. C	RUMP			
, Maryland 21215-0020	and 2 should saith and Mar n 27 is marks ser traumatic	-	19a. Informent's Neme/Relationship MARY N. HARR		19b. M 220						r, City or Town EENSBOR			1
Baltimore,	Cof He H Nem or oth		20a. Method of Disposition    Comparison   C											
Balti	permit. Pa Departmen Importanti any injury gode		3 Service Lice	nsee /	ho	22. Name	and Addre	ess of Facility	,		E. NOR		VENU	
	10 1		23 Pert1. Enter the disease, or con ahock, or heart feilure. List only	nplications that caused the	deeth. Do not								Approxim Interval E	nate
	Physician /Medical Examiner		Immediate Cause (Final disease or condition resulting in death)	Salmone	ella S	epsis	<u> </u>						Onset en	nd Death
	uted 1 1 1 1 1 1 1 1 1	Examiner		b	to (or es e cor							1		
68760,	ertificate be executed ling physician and e as the burial-transit		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury thet initieted events	C	to (or as a con							1		
89 xc	Sing and	n/Medical	resulting in death) Last	Due to (or es e consequence of):										
. Bo	death e atte	icla	Part II. Other significant conditions	contributing to death but no	t resulting in th	e underlyin	a cause air	ven in Part I.	1	23b. Did tobacco use contribute to the cause of death				se of death
, P.O	requires that the de seen signed by the should be detached	y Physician			Tooling III III		g 02.000 g			1 Yes 2 No 3 Probably				Unknov
Records,	aw requires ts been sign 2 should be	Completed by								24a. Wes a	an autopsy med?	ava	ere sutops allable prid mpletion of death?	sy findings or to of cauae
Ĭ	6 4 8	E O								1□ Y	ea 2 No	1 🗆	Yes 2	No
<b>1</b>	s certificate director, pag	Be	25. Was case referred to medical examiner?	11					of Deeth (C	heck only o	ne)			
6	this aidi	10 To	1 Yes 2 No		2 ER/Outpe		DOA		1		ence 6 🗆 O		1)	
5	T Je je	Certification:	27. Maniner of Death  1 Netural 5 Pending  2 Accident investigation  3 Suicide 6 Could not be		28b. Tim Inju			28c. Injury at Work?  1 Yes 2 No						
5	tal or Attend rs efter death af Director: /	Certifi	3 Sulcide 6 Could not to determined	28e. Place of Injury - building, etc. (Sp	At home, farm, pecify)	street, fec	tory, office		28f.	Location (S City or Tow	itreet end Nun m, Stete)	iber of Rural	! Route N	umber,
	To the Hospital or A within 24 hours effer To the Funeral Direction pletely filled in b	edicai	29a. Certifier (Check only one) Certifying Pl	nyalclan: To the best of my minar: On the basis of exar and menner stated.	knowledge, d mination and/o	eath occurr r Investigat	ed at the ti	me, date and opinion, death	plece, and occurred a	due to the d	cause(s) and n date and place	nenner es ste , and due to	eted. the caus	e(s)
	To the within 2 To the comple	M	29b. Signature and title of confiller				29c. Licens	se numbar			29d. Date sign		Day, Year	7)
	nul		30 Name and address of sea	completed entire of death	/leam 22=1 /T:-	no Brist	050	0087			9/17	2/96		
	KI		30. Name and address of person who	completed cause of death			5	2120	1					
	Sta	ite	31. Date filed (Month, Dey, Year)	32. Registrar's S					•					



State of Maryland / Department of Health and Mental Hygiene tem #10b,c,d, filmg 739, 9/16/96,cyw, per file for Continuous of Dooth Certificate of Death 1. Decedent's Name (First Middle Last) 2. Dete of Death Physician 4b. City, Town, or Location of Death 4c. County of Deeth Ouxens Francis Haroh /Medical 4a. Fecility Name (If not institution, give street end number) 4c. County of Deeth **Examiner** Lorien Nursing Center Columbia Columbia Howard If Undar 24 Hrs. 8. Date of Birth (Month, Dey, Year) 5. Sociei Security Number 216-06-4169 If Undar 1 Yaar Birthplace (State or Foreign Country) 7. Aga (In yrs. last birthday) **Funeral** 1000M 2□ F Deys Yrs Director 69 5-21-27 MD Usuai Residence of Decedent with the Meryland 10e Stete 10b. County 10c. City, Town or Location permit. Pages 1 and 2 should be filed within 72 hours after death with the Merylan Department of Health and Mental Hygiene. Important: If term 27 is marked other than "natural", or items 23a or 28a-f ahow any injury or other traumatic event, the Madical Example mail or notified as 10d. Inside City Limits N/A BALTIMORE CITY -1√ Yes 2 No Director 10e. Street and Number 10f, Zip Code 10g. Citizen of What Country? 6334 Cedar Lane 21044 USA Funeral 12. Was Decedent Ever in U,S. Armed Forcas? 1 TYes 2 □ No If Yes, Give Yaar or Dates: 1951 – 57 Was Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Maxican, Puerto Rican, etc.) 14. Reca - American Indian, Biack, White, etc. 11 Marital Status 1 Never Merried 2 Married 1 Yes 2 No Specify: 3altimore, Maryland 21215-0020 Specify: BLACK þ 3 Widowad 4 Divorced Completed 15. Decedent's Education (Specify only highest grada complated) 16a. Decedent's Usuel Occupation (Giva kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Laborer Construction 12th 17. Father's Neme (First, Middle, Last)
MOSES M. Owens 18. Mother's Name (First, Middla, Maidan Sumeme) Beatrice Husen 19e. Informent's Name/Reietlonship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zlp Code) Debra Washington/Niece 810 Whitmore Ave, Baltimre, MD 20b. Piece of Disposition (Name of cametery, crematory or other place) Garrison Forest Veteran 9-19-96 Owings Mills, MD 20e. Weihod of Disposition

12 Burlei 2 Crametion 3 Ramovel from State 4 ☐ Donetion 5 ☐ Other (Spacify) 21. Signeture of Furjeral Service Licepasse 22. Name end Addrass of Facility William C. Brown Community F/H 1206 W. North Avenue 23e. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. **Physician** /Medical immediate Ceuse (Finei e. Acute Reval failure

Due to (or es e consequence of):

b. Chravie News failure

Due to (or es e consequenca of): Lucales disease or condition resulting in death) Examiner nding physician end Sequentielly list conditions, if eny, leeding to immadiete cause. Enter Underlying Cause (Disease or Injury thet initiated events resulting in deeth) Lest Records, P.O. Box 68760, Physician/Medical Pert II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? Smoked 1 Yee 2 No 3 Probably 4 Unknown A CUA. -CUI 24b. Ware autopsy findings aveileble prior to completion of causa of daath? Completed 24e. Was en eutopsy performed? 1 ☐ Yes 2 ☐ No Division of Vital Hospital or Attending Physician: 4 hours after death. Funeral Director: After this certifica 25. Was case referred to medical axeminer? Be 26. Place of Deeth (Check only one) Hospitai: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 1 Yes 2 No Other: 

Nursing Homa 5 ☐ Residence 6 ☐ Other (Specify) 7 27. Manner of Deeth 1 2 Natural 28e. Dete of Injury (Month, Day Year) 28b. Time of Medical Certification: 28c. injury et Work? 28d. Describe how injury occurred 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident by the 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete and piaca, end due to the ceuse(s) and menner as steted.

2 Medical Examiner: On the basis of examinetion end/or invastigation, in my opinion, death occurred at the time, dete end piaca, end due to the ceuse(s) end menner stated. 29a. Certifier 29b. Signatura and titia of certifiar 29d. Date signed (Month, Dey, Year) 29c. Licansa number 30, Neme and eddress of person who completed cause of death (Item 23e) (Type, Print) 9501 Old Annapoles Rd Ellic. H City 20042 KULO DRUBETZ 1 6 1996 June Davidson-Randell State Registrar

era Maner , genin salta e 

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Month SYLVESTER O'BRIEN 13, SEPT. 4:58 AM 1996 **GEORGE** /Medical 4a. Facility Name (If not Institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** JOSEPH MEDICAL CENTER TOWSON BALTIMORE If Under 1 Year | If Under 24 Hrs. | 8. Data of Birth (Month, Dey, Year) 5. Social Security Number 7. Age (In yrs. lest birthday) Birthplaca (Stata or Foreign Country) **Funeral** M 20 F Days 44 219-70-984 Yrs. 23, 1933 Director lad Usual Residence of Decedent 10a, Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23a or 28a-f ahow traumatic event, the Modical Examiner must be notified at NIA Dalt 1 Yes 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 709 tenwic 1.5.A 21239 Funeral 12. Was Decedant Ever in U,S. Armed Forcas? 1 ☐ Yas 2 ☐ No tf Yes, Give Yaar or Dates: 11. Maritai Status Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puarto Rican, etc.) Race - American Indian, Biack, White, etc. permit. Peges 1 and 2 should be filed within 72 hours after to Department of Heelth and Mentel Hygiene. Important: if them 27 is marked other than "natural", or then any injury or other traumatic event. 1 ☐ Never Married 2 ☐ Married Black Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: by 3 ☐ Widowed 4 Divorced Completed 15. Decedent's Education 16a. Decedent's Usuai Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working fife. DO NOT use retired) Elementary/Secondery (0-12) College (1-4or 5+) Supervisor Keswick Dusekeeping NIQ 18. Mothar's Name (First, Middle, Maiden Sumeme) 17. Fathar's Nama (First, Middle, Last) Jackie ne Ciscie 9a. informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Routa Number, City or Town, State, Zip Code) 5709 Ferwick eong Ave Balto, md 21239 20b. Place of Disposition (Nama of cametary, crametory or other p 20e. Method of Disposition 20c. Location - City or Town, State Date 9/18/90 1 Burial 2 Cremation 3 Removal from State Woodlavnin Woodlawn .Cmeter 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Fugeral Service Licensee 22. Nama and Address of Facility -west 4300 Wa bas 234 Part. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one ceuse on each line. Approximete Interval Between Onset and Death Physician /Medical immediale Cause (Finei SEPSIS disease or condition resulting in death) **Examiner** Due to (or as a consequenca of): Examiner physician end s the burial-transit Hospital or Attending Physician: The law requires that the deeth certificate be associted Sequentially list conditions, if any, leading to immediata cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequenca of): P.O. Box 68760. Physician/Medicai Due to (or as a consequenca of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? CONGESTIVE HEART FAILURE 1X Yee 2 No 3 Probably 4 Unknown been signed the should be detected to the sh Records, þ 24b. Were autopsy findings available prior to completion of cause of death? Be Completed 24a. Was an autopsy performed? CHRONIC OBSTRUCTIVE PULMONARY DISEASE page 2 1 ☐ Yes 2 ☑ No 1 ☐ Yes 2 No Division of Vital 25. Was case referred to medical 26. Place of Death (Check only one) Other: 4 Nursing Homa 5 Rasidance 6 Other (Specify) Certification: To 1 ☐ Yas 2 🗓 No Inpatient 2 ER/Outpatient 3 DOA this funeral 27. Manner of Death 28a. Date of Injury (Month, Dey Year) 28b. Time of 28c. injury at Work? 28d. Describe how injury occurred After 1 X Naturai 5 Pending after death.
Director: After d in by the fundament investigetion 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicida 28f. Location (Street end Number or Rural Route Number, City or Town, Steta) 28e. Place of injury - At home, ferm, street, factory, office building, etc. (Specify) 4 Homicide To the Hospital or within 24 hours aft To the Funeral DI completaly filled in 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

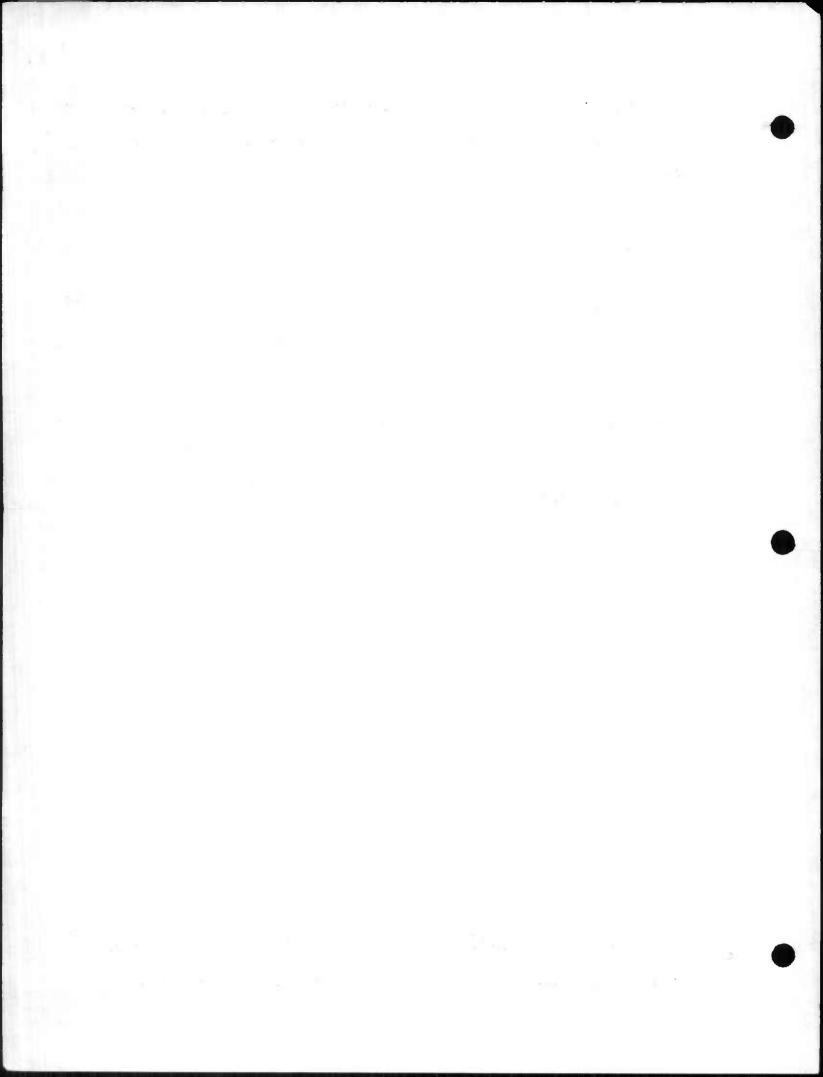
2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) and manner steted. Medical 29a. Certifier 29b. Signature and title of cartifier 29c. Licansa number 29d. Date signed (Month, Day, Year) att Duarino, ML D 46673 30. Name and address of person who completed cause of deeth (item 23e) (Type, Print) ANTHONY H. GUARINO, M.D., 7620 YORK ROAD, TOWSON, MARYLAND 21204 32. Registrar's Signature 31. Date filed (Month, Dey, Year)

Julia Davidson-Randas

**DHMH 16 Rev 6/95** 

State

Registrar



0	A	
ding	the	
les.	100	
or att	use	
78	ě	
hospita	pached	
19	9	
4	2	
th certificate be executed within mours after death. Page 6 may be retained by the hospital or attending pl	ending physician and completely filled in by the funeral director, page 5 should be detached for use as the b	
8	0	
ay t	pag	
E	0	
age 6	direct	
leath. P	funeral	
26	100	E
affe	7	SET.
5	-	ē
90	P9	0.
	T.	ion
with	pletely	remai
R	E	_
5	0	ina
96	8	90
9	ian	N 18
2	SK	D.
fica	를	90
ET.	8	Sign
0	B	옾
No.	465	_

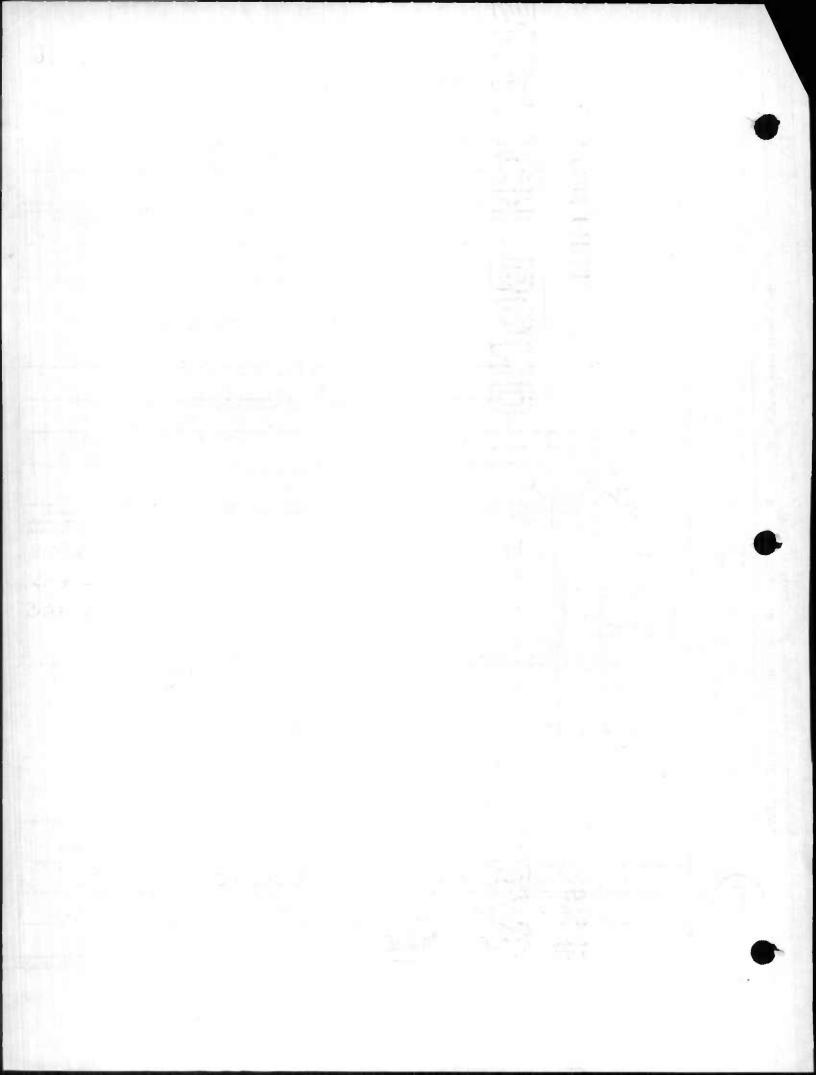
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

unfal-transit permit. Pages 1, 2, 3 should TUNERAL DIRECTOR: After this cardificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache an within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

ORTANT: If item 26 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. E HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death

FOR STATE REGISTRAR	STATE OF MAR	YLAND / DEPART			MENTAL	HYGIENE REG. NO.			
1. DECEDENT'S NAME (First, Middle, Leet)  Louie Putzu					2. DATE 0 MONTH Sept	DAY		3. TIME OF DEATH 7:30 D	
4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF	E BIRTH	0.80	RTHPL ACE (State or Formion	
235-20-9685	1 № 2 □ F	74 YRS.	MONTHS DAYS	HOURS MIN.	sept	15	,1920°	W. Virgin:	
9a, FACILITY NAME (If not institution, give	atreet and number)		96. CITY, TOWN	OR LOCATION OF D			9c. COUNTY OF DEATH		
Horizon Specia	alty Cente	er	Bal	timore		N/A			
Md. Bal	timore		Dunda.				10d. INSIDE CITY LIMITS? 1 YES 2 NO		
100. STREET AND NUMBER 1812 Marshall	Rd.		1	er. ZIP CODE 2122	22		OF WHAT COUNTRY?		
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 X 1 IF YES, GIVE WAR (	res 2 NO	If yee, t	CENDENT OF HISPA specify Cuben, Mexic is 2 NO Speci	an, Puerto Ric		or No — 14. R	ACE — American Indian, Hack, Whita, atc.	
15. DECEDENT'S ED	UCATION	16a. DECEDENT'S U	SUAL OCCUPAT	ION	16b, F	KIND OF BUS	INESS/INDUSTR	Y	
(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of with life. Do NOT use	ork done during n retired.)	nost of working					
12 yrs.		Stee	Mork	or	.B	Beth.	Steel		
17. FATHER'S NAME (First, Middle, Last)			******	18. MOTHER'S NA	AME (First, Mi	iddle, Meiden S	Surname)		
Antonio Putzu	lo			Emma	Gira	rd			
19e. INFORMANT'S NAME (Type/Print)		19b. MAJLING	DDRESS (Street	and Number or Rural	Route Number	r, City or Town	State, Zip Code	)	
Sharon Toth	Daughter	3304	Trel	lis Ln.	Abin	gdon	, Md.	21009	
20e. METHOD OF DISPOSITION 1	and the state of	20b. PLACE AND DATEO		Vame of	DATE	20c. LOC	ATION - City o	r Town, State	
4 Donation 5 Other (Specify)	moves from State	Holly Hi		n .	9-1	d Mic	ddle F	River	
21. SIGNATURE OF FUNERAL SERVICE L	GENSEE		22. NAME	AND ADDRESS OF F	ACILITY			BALL AND AND	
Mui Ehre	100		Con	nelly Fu	unera	1 Ho	me Of	Dundalk	
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions,	DUE TO (OR STRO)	Failur as a consequence of						Interval Between Onset and Dea 3 DAVS	
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	use. Enter UNDERLYING USE (Disease or Injury It Initiated events  DUE TO (DR AS A CONSEDURICE OF):  DUE TO (DR AS A CONSEDURICE OF):								
PART II. Other algnificant condition	ona contributing to dea	th but not resulting in	the underlyl	ng cause given in	Part I.	24a. WAS AN /		24b. WERE AUTOPSY FINDING	
					_	PERFORI		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
								1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			PLACE OF DEATH (C	heck only one)	)			
1 TES 2 NO	1   Inpetient 2   ER	Outpatient 3 DOA	OTHER:	me 5 🗆 Residence	6 🗆 Other	(Specify)			
27. MANNER OF DEATH  1 Netural 5 Pending Investigation	28e. DATE OF INJU (Month, Day, Ye		RY V	JURY AT PORK? YES 2 NO	28d. DESC	CRIBE HOW IN	JURY OCCURE		
2° Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	28a PLACE OF IN.	JURY — At home, ferm, st (Specify)	reet, factory, off	lca		TION (Street as Town, State)	nd Number or Ru	rel Route Number,	
	ER 0			death occured at the	e time, date a	and place, and	I due to the cau	se(a) and manner as stated.  NEO (Month, Day, Year)	
30, NAME AND ADDRESS OF PERSON W	THE COMPLETED CAUSE O			R ST			E MD	21230	
31. DATE FILED (Month, Day, Year)		1111		1	12/01	11-1016	C LIF	, –, 2–0	



Please Type or Print in Biack Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month ) PPt 1996 4e. Fecility Neme (R) of institution, give street end number 4b, City, Town, or Location of Deeth ounty of Death If Under 24 Hrs. 16 TIMOR If Under 1 Year Months Devs 5. Sociel Security Number 9. Birthplece (State or Foreign 6. Sex 7. Age (in yrs. last birthdey) 8. Dete of Birth (Month, Dey 213-10-43 Deys Hours Min. 100 M 2□ F Yrs Usual Residence of Decedent 10b. County City, Town or Location 10d. Inside City Limits Maryland 1 ☐ Yes 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? la 12. Wes Decedent Ever In U,S. Armed Forces?

1 X Yes 2 No If Yes, Give Yeer or Detes: Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Rece - American Indian, Bieck, White, etc. 11. Meritel Status 1 Never Married 2 Married 1 Yes 2 No Specify: White Specify 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Lelephone Elementery/Secondary (0-12) College (1-4or 5+) maintenance YRS 17. Fether's Neme (First, Middle, Last) 19e. Informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 20b. Plece of Disposition (Neme of cemetery, cremetery or other plece, 20e. Method of Disposition 20c. Location - City or Town, Stete 1 Buriel 2 Cremetion 3 Removel from State Dulaney Valley Memorial Gardon 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funerei Service License 8800 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feilure. List only one cause on each line. Approximate Intervel Between Onset and Deeth Immediate Cause (Fine) PNEUmonia 2WKS disease or condition resulting in deeth) Dixcase Due to (or es a consequence of) Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 3 □ Probably 4 ☑ Unknown 1 Yee 2 No 24b. Were eutopsy findings available prior to completion of cause of death? 24e. Wes en eutopsy performed?

Physician /Medical Examiner

physician and s the buriel-transit

ed by the attending detached for use es

ate has been signed by page 2 should be detac

certificate

this funeral

Aftar

filled in by the

death.

the Hospital or Attendition 24 hours effer death the Funeral Director: A

Attending Physician:

Division of Vital Records, P.O. Box 68760

Examiner

Physician/Medical

À

Completed

Be

ဥ

Certification:

edical

**Physician** 

Examiner

**Funeral** 

Director

7 is marked other than "natural", or frams 23s or 28s-f show traumatic event, the Medical Examiner must be notified at

permit. Peges 1 and 2 should be filed within 72 hours after of Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or her any follury or other thaumatic event, the Medical Examina

Baltimore, Maryland 21215-0020

the Maryland

/Medical

10a. Stete

36

Director

Funeral

þ

Completed

Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest

25. Was case referred to medical

1 6 1996

1 Yes 2M No

27. Menner of Deeth

1 Neturel

2 Accident

3 Suicide

29a. Certifier

4 Homicide

1 Yes 2 No 1 ☐ Yes 2 ☐ No

}.	Place	of	Deeth	(Check	only one)	
A	□ Mus	no in	a Hom		Davidanas	

Other: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred 5 Pending investigation 1 Yes 2 No

6 Could not be determined 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify)

28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

to Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end place, end due to the ceuse(s) and manner as stated.

2 Medical Examiner: On the basis of exeminetion end/or investigation, in my opinion, deeth occurred at the time, dete end place, and due to the cause(s) end menner stated 29b. Signeture end title of certifier

29c. License number 29d. Date signed (Month, Day, Year) D30641

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

sabapalhe mo suite 308 821 2.8 31. Dete filed (Month, Dey, Year) C. C. N. R. R. W. Administration

State Registrar



. 

State of Maryland / Department of Health and Mental Hygiene

27440

					Cer	tificate o	f Death		Reg. No.		
	Dhusisi		1. Decedent's Neme (First, Middle, Las	· ·				2. Dete of I		Yeer	3. Time of Deeth
8	Physici /Medi		1 /2/// / / /	DINSKI				SEPTE	MBER 13	1996	0800Am
ķ.	Examir	ner	4e. Facility Neme (If not institution, give		NTER			or Location of De		of Death	
	Funeral		5. Social Security Number 6. Se	7. Age (In yrs.	lest birthdey)	If Under 1 Yes	or If Under 24 F	Irs. 8. Dete of I	Birth	9. Birthple	ece (Stete or Foreign
	Director		01901819	M 20 F 7	Yrs.	Monfhe Dey	s Hours M	In. Month,	Day, Year) 0,1921	Count	
	wo m		Usuel Residence of Decedent  10a. Stete 10b. County		ty, Town or Loc	cation		^		10	d. Inside City Limits
	a-fah	ctor	MID ANN-Ar	undel 1	inthi(	Lum,	Marylo	wel			1 ☐ Yes 2 No
	should be filed within 72 hours after death with the Maryland Mental Hygiene. Irrarked other than "natural", or items 23a or 28a-f ahow imatic event, the Medical Examples mail to institled at	Director	10e. Street end Number	20		10f. Zip Code	1000		10g. Citizen of V	Whet Count	ry?
	eath v	Funeral	414 Shipley 1-	12. Wes Decedent Ever in U	IS 13 V	Vas Decedent of	Hispanic Origin?	(Specify Ves or I	USH.	e - America	n Indian
0	r Hen		1 Never Merried 2 Married	Armed Forces?	<i>U</i> f		Hispenic Origin?	erto Rican, etc.)		ck, White, e	
5-0020	filed within 72 hours after Hygiene. rther than "natural", or ite ent, the Medical Exercise	d by	3 Widowed 4 Divorced	If Yes, Give Yeer or Detes: 1942 -	.46	☐ Yes 2 N	o Specify:		Specify	Wh	ite
7	n 72 h	Completed	15. Decedent's Edu (Specify only highest grad		(Give I	ent's Usuel Occ kind of work don O NOT use retii	e during most of I	working	16b. Kind of B	usiness/Ind	ustry
212	filed withi Hygiene. ther than	ошо	Eiementery/Secondary (0-12)	Coilege (1-4or 5+)		ashor			Sh	ippin	19
nd	al Hyg	Bec	17. Fether's Neme (First, Middle, Last)			3			lle, Meiden Sumen	,	
Maryland	2 should be and Mental is merked or aumatic eve	10	Alexander R	Idinski			WA		iehosk	-	
	2 4 5		19e. Informent's Neme/Reletionship (7)	(i/wife	414	Ship		A 4	Her, City or Town,		D 21090
more,	ーエミキ		20e. Method of Disposition	20b. I	Pieca of Dispos	sition (Neme of setory or other p		Dete	20c. Location	City or Tov	vn, Stete
			1 ☐ Buriel 2 ☐ Cremetion 3 ☐ F 4 ☐ Donetion 5 ☐ Other (Specify,	Removel from Stete				H. 17, 190	ile Bal	timor	e MD
Balti	permit. Peg Department Important: It any Injury o		21. Signature of Funeral Service License	5	22	Name and Add	ress of Fecility	ens Fu	veral H	ome,	INL.
	20240		22a Part 1 Fator the disease or come	280	51 15	DIE.	Foet	Ave. 7	Balto, n	110 0	
	Physician <sup>®</sup>		23a. Part1. Enter the disease, or comp shock, or heart feilure. List only of							i	Approximate Interval Between Onset and Deeth
	/Medical		Immediate Ceuse (Final disease or condition	. SEVERE C	ONOF	STIVE	HEAR	T FAI	LURE	i	1 YEAR.
	Examiner	_	resulting In deeth)	Due to (	or es e consecu	ience of):				i	IYEAR
	uted 5 Insit	Examiner		b. ISCHEMIC		1	MYOPI				
o,	an and		Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury	c. CHRONIC	OR CT	RUCTI	IE PUL	MONA	RY DISE	ASE .	3 YEARS
68760	ficete be executed physician and is the burial-transit	edical	that initiated events resulting in deeth) Lest		or es e consequ						
9 X	E 6	3		d							
Records, P.O. Bo	v requires that the death co been signed by the attend should be detached for us	Physician	Psrt II. Other significant conditions co	nfributing to death buf not re	suiting in the un	deriving cause	given In Pert I.	23b. Di	d tobacco use co	ntribute to	the cause of death?
о. О	d by the	Phy	PULMONAR.					11	□ Yee 2 □ No	3 Prob	ebly 4 ☐ Unknown
ds,	signer d be d	by	POPINOTATIA	L KINGOL				040 W		24h Wa	re autoney findings
CO	w requ	Completed						246. W	ss sn autopsy rformed?	con	re eutopsy findings ilable prior to apletion of cause leeth?
2	The lew cate has I page 2 a	ошо						1.1	Yes 2010		Yes 2000
		Bec	25. Wes case referred to medical exeminer?				26. Place of !	Deeth (Check onl			
0	physic this ca	2	1 Yea 2 No		ER/Outpatient	3LI DOA			sidence 6 Oth		)
5	ding it.	tion	27. Menner of Death  1 Neturel 5 Pending 2 Accident Investigation	28a. Dete of Injury (Month, Dey Year)	28b. Time of Injury	28c. Inj W	juryat /ork? □ Yes 2 □ No	28d. Describ	e how injury occur	red	
Division of	ar dea	Certification:	3 Sulcide 6 Could not be determined	28e. Pieca of Injury - At h building, etc. (Specia	ome, ferm, stre	et, fectory, offic	a	28f. Location	(Street and Numb Town, Stete)	per or Rural	Route Number,
5	Mtal or urs aft ral Div	Cer									
	To the Hospital or Attending Physician: Thin 24 hours after death at the Funeral Director. After this certificampletely filled in by the funeral director,	edicai	29a. Certifier (Check only one)  1   Certifying Phy 2   Medicat Exami	sician: To the best of my kno iner: On the basis of examine and manner stafed.	owledge, deeth ation end/or Inv	occurred at the estigetion, in my	time, dete end pie opinion, deeth or	ece, end due to the courred et the time	ne cause(s) and ma e, date end piece,	anner as sta end due to	ited. the cause(s)
	To the	Me	29b. Signature end title of certifier				nse number		29d. Date signe	d (Month, E	Day, Year)
	1)		Lizy Thomas								
	1	5	30. Name and address of person who could be seen a second by the second beautiful and the second								
	Sta	to	31. Dele filed (Month, Dey, Year)	32. Registrer's Sign	BUK /	103711	//	,			
	Registr			Jaco Sairdon							
DHA	AH 16 Rev 6/9!	5	VAL = 0 1350	0	Almaharar				· · ·		

DHMH 16 Rev 6/95

	1 - FOR STATE REGISTRAR	STATE OF MARYLANI		MENT OF HEA		MENTAL HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH	
,	William Pie	rce JR	,			MONTH	169		
	4. SOCIAL SECURITY NUMBER		i. last birthday) IF	UNDER 1 YEAR IF	UNDER 24 HRS.	7. DATE OF BIRTH	S. BIR	THPLACE (State or Foreign	
	216-30-6692 9a. FACILITY NAME (If not institution, give str	1×M2 = 5	9 YRS.		DURS MIN.		137 M.	ARYLAND	
NO H	Sinai Hosp		96	Bauti			Baltimor-		
5	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY		100 CITY TV	OWN OR LOCATION		10d. INSIDE CITY			
DIRECTOR	MARYLAND	N/A	100. 011, 10	BALT	IMORE	CITY	ITY 1 X YES		
FUNERAL	100. STREET AND NUMBER	THE A. T. A. T.		101. ZIF	P CODE	.015		WHAT COUNTRY?	
	11. MARITAL STATUS	TH AVENUE  12. WAS DECEDENT EVER IN U.S		13. WAS DECEND	OF NISPAN	IC ORIGIN? (Specify Yea		SA .	
	1 Never Married 2 X Married	FORCES? 1 YES 2	NO	If yes, specify	Cuban, Maxica	n, Puarto Rican, atc.)	Big	ack, White, atc.	
BIACK									
	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION 16st ompleted)	. DECEDENT'S USU	done during most al	f working	16b. KIND OF BUS	INESS/INDUSTRY		
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use re	etired.)	,	1		- 1	
M	12+4GRADE		ELECT	FRICIA				STEEL CORP.	
	17. FATNER'S NAME (First, Middle, Last)	0.5	000	10		ME (First, Middle, Malden		-,0	
BE	198. INFORMANT'S NAME (Type/Print)	PIER		DDESS (Street and I	LEAH	Route Number, City or Town	HAMIE	=	
2		PIERCE		KEYWOR				MD. 21215	
	20s, METHOD OF DISPOSITION						CATION - City or		
	1 Burtal 2 Cremation 3 Ramo	val trom State cematery	BUTUS	DISPOSITION (Name of place) CEME	TERV	9-11-96 A	RBUTUS	S. MARYLAND	
- 1	21. SIGNATURE OF FUNERAL SERVICE LICE	MEEE		22. NAME AND A	ADDRESS OF FA	BROWN JI			
- 1		1 pluma						ORE, MARYLAND	
7	23. PART I. Enter the diseases, or co	omplications that caused the	e death. Do not	enter the mode	of dying, suci	h as cardled or respi	ratory arrest.	Approximate	
	shock, or heart failura. L IMMEDIATE CAUSE (Final	ist only one cause on each	line.		,			Interval Between Onset and Daath	
-	disease or condition resulting in death)	Totorco	nobra	1 Her	mer	CIAP			
	resulting at death)	DUE TO (OR AS A CO	NSEQUENCE OF):	7.0	701				
z	Sequentially list conditions,	Gastroic	itesti	rou i	Slee	d			
RTIFICATION	if any, leading to immediate	DUE TO (OR AS A CO	NSEOUENCE OF):						
	CAUSE (Disease or injury	DUE TO (OR AS A CO	NSECUENCE OF:	-					
	that initiated eventa resulting in death) LAST	002.00(0.1707.000	indeduction of j.						
핑	- 6								
F	PART II. Other algnificent conditions	contributing to death but n	not resulting in t	the underlying ca	ause given in	Part I. 24a. WAS AN PERFOR	AUTOPSY 2	46. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO	
	Hypertersia	J. (0000	ry a	tery	dise		. /	COMPLETION OF CAUSE OF DEATN?	
Σ	diabetesm	elytus,	cocair	75 m	se	_1		1 TYES 2 AO	
ğ	DID TOBACCO USE CONTR		PLACE OF DEATH		UNCERTAIL	NU			
5	EXAMINER?	HOSPITAL:	_ 0	THER:					
HYSICIAN:	27. MANNER OF DEATN	1 ☐ Inpetient 2 ☐ ER/Outpetien 28s. DATE OF INJURY	26b. TIME O			6 Other (Specify)  26d. DESCRIBE HOW II	NJURY OCCURED		
	1 Netural 5 Pending	(Month, Day, Year)	INJURY	WORKS	?				
8	2 Accident Investigation 3 Suicide 6 Could not be	28s. PLACE OF INJURY -	Al home, ferm, atres	e1, 1ectory, office		261. LOCATION (Street a	and Number or Run	al Route Number,	
	4 Homtcide detarmined	building, atc. (Specify)				City or Town, State)			
PLET	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my knowledg	e, death occurred a	at the time, data and	d place, and due	to the cause(a) and men	mer sa stated.		
COME	one's	R: On the basis of exemination an						e(a) and manner as stated.	
	296. SIGNATURE AND TITLE OF CERTIFIER		~	29	9c. LICENSE NUR	MBER	29d. DATE SIGN	ED (Month, Day, Year)	
BE	Lednas	House C	Hicer	- 1	\$240	331-902	D Sata	Be 6 1996	
2	30 NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATN	(ITEM 27) (Type, Pri	int)		704	Thu.		
	Laura fay a	d, mo	Siho	i Ho	Spita	a1,24010	U. BELVE	DERE AVE, 21215	
	31. DATE FILED (Month, Day, Year)	PEGISTRAR'S SIGNATUR		-					
	000 1 6 100C	7" "14dson-14	maria						

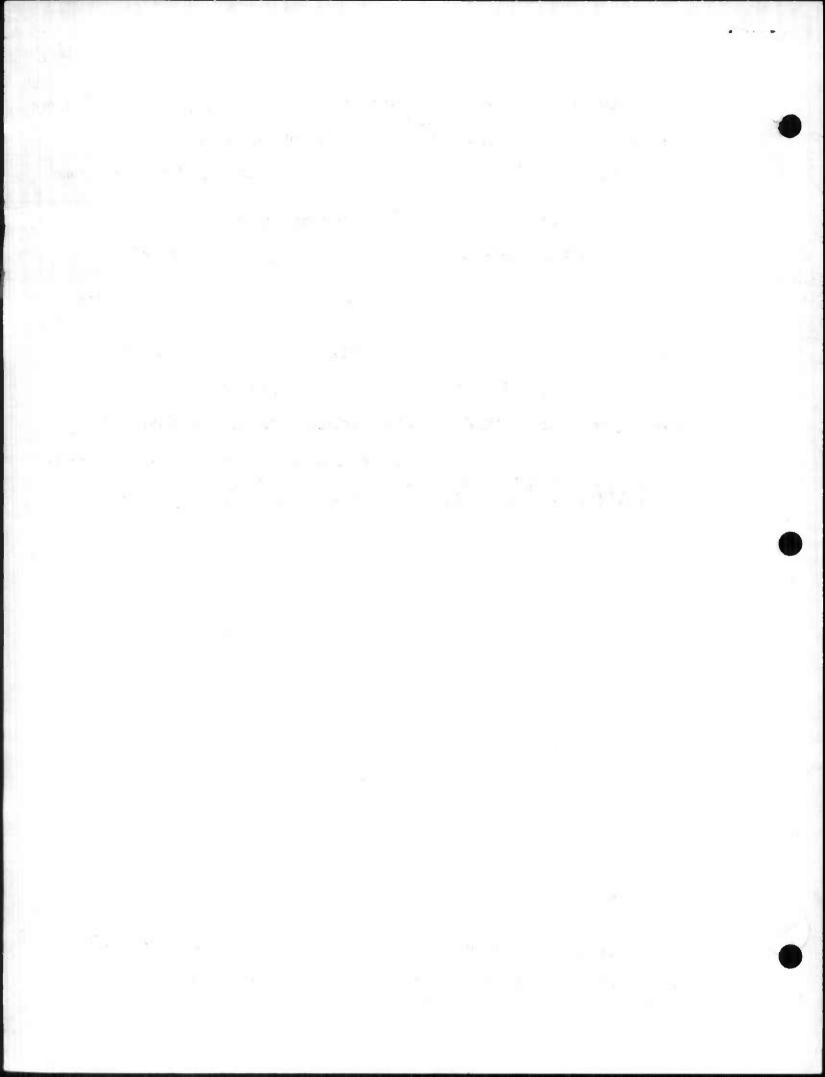
production and the form of the second 2 3. 3

State of Maryland / Department of Health and Mental Hygiene 96

27442

								Cei	tificate	of	Death		Reg. No.			
	hysicia /Medic		Decedent's Name (First, Mid     Di A N	A			M.		ROEM			2. Data of D Month SEP TEM	BCR 15	Year 1996	3. Time of Death	
_	xamin		4a. Facility Name (If not Institute GOOD SAMAR	-			umber) OSPITA	4			4b. City, Town, or SALTIMO			nty of Death		
	neral ector		5. Social Security Number 215-40-9749	8. S			7. Age (In yrs. Is	ast birthday)	If Undar 1 Months			8. Date of B	rth ay, Year)	9. Birth	placa (State or Foreign intry) Maryland	
_			Usual Residence of Decedent									,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, 1010			
the Merylan	othed at	ector	Md . 10b. Coun	•	/A		Toc. City	, Town or Lo	10f. Zip C		ltimore (	City	10g. Citizen		10d. inside City Limits 1 ☑ Yes 2 ☐ No	
with with	T D	급		59 1	Wad	SMUX	th Way		Tur. Zip C	000	21239		United			
filed within 72 hours efter death with the Meryland Hyglene. Ther than "paturel!" or harms 23s or 28sd show	or other traumatic event, the Medical Examiner must be notified at	/ Funeral Director	11. Marital Status  1 Never Married 2 Ma	arried	12. V	Was Dec	cedent Ever in U,S orces? 2 X No		Was Deceda f Yes, specif		fispanic Origin? (S an, Mexican, Puer	Specify Yas or N to Rican, etc.)	0- 14. F	Raca - Ameri Black, Whita	ican Indian, , etc.	
hours	E	d by	3 ₩ Widowed 4 □ Divorce		)	Yaar or I	Dates:							Specify: White		
in 72	Silber	Completed	15. Decede (Specify only high	est gra	de con	mpleted		(Give	tent's Usual kind of work DO NOT use	done retire	during most of wo d)	rking	16b. Kind of Busina		ass/Industry	
d with giene.	#	mo:	Elementery/Secondary (0-12)		C	College	(1-4or 5+)		Homema	ker			Ov	<b>;</b>		
d 2 should be filed th and Mental Hygin 7 Is marked other	Vent	Be	17. Father's Name (First, Middle	a, Last)					18. Mother's Name (First, Middle, I					ame)		
2 should be and Mental	age	L L				_	Gianotti					ephine	Boggio			
12 sh nand	T S		19a. Informant's Name/Relation			,	(0)				and Number or R					
1 and Heelth	the the	-	Charles J. Roe	mer	Jr	•	(Son)		Jade		rive Be	el Air.	Maryla 20c. Locatio		014	
P P	jury or o		1 🖾 Burial 2 □ Cremation 4 □ Donation 5 □ Other	Specif	y)		State Ho	matary, crer ly Rec	natory or oth deemer	er pla Ce	metery S			imore	Maryland	
Departr Departr	eny injury		21. Signature of Funeral Sarvio	e Licer	- M	lilto	n J Knigh	// Y			ord Road	Leonard Balti	J.Ruc more,M	,	c. 1214	
Physi	ician		23a. Part1. Enter the disaasa, shock, or heart failure. Li	or odm st only	olicatio one ca		U								Approximata Interval Between Onset and Death	
/Med Exam	dicai siner	Н	Immediate Cause (Final disease or condition resulting in death)		a	mu	ILTILO	BAR	PNE	JN	10NIA	VITH S	IRS.		6 days	
LAGIT			resulting in death)					as e consec	quence of):					Ì	2 months	
De l	nsit	Examiner			b	MU	LTIPLE		IE LO 1	MA	\			<u> </u>	2 months	
ertificate be executed find physician and	5		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated evants			as a conseq	a consequence of):									
fino fino	9 0	n/Medical	resulting in death) Last	L	d		Dua to (or	as a conseq	uance or).							
deeth	od for	sicia	Part II. Other eignificant condit	lone o	ontribu	iting to d	death but not resul	ting in the u	nderlying cau	ıse qiv	ven in Part I.	23b. Did	I tobacco uee	contribute	to the cause of death?	
thet the	detached for u	Physician	ITP						,						obably 4 D Unknow	
requires	5 6	Completed by	CAD.										s an autopsy formed?	a	Vara autopsy findings vallable prior to ompletion of cause f death?	
The lew	page 2	E O	RENAL	1	NSI	UFI	FICENC	4 .				10	Yes 20 N		☐ Yes 210 No	
	tor, p	BeC	25. Was case referred to medic	al							26. Place of De					
Physician: this certific	0	To	examiner? 1 Yes 2 No		Hospi	itel: 1 🕱	Inpatiant 2 E	R/Outpatier	t 3 DOA	Oth	ner: 4 Nursing I	dome 5□Res	idence 8 🗆	Othar (Spec	ity)	
Affer		Certification:	E C FIOOIOGIII	tigation	1	8a. Date (Moi	of Injury oth, Day Year)	28b. Time of Injury	M 286	Noi Wor	y at rk? Yes 2 □ No	28d. Describe	how injury oc	curred		
D at o	ed in by the	Certific	3 Suicide 6 Couidetel	mined	e 28	8e. Piac build	a of Injury - At hor ling, etc. (Specify)	ne, farm, str	eet, factory,	office			(Street and Nu own, State)	mber or Rui	ral Route Number,	
Hospital 24 hours Funeral	ately (	edical (			ninar: (	On the t					ma, date and place opinion, death occu					
1 f	33.4	M	29b. Signature and title of certif	ier							sa number		29d. Data sig	ned (Month	, Day, Year)	
	/		Clan	_		201.	MD.	=		PC	9307	1	Seph	15,	1996.	
1	5		30. Name and address of perso	, (	60	OD	SAMAR	23a) (Type,	Print)	192	ITAL,	BALT	IMOR	£ .		
Re	Stat egistra		31. Date filed (Month, Day, Yea	0	1.0.	1 1331	apisyecs/Runa	ماله								

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. item #20b, filmg 739, State of Maryland & Pepartment of Health and Mental Hygiene 96 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month **Physician** 0580 /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City. Town, or Location of Death, 4c. Coupty of Death **Examiner** ANAA/ISTORA 9 & chuty x a Hours Min. 8. Dete of Birth (Month, Day, Year) 2 - 7 - 0.6 If Under 1 Yeer 5. Social Security Number 8. Sex 7. Age (In yrs. last birthday) Birthplece (Steta or Foreign Country)
 VA **Funeral** 1□M 20€ Deys 215 -18 Director Ususi Residence of Decedent with the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits ortant: If item 27 is marked other than "natural", or items 23s or 28s-f sho injury or other traumatic event, the Medical Examinar nast be notified at MD N/A Baltimore, City 1 Yes 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? USA 21244 3511 Lynne Haven Drive death Funeral 12. Wes Decedent Ever in U,S. Armed Forcest
1 ☐ Yes ≥ ☐ Mo
If Yes, Give
Yeer or Detes: Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. Peges 1 and 2 should be filed within 72 hours efter onent of Heelth end Mental Hyglene.
Int: If Nem 27 is marked other than "natural", or ite 1 ☐ Never Merried 2 ☐ Merried **Black** 1 Yes 2 No by 3 Widowed 4 □ Divorced Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working iife. DO NOT use retired) 15. Decedent's Education (Specify only highest grade comp 16b. Kind of Business/Industry completed) Elementery/Secondery (0-12) Coilege (1-4or 5+) Unknown 8th Cook 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Melden Sumeme) Be Amanda Travis Thomas Goings 19e. Informant'a Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 3511 Lynne Haven Drive, Baltimore, MD 21244 Gloria Dorsey/Granddaughter 20e. Method of Disposition

1 Buriel 2 Cremetion 3 Removel from Stete 20b. Piece of Disposition (Neme of cemetery, cremetory or other piece) 20c. Location - City or Town, State Department of important: If any injury or once 9-17-96 Baltimore, MD Woodlawn Cemetery 4 ☐ Donetion 5 ☐ Other (Specify) 22. Neme end Address of Fecility 21. Signeture of Funerei Service Licenses William C. Brown Coom. F/H 1206 W. North Avenue 23a. Part 1. Enfer the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List only one cause on each line. Approximate Interval Between Onset end Deeth **Physician** Immediate Cause (Final disease or condition resulting in deeth) /Medical Examiner physician and the buriel-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in death) Lest Physician/Medical Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by ( 1 Yes 2 10 3 Probably 4 Unknown g Completed 24e. Wes en autopsy 24b. Were sutopsy findings syellable prior to completion of cause of deeth? 1 ☐ Yes 2 ☐ No certificate Be 25. Wes case referred to medical 28. Plece of Death (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2 No 1 inpatient 2 ER/Outpetient 3 DOA 2 this 28a. Dete of Injury (Month, Dey Year) 28c. Injury at Work? 27. Menper of Death Certification: 28b. Time of 28d. Describe how injury occurred 1. Neturel 5 Pending Investigation M or Attending after death. Director: Aft 1 Yes 2 No 2 Accident In by the 3 Suicide 6 Could not be 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Plece of Injury - At home, ferm, street, fectory, office bullding, etc. (Specify) 4 Homicide o the Hospital Ithin 24 hours of the Funeral C 15 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date and piece, and due to the cause(s) and menner as stated.
2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred et the time, date end piece, and due to the cause(s) end menner stated. Medical 29e. Certifier 29b. Signeture and title-of carfiller 29c. License number 29d. Date signed (Month, Day, Year) D-22609

completed cause of deeth (Item 23a) (Type, Print)

32. Registrace Signature

June Daydon Fandsee

7445

ENRNACE BRANCA Rd Glenbruited 2100

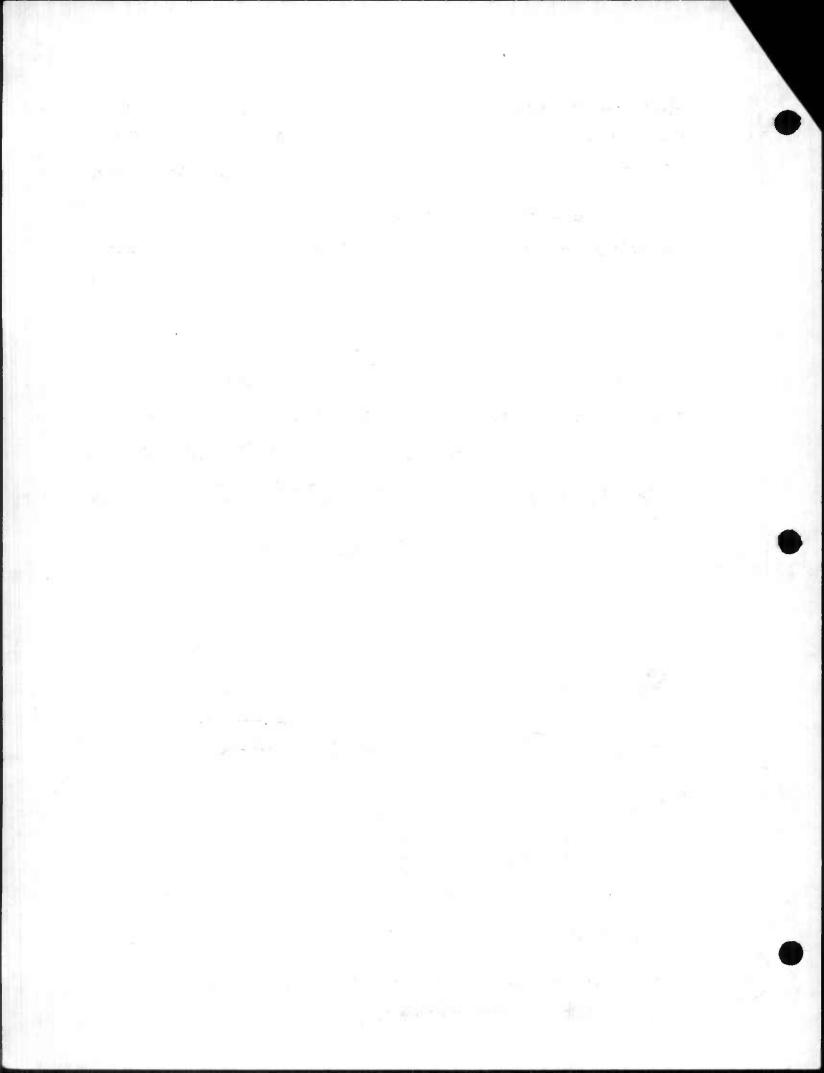
State Registrar

Division of Vital

Baltimore, Maryland 21215-0020

State of Maryland / Department of Health and Mental Hygiene 96 27111

					,	Certific	ate of	Death		Reg. No.	0 0	61444				
H	Physic	ian	Decedent's Name (First, Middle, I						2. Date of D		Year	3. Time of Death				
	/Medi	ical	Angela D.					41 C' T	Sept	11	96	2.45 pm				
	Exami	ner -	46. Facility Neme (If not institution, g St. Agnes Hospit	al				4b. City, Town, or L Baltimo	re		y of Death N/A					
	Funeral Director		410-22-4599	Sex 1□M 2X F 7. Age	e (In yrs. last bir 75	Yrs. if Un Monti	hs Days	Hours Min.	8. Dale of Bi (Month, D) OCt. 3	rth ay, Year) 3,1920	9. Birthpie Counti Tenr	ece (State or Foreign Ty) 1 •				
and	ž		Usuai Residenca of Decadent  10a. Stete 10b. County		10c. City, Tow	n or Location					10	d. inside City Limits				
Many	The part	to	Md. Balti	more	Ba	ltimore	9					1 ☐ Yes 2 🛣 No				
n with the	3a or 284 at be not	al Director	10e. Street and Number 203 Rollingfield	l Road		10f.	Zip Code 21	228		10g. Citizen of Whet Country? U.S.A.						
5-0020 72 hours after deeth with the Maryland	al', or items? Examiner mu	by Funeral	11. Maritel Stetus  1 Naver Married 2 Married  303Widowed 4 Divorced	12. Was Decedent I Armed Forces? 1 ☐ Yas 22 1 If Yes, Give Year or Dales:				dispanic Origin? (Spen, Mexicen, Puerto	ecify Yes or No Rican, etc.)	o- 14. Ra Bie	in Indian, itc.					
5-0 72 hg	netur	eted	15. Decedent's I (Specify only highest g		16a.	Decedant's U	sual Occup	pation during most of work	rina	16b. Kind of Businass/Industry						
121 within	than the	Completed	Elemantary/Secondary (0-12)	Coilaga (1-4or 5				during most of work d)	9	0						
Filed 2	Hygie ther i		12 17. Father's Neme (First, Middle, Las	t)	H	omemake	er.	18. Mothar's Nam	e (First Middle	Own						
a se	ked o	To Be	Anton Dreisbach	28				Lena Wa		, margon obmar	Tru,					
, Maryland 21215-0020 ind 2 should be filed within 72 hours af	and 2 shou alth end M 27 is mar	-	19a. informant's Neme/Relationship Joan R. Goodman		19b. 20	Mailing Address	ess (Straai ingfi	and Number or Run	al Route Numi Baltimo	Route Number, City or Town, State, Zip Code) altimore, Maryland 212						
Baltimore,	permit. Peges 1 and 2 should be filed within 72 hours after deeth with the Marylan Department of Health and Mental Hygiene. Important: If tem 27 is marked other than "natural", or fiems 23a or 28a-1 show any Injury or other traumatic event, the Medical Exercises must be institled at any Injury or other traumatic event, the Medical Exercises must be institled at		cemetery, crematory or other pagett) 1 4 1 991									Location - City or Town, State sey, Maryland				
mit.	porta porta y Inju		21. Signature of Funarel Servica Lice	nsee		22. Name	and Addre	ess of Fecility								
D 8	0 = 2 8		K. Can U	Vitte 1	1.			neral Home		onevill.	o Mam	zland				
(1)			23e. Part1. Enter the disease or complications that a fixed the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or haart failure. List only one cause on each lina.													
	ysician Medical											interval Batwean Onsef end Death				
	caminer		mmediate Cause (Final disease or condition esulting in death)  a. SCPS is CUCIA BUILDAND Preumonia 3days  Due to (or es a conseguence of);													
		Jer		(1210)	Due to (or es a d	consequance of	of):	16-				2-10				
cuted	nd	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events.)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events.)  Settle Phenometric and Carlotter Cause.													
, ° °	cian a		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	tis		i	25 years									
ficate be e	physician and s the burial-trensit	Medical	that initiated events resulting in death) Lasf	L	Due to (or as a c	onsequence of	of):					1				
Centifi	0.0			d. Dehyo	tration	$\sim$ ,						3 days				
Jeath cert	attendi d for use	Iclar	Port II Other significant conditions	and the dine to death be	A = -4 -=	46 4 - 4 - 1						0				
at the	igned by the attendi be deteched for use	Physician/	Pert II. Other significant conditiona	contributing to death bu	t not resulting in	the underlying	g ceuse gr	en in Part I.		Yes 2 No	3 Proba	the cause of death?				
S tha	pe eq	by F								25,10	00.1000					
UNITION OF VITAIL THE LOUIS, F.O. BOX 00/00,	peen s should	Completed							24a, Wes	an autopsy ormed?	com	e autopsy findings lable prior to spletion of cause aath?				
T e	ate hes page 2	Com							10	Yes 2 No	10	Yes 2 No				
clan:	is certificate he director, page	Be	25. Was cese refarred to medical examinar?					26. Place of Deat	h (Check only	one)						
Physician:	£ 100	은	1 ☐ Yes 2 No 27. Manner of Death	Hospitai: 1 Inpatier				4 LI Nursing Ho		dance 6 □Ott						
ding	After fune	tion	1 Natural 5 Pending 2 Accident investigation	(Month, Day		njury M	28c. Injui	yat k? Yas 2 □ No	28d. Describe	how injury occur	red					
or Attanding	Ofrector: A d in by the fu	Certification:	3 Suicide 6 Could not 1 4 Homicide determined	OR Place of Lain						Street and Numi wn, State)	ber or Aural i	Route Number,				
Hospital	fille	edical C	29a. Cartifler (Check only one)  Certifying Property one)	nysician: To the best of niner: On the basis of and manner state	examination and	death occurre	ed at the tir	na, data and place, pinion, death occurr	and due to the ed at the time,	causa(s) and madate and placa,	anner as sta and due to f	ted. he ceuse(s)				
Toth	within 24 ha	Me	29b. Signature and title of certifier			2	29c. Licens	e number		29d. Date signe	d (Month, Di	ay, Year)				
	-	*11	POST25 September 29d. Date									pt 111× 96				
1	1)		30. Nama and addrass of person who	complated cause of da	ath (Item 23a) (	Type, Print)										
1	4 /		USHA NATESAT		on Arci	nu,	Balf	imon r	40212	28 '						
	Sta Registr		SEP 1 6 1996	Julia Javid	r's Signatura	22										



#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth 10 th Rustino MAIllI 6:45 pm 1996 Facility Neme (If not institution, give street and number) b. City, Town, or Location of Death 4c. County of Death + more If Undar 1 Year 5. Sociel Sacurity Number 7. Age (In yrs. last birthday) 9. Birthpiece (Steta or Foraign Days Months Min. 317-14-9493 Usuel Residence of Decedent 1□M 200 Hours Balto, M Yrs. 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 12. Was Decedent Ever In U.S. Armed Forces? 12 Was Decedent of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Mexican, Puerto Rican, atc.) 11. Marital Status 14. Rece - Amarican Indian, Black, White, atc. 1 ☐ Yes 2 No If Yes, Giva Yeer or Detas: 1 Never Merried 2 Married 1 ☐ Yes 2 No Specify: 3 Widowed 4 ☐ Divorced 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4or 5+) 12 gineer 17. Father's Name (First, Middle, Last) Meidan Sumame)( 18. Mother's Name (First, Middle, 19e. Informant's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code)

100 ma end Addrass of Facility

r the moda of dying, such as cardlec or respiretory

**Physiclan** /Medical Examiner

and

ettending physiclan for use as the burial

e detached f

signed by t

peen s

hes

certificate

After this

director.

þ

Completed

Be

2

Certification:

edical

that the death certificate be executed

The law requires

ding Physician:

Hospital within 24 hours To the Funeral

To the

Box 68760.

sion of Vital Records, P.O.

pemit. Pages 1 and 2 should be file Department of Health and Mental Hy, Important: If Nem 27 Is marked othe any Injury or other treumatic avanta

**Physician** 

/Medical

Examiner

10a. State

401

Director

Funeral

by

Completed

Be 20

Director

e filed within 72 hours effer death with the Maryland al Hygiene.
other than "natural", or items 23a or 28a-f show

tem 27 is marked other than "natural", or items 23s or 28s-f show other treumstic event, the Modical Examiner must be notified at

Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Couse (Diseas or injury that Initiated events resulting in deeth) Last Physician/Medical

Immediate Cause (Final disease or condition resulting in deeth)

9

Him-Grandson

23a. Pert1. Erflar tha disease, or complications that caused the deeth. Do not enter shock, or heert feilura. List only one ceuse on each line.

20a. Method of Disposition

12 Burial 2 Cramation 3 Removel from State

4 ☐ Donetion 5 ☐ Other (Specify)

21. Signature of Funeral Service Licenses

Due to Cares a consequence of 1200 Dua to (or as e consequance of):

20b. Pleca of Disposition (Neme of cematery, crametory or other pleca)

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.

23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 → Whiknown

DilyCL

24a. Wes an autopsy performed?

Dete

24b. Were autopsy findings available prior to completion of causa of deeth?

1 ☐ Yes 2010 1 ☐ Yes 2 ☐ No

25. Wes case referred to medica axeminer? 1□ Yes 2□ No

Hospitel: # Impatient

2 ER/Outpatient 3 DOA

PNEUMONIA

26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify)

28d. Describe how injury occurred

27. Menner of Death 1 Netural 2 ☐ Accident

3 Sulcide

4 ☐ Homicide

5 Pending investigation 6 Could not be

28e. Dete of Injury (Month, Dev Year) 28e. Pleca of Injury - At home, ferm, street, fectory, office building, etc. (Specify)

28b. Time of

28c. Injury et Work? 1 ☐ Yes 2 ☐ No

28f. Location (Street end Number or Rural Route Number, City or Town, State)

29a, Certifier

12 Certifying Physician: To the best of my knowledge, deeth occurred et tha time, dete end plece, end due to the cause(s) end manner as stated.
2 Madical Examiner: On the bests of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end pleca, end due to tha cause(s) and manner steted.

29b. Signature and title of certifie

20

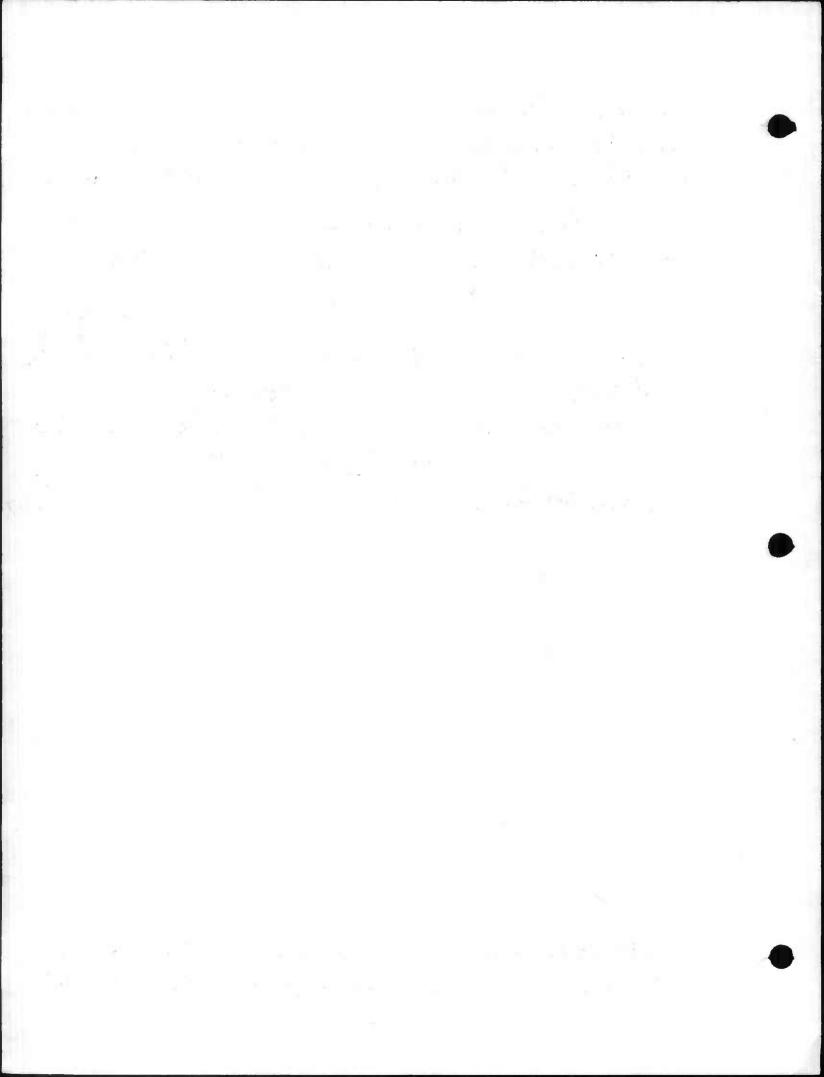
29d. Data signed (Month, Day, Year)

31. Data filed (Month, Day, Year) -

30. Name end eddress of person who completed causa of deeth (item 23e) (Type, Print) crance LAMB

State Registrar





# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

				-01
2	7		1.	
/	- 1	LL	LL	$\mathbf{n}$
Sugar	8			~

					ificate of	Death	iornai rij	Reg. No.		61440	
Physic			Decedant's Name (First, Middla, Last)				2. Deta of De			3. Tima of Death	
			Catherine Cecelia Scheuern	nan-			Month	Dey 199	Year	10 28 AM	
1	/Medi		4e. Fecility Nema (If not institution, give street and number)	ijai i		4b. City, Town, or Lo				10	
	Examir	ner									
	Funeral		1803 TWIN DAKS ROOD		Williada a Mari	Jarrettsvi		Harf			
			5. Social Sacurity Number 6. Sex 7. Age (In yrs. last birthday) 1 M 2 F  7. Age (In yrs. last birthday) 1 Months Days				8. Dete of Bit (Month, De	te of Birth 9.		ieca (Stata or Foraign	
	Director		214.28-8746	80 Yrs.			Nov 28,	1915	Maryland		
	P.	Funeral Director	Usual Rasidanca of Dacedant								
	ier death with the Maryland items 23s or 28s-f show iner must be notined at		10a. Stata 10b. County 10	c. City, Town or Loca	ition				10	0d. inside City Limits	
			Md. Harford Jarrettsville							1 ☐ Yes 2 ☐ No	
			10e. Street end Number 10f. Zip Code						What Coun	trv?	
		ō	110011					Tog. Chillon	TTIME GOOD	,	
		ra	1803 TWIN OAKS Rd		21084			USA			
		E E	11. Meritei Stetus 12. Was Decedant Ever	as Decedant of es, specify Cui	s Decedant of Hispanic Origin? (Specify Yes or I es, specify Cuban, Maxican, Puarto Rican, etc.)			No- 14. Reca - American Indian, Black, Whita, atc.			
0	40 P	E	1 Nevar Married 2 Married 1 ☐ Yas 2 No If Yas, Giva		Yes 2 No	2 No Specify:			Specify:		
02	72 hours after natural, or its	by	3 ☐ Widowed 4 ☐ Divorced Yeer or Detes:	J 165 Z EL NO	Spe			WHI	TE		
9	2 ho	9	15. Decedant's Education	16a. Decedar	nt's Usuai Occu	pation		16b. Kind of B	usiness/Ind	Justry	
7	in 7	o c	(Specify only highest grade completed)	(Giva kit	nd of work done DNOT usa retin	a during most of works	ng				
21215-0020	ges 1 and 2 should be filed within 72 hours it of Health and Mental Hygiene. If item 27 is marked other than "natural", or other treumatic event, me Medical Exa	Completed	Elementery/Secondary (0-12) Collega (1-4or 5+) 12 5† TeaCHER					PAROCH	AROCHIAL SCHOOL		
	Hygi ther ther		17. Fathar's Name (First, Middla, Last)	Teac	HEN	18. Mothar's Name	/Firms & Alinialis	Maldan Comen	1		
Maryland	ta de de de de de de de de de de de de de	B	The second secon			100000000000000000000000000000000000000		0.30-110-5-3-50	18/		
X	Med	2	JOHN Scheverman			Catherine	SCHA	ECH			
a	de pu	ľ	19a. Informant's Name/Relationship (Type, Print)	19b. Meiling	Addrass (Stree	at and Number or Rura	I Routa Numb	er, City or Town,	Stata, Zip	Code)	
	permit. Pages 1 and 2 should be becarined of Health and Mental Important: If Item 27 is marked or any injury or other traumatic eve and injury or other traumatic eve and so.		Priscilla Dimond	1803	OMINT	ALL DO	Jarrette	11. M	. 210	(81)	
Baltimore,	Hea Hea			Ob. Piace of Disposit	tion (Nama of		Data	20c. Location			
ō	H H H		1 ☑ Buriai 2 ☐ Cremation 3 ☐ Ramovei from Stata	camatary, crema	tory or other pl		eptember		12		
<u>E</u>	men ant:		4 □ Donation 5 □ Other (Specify)	ST Mary's Ch	wrch Cem	letery	1996	Pylesvil	ilc. IN	id.	
a	permit. Pa Departmen Important: any Injury		21. Signature of Funeral Service Licenses	22. 1	Nama and Add	ass of Facility					
0	99E 8		10011		-	0. 1 5					
	_	_	hand di Chand	EVA	ins tuner	AL Chapel - F	selAir 3	NEWPORT	De Fo		
		8	23a. Part1. Enter the disaasa, or complications that used that shock, or heart feliura. List only one cause or much line.	daath. Do not entar	tha moda of dy	ring, such es cardiec d	or raspiratory a	rrast,		Approximate Intarval Between	
	Physician /Medical Examiner		The state of the s						1	Onsat and Deeth	
ч			Immediate Causa (Final	0 0011	1000	Nia			1	1.115	
-			Immediete Causa (Final disaasa or condition rasulting in death)  a. acute leucomia  Lyr.								
3		ē	Due	to (or as a conseque	anca of):		1 - 1		į ,	10.10	
	sit ed	듣	b. YVYYE	ways 1	DUST	70 0	yna	Long	_   (	.0913	
	ificate be executed g physician and as the burial-transit	Examiner	Sequantially list conditions, Dua	to (or as a conseque	ence of):						
68760,	e ex		Sequantially list conditions, if eny, leading to Immedieta causa. Entar Underlying Causa (Disease or injury that initiated avants						i		
76	d Sic d	edicai	that initiated avants	to (or as a conseque	nce of):						
68	g ph	Pa	rasulting in death) Lest	10 (01 00 0 00100000	illoo Oly.						
	ding ding	3	d						i		
Box	death cer e attendir	lan							i		
P.O.		sic	Pert Ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.				23b. Did tobacco use contribute to the ca			the cause of death?	
		Physician/M				nebly 4 Unknown					
		y P						100 1310	0 102	and a control of	
ds	sign d b	d by					Odn Man		24h We	are autopsy findings	
0	v require been si should	tec					24a. was	an autopsy ormed?	ava	allable prior to	
2 × × ×		pie							of c	mpletion of cause death?	
ď	0 - 5	Completed					10	Yes 2 No	4.5	Two office	
ल	delan: The certificate rector, pag							105 ZEINO	'	Yas 2□ No	
of Vital	Physician: this certific	Be	25. Was case rafarrad to medical axaminar?			26. Placa of Deeth	(Check only	one)			
40	Physics of the color of the col	2	1 ☐ Yas 2 ☑ No Hospital: 1 ☐ inpatiant	2 ☐ ER/Outpatient	3□ DOA O	ther: 4 Nursing Ho	ma 5 Rasi	dence 8 Oth	ar (Specify	1)	
			27. Menner of Deeth 28a. Data of Injury	28b. Time of	28c. Inju	ury at	28d. Dascribe	how Injury occur	red		
ö	Attending r death. ector: Alta by the funk	tho	1 ☑ Natural 5 ☐ Pending (Month, Day Ye	ar) injury		Yas 2 No					
S	death death chor: y the	Ca	2 Accident Investigation M 1 Tas 2 No 2 Accident Investigation M 1 Tas 2 No 3 Suicide 6 Could not be determined determined 28e. Place of Injury - At homa, farm, street, factory, office 28f. Location (Street and Number or Rural Route Number or								
Division	744c	Certification:	4 Homicida determined 286. Place of injury - building, atc. (S	pecify)	t, lactory, office		City or To	wn, Stata)	or nural	House Number,	
		S									
	8455	<u>e</u>	29a. Certifiar  (Check only  20 Medical Examinar: On the basis of ava	knowledge, deeth o	ccurred at tha t	ima, date and piece,	end dua to tha	causa(s) and m	nner as st	ated.	
	五名 电容	Medical	(Check only one) 2 Medical Examiner: On the basis of axa and mannar stetad.	mination and/or Inves	stigetion, in my	opinion, daath occurr	ed at tha tima,	date end place,	and dua to	the cause(s)	
	o Lo	Me	29b. Signatury and life of cartifier (29d. Deta signed (Month, Day, Year)								
1	HET S		11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								
1	L)		Continued ) Coo It sprenger							12 1996	
			30. Nama and addrass of person who completed causa of death (Itam 23a) (Type, Print)								
	10		D D 11			NA I	1				
	0.		31. Data filed (Month, Day, Year) 1. Moz. Registrer	th Charles	27. 10	моси. Мд.	21200				
	Sta	_	SEP 1 6 1996	CHOCOLO							
	Registr	ar	SET TO 1330 0								

State of Maryland / Department of Health and Mental Hygiene 27447 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3. Time of Death Month **Physician** Ann Marie Sladics 10, 1996 Sept. 8:30 pm /Medical 4e. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 1713 Rita Rd. Dundalk Baltimore # Under 1 Yeer | If Under 24 Hrs. | 8. Dete of Birth (Month), Deys | Hours | Min. | Nov. 20, 1 5. Soclei Security Number 7. Age (In yrs. lest birthdey) Birthplace (Stete or Foreign Country) **Funeral** Months 1□M 21 F Yrs. 213-09-2951 80 ,1915 Pennsylvania Director Usual Residence of Decedent with the Maryland 10a. State 10c. City, Town or Location 10b. County 10d. Inside City Limits ir than "natural", or Itama 23a or 28a-f show the Medical Examiner must be notified at Md. Baltimore Dundalk 1 ☐ Yes 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 1713 Rita Rd. 21222 USA Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 14. Race - American Indian, 11. Maritel Stetus Was Decedent of Hispanic Origin? (Specify Yes or No-It Yes, specify Cuban, Mexican, Puerto Rican, etc.) Black, White, etc. 1 Never Married 27 Married 1 ☐ Yes 2 No If Yes, Give X 1 ☐ Yes 2 No Specify: Specify: White ρ 3 ☐ Widowed 4 ☐ Divorced Yeer or Dates: Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 18b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) 8 yrs. Housewife Home 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumame) Be Joseph Petrush Julia Varhol 2 19a. Informant's Neme/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rurel Route Number, City or Town, Stete, Zip Code) Joseph J. Sladics 1713 Rita Rd. Dundalk Md. 21222 20b. Plece of Disposition (Neme of 20a. Method ot Disposition 20c. Location - City or Town, State Date Metro Crematory or other piece) 1 ☐ Buriai 2 ☐ Cremetion 3 ☐ Removel trom State 4 ☐ Donetion 5 ☐ Other (Specify) Baltimore 9-13 22. Name and Address of Fecility Connelly Funeral Home Of Dundalk 7110 Sollers Point Rd. 21222 23e. Pent1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiretory arrest shock, or heer tellure. List only one cause on each line. Approximate Interval Between Onset and Death Physician ougestive heart failure /Medical Immediate Cause (Final disease or condition resulting in death) Examiner Examiner The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last pue Due to (or as a consequence of) physician a Box 68760. Physician/Medical Due to (or es e consequence of): Division of Vital Records, P.O. Part II. Other algrifficant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? the signed by t 1 Yss 2 No 3 Probably 4 Unknown þ 24b. Were autopsy tindings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed peen page 2 1 Yes 2 No 1 ☐ Yes 2 € No certificate or Attending Physicien: 1 after death.

Director: After this certifica Be 25. Was case reterred to medical examiner? 26. Piace of Death (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Deeth 28c. Injury at Work? 28d. Describe how injury occurred Certification: 28a. Date of Injury (Month, Dey Yeer) 28b. Time of Natural 2 Accident 5 Pending investigation 1 Yes 2 No 3 ☐ Suicide 6 Could not be 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 28e. Place of Injury - At home, tarm, street, factory, office building, etc. (Specify) 3 4 Homicide thours Funneral Cartifying Physician: To the best of my known and each occurred at the time, date and placa, and due to the cause(s) and manner as steted.

2 Medicat Examiner: On the basis of examiner and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause (s) and manner as steted. edical 29a, Certifier (Check only one) and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) € # To the 29b. Signature end title of certitier 29c. License number 30. Neme and address ot person w pause of death (Item 23e) (Type, Print) Japa Rand, BAHLINOR, MD 21234 MD

32. Registrar's Signeture

relia Davidson

**DHMH 16 Rev 6/95** 

State

Registrar

31. Date filed (Month, Day,

# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

27/18

				State of Ivia	Cei	rtificate of			Reg. No.	0 214	10	
Physic			1. Decedent's Name (First, Middla, Last	Sawar	^			2. Data of De		Yae9 (0 700)	P	
1	/Medi Examii		4e. Fecility Nema (If not institution, give		<u> </u>		4b. City, Town, or Lo	cation of Deeth	4c. County	of Deeth		
F	Funeral Director		5. Sociel Security Number 6. Sex 7. Aga (In yrs. last birthday) H Undar 1 Year If Under 24 Hrs. 8. Data of Birth (Month), Days Hours Min. (Month), Day, Year)							9. Birthplace (State or Country) Illinois	Foreign	
	pur *		Usual Residence of Decedent  10a. Stete 10b. County 10c. City, Town or Location						10d. inside City Limit			
	d 2 should be filed within 72 hours after death with the Maryland th and Mental Hygiene. I am which a state of other than "natural", or items 23e or 28e-f ahow traumatic event, the Medical Examiner must be notified as	Funeral Director										
			10e. Street and Number 10f. Zip Code						10g. Citizen of V	Vhat Country?		
020			1021 Glenwood Trail 28387						U.S.	Α.		
		by Fune	11. Maritel Status  1 Nevar Married 2 Married  3 Wildowed 4 Divorced	12. Wes Decedent En Armed Forcas? 1 ☐ Yas 2 ☑ No If Yes, Give Yaar or Detas:		Was Decedent of H If Yes, specify Cub 1 ☐ Yes 2 ঐ No	Hispanic Origin? (Spe an, Mexican, Puarto Specify:	ecify Yes or No Rican, atc.)		e - American Indien, sk, White, atc.		
2-0								16b. Kind of Business/Industry				
21215-0020		Completed	(Specify only highast grada completed)  Elementery/Secondery (0-12)  College (1-4or 5+)  College (1-4or 5+)  College (1-4or 5+)  Homemaker				ng	Own Hame				
pug	be filed tai Hygi d other event, the	Be	17. Fsthar's Name (First, Middle, Last)				18. Mother's Neme		Meiden Sumem	e)		
Maryland	should nd Men marke umatic	2	Jasper Eli Pellett	ma Oriett	40h Malli	on Address (Our of	Addie Pete		0/4: T	On 4: 70 O. 41		
	and 2 sl ealth and n 27 is r		19e. informent's Neme/Reletionship (T) Powell Funeral Home (F			-	end Number or Rure pshire Avenu			N. Carolina 28	387	
re,	of Health of Health i item 27 r other tr		20e. Method of Disposition		20b. Pleca of Dispo cemetery, crei	sitlon (Neme of	ice)	Dete	20c. Location -	City or Town, Stata		
mo	Peges nent of I unt: If its ury or o		1 ☑ Burial 2 ☐ Cramation 3 ☐ F 4 ☐ Donetion 5 ☐ Other (Specify)				k Sept. 20,	1996	Southern 1	Pines, N. Caro	lina	
Baltimore,	permit. Peges 1 and Department of Health important: if item 27 any injury or other to once.		21. Signeture of Funeral Service Licansee  22. Nama and Address of Fecility Witzke Funeral Home of Catonsville, Inc.									
	- 113		23a. Pent. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiretory arrest,  Approximate Interval Between									
	Physician /Medicai Examiner	er	Immediate Cause (Final disease or condition resulting in death)		7 49074					Onset and De	ath	
					Due to (or es a consec							
	outed and ransit	Examiner	PULMONARY CONGESTION  Due to (or es a consequence of):								-	
30,	e exec stan ar urial-ti		Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events	MULTIPLE ORGAN SYSTEM D				DYS FUNCTADAYMER				
68760,	certificate be executed anding physician and use es the burial-transit	edical	thet initieted events resulting in deeth) Last	booto (or as a sorroquerion or).			CONTRACT OF THE PARTY OF THE PA					
		min.	L.	FALL	FALL			100 ac	MANON TOWN			
Box	seath cert	Iclar	Part ii. Other algnificant conditions con	aributing to dooth but	not constitue in the sa	ndarhdan aassa ah	von in Dode Market		labana was sa	ntributs to the cause of	death?	
of Vital Records, P.O.	es that the de igned by the a be detached t	Certification: To Be Completed by Physician/M	CONGESTIVE A	_		riderlying cause gr	ven in Perti.			3 Probably 4 U		
	To the Hospital or Attending Physician: The law requires that the death cert within 24 herens sites death.  To the Funeral Sifest death.  To the Funeral Director: After this certificale has been signed by the attendin completely filled in by the funeral director, page 2 should be detached for use.		ANGINA PEC	TORIS				24e. Wes	an eutopsy med?	24b. Ware sutopsy fin sysliable prior to complation of cau of death?		
R			DIABETES M	furins				10	res 2 No	1 ☐ Yas 28 N	lo	
/ita			25. Was case referred to medical examiner?			28. Piece of Deeth (Check only			y one)			
of			1 Yes 2 No Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Homa 5 Residence 6 Other (Spe									
Division			27. Menner of Deeth  1 Neturel 5 Pending 2 Accident investigation 3 Sulcide 6 Could not be	7-27-96 0530 AM 1 Yes 2 Signo			28d. Describe how injury occurred  FALL  281. Location (Street and Number or Rural Route Number, Md, City or Town, State)  9462 Hundred Drump Row					
Divi			4 Homicide determined	28e. Plece of Injury - At home, ferm, street, fectory, office bullding, etc. (Specify)								
	24 hos	edical	29e. Certifier  (Check only one)  12 Certifying Physician: To the best of my knowledge, death occurred et the time, dete end piaca, and dua to tha ceusa(s) and manner es stated.  2 Medical Examiner: On tha bests of examination end/or investigation, in my opinion, deeth occurred at the time, deta and place, and due to the cause(s) end menner stated.									
-	within to the comple	Me	29b. Signature end title of cartifiar 2 29c. License number				29d. Data signed (Month, Day, Year)					
			V Kevn B/	Jerold	CO	43	1298		09-1	3-96		
	15		30. Name and address of person who co	ompleted cause of dea	ath (item 23e) (Type,	Print)	- 000					
			LEVIN B GERC			NM+ 2	LS GREE	NE SI,	BATTI	MOKE, MY		
	Sta	ite	31. Date filed (Month, Dey, Year)	32. Registrer	a Signatura							

Achie Vavidon Render

DHMH 16 Rav 6/95

State

Registrar

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death ITEM#20b g739 9/16/96ag perFH

1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Dey **Physician** 12:15 P.M. Anna Ruth Schwarting Sept. 13, 1996 /Medical 4e. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Sykesville

if Under 24 Hrs.

Hours | Min. | 8. Dete of Birth (Mondt), Dey, Year)

Jan. 31, 1935 Examiner 5910 Oakland Road Carroll County 5. Social Security Number 7. Age (In yrs. last birthdey) If Under 1 Year Birthplece (State or Foreign Country) **Funeral** Months Deys 1□M 270F Tennessee Director 400-42-9998 Usual Residence of Decedent filed within 72 hours efter deeth with the Meryland 10a. Stete 10b. County 10c. City. Town or Location r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at 10d. Inside City Limits Sykesville Carroll Md. 1 ☐ Yes 200 Nio Directo 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 5910 Oakland Road 21784 U.S.A. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Meritel Stetus 14. Rece - American indien, Bleck, White, etc. 1 Never Merried 2 Married 1 Yes 27 No If Yes, Give 1 ☐ Yes 2 XNo Specify: by Specify: 3 □ Widowed 4 □ Divorced White Yeer or Detes: Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) other than Home Homemaker permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: If Item 27 is marked oth any injury or other traumatic event potes. 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Sumeme) Be Edith Williams Sutton James E. Johnson 2 19e. Informent's Neme/Reletionship (Type, Pnint) 19b. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 604 Buckhorn Rd. Sykesville, Md. 21784 Judith Dash Baltimore, 20b. Pleca of Disposition (Neme of 20e. Method of Disposition 20b. Pleca of Disposition (Neme of cemetery, cremetory or other pleca)

Carroll Cremation Service 7/15/96 Hampstead, Md. 20c. Location - City or Town, State 1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funerel Service Licensee 22. Name and Address of Feclilty HAIGHT FUNERAL HOME & CHAPEL (P.O. Box 195) Suan Sykesville, MD 21784 (410)-795-1400 23a. Pert1. Enter the disease, or complications that used the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List only one cause on each line. Approximate Intervei Between Onset end Deeth Physician immediate Cause (Finei disease or condition resulting in deeth) /Medical CERINX Examiner Due to (or as e consequence of) Physician/Medical Examiner The lew requires that the death certificate be executed physician and the burial-transit Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in deeth) Lest Due to (or es e consequenca of) Box 68760 Due to (or as e consequence of): attending ò the Pert if. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? Records, P.O. signed by t d be detach 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Winknown þ 24b. Were eutopsy findings available prior to completion of cause of death? 24e. Wes en autopsy pertormed? Completed peen has 2 No certificata 1 Yes 1 Yes 2 46 Division of Vital or Attending Physician: 25. Wes case referred to medical examiner? Be 26. Place of Deeth (Check only one) 1 Yes 2 No Other: 4 Nursing Home 5 Desidenca 8 Other (Specify) P 1 ☐ Inpatient 2 ☐ ER/Outpatlent 3 ☐ DOA After this 28e. Dete of Injury (Month, Day Year) 27. Menner of Deeth 28b. Time of 28c. injury et Work? 28d. Describe how injury occurred Certification: 1 PNeturel 5 Pending in 24 hours aner control the Funeral Director: Af death. 1 ☐ Yes 2 ☐ No 2 Accident investigation 8 Could not be determined 3 Suicide 28e. Plece of injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, State) 4 Homicide Hospital 29e. Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end pleca, end due to the ceuse(s) end menner es steted. Medical 12 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred at the time, dete end pleca, and due to the cause(s) end menner steted. To the To the To the 29b. Signeture d title of certifie 29c. License number 29d. Dete signed (Month, Day, Year) ddress of person wh completed cause of deeth (Item 23a) (Type, Print) 31. Dete filed (Molity Day, Vear) 3 | LIV, 11/32 Adjetrate Signature 5 State Luka Davidson Registrar

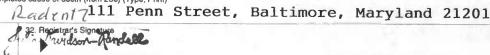
DIMH 16 Rev 6/95

- CANAL - 188 1 - 43

a'll o it c

State Registrar 31. Dete filed (Month, Dey, Yeer) SEP 1 6 1996

Strollen



30. Name end address of person who completed cause of deeth (Item 23e) (Type, Print)

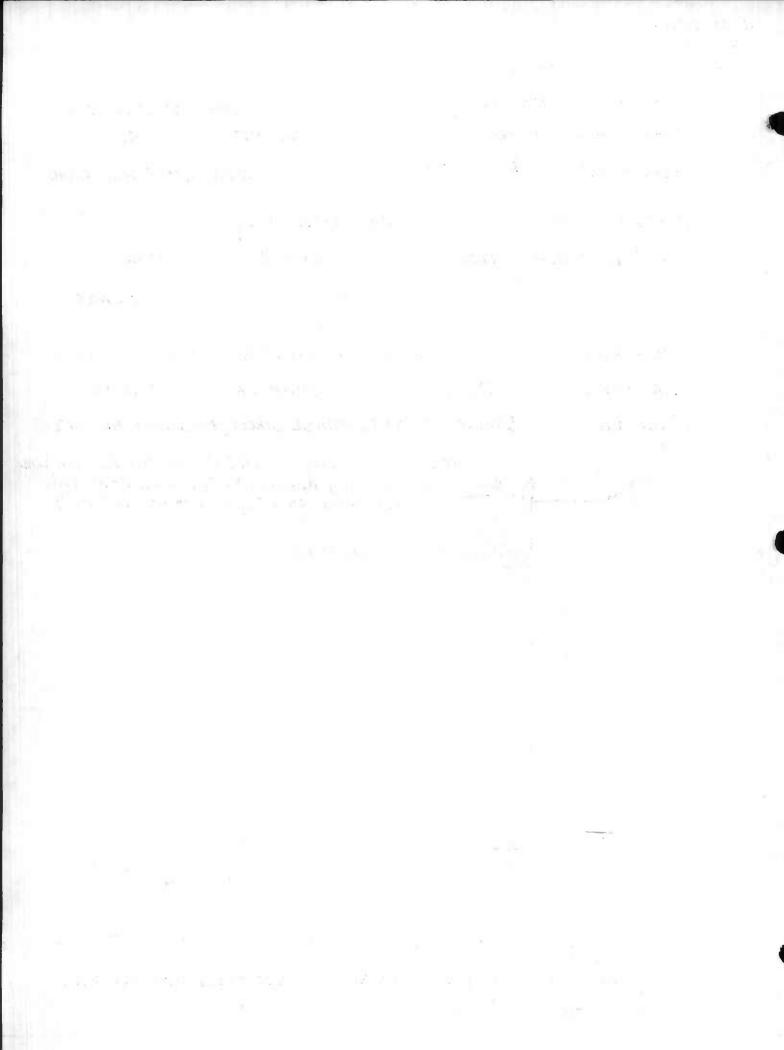
21215-0020

Maryland

Box 68760

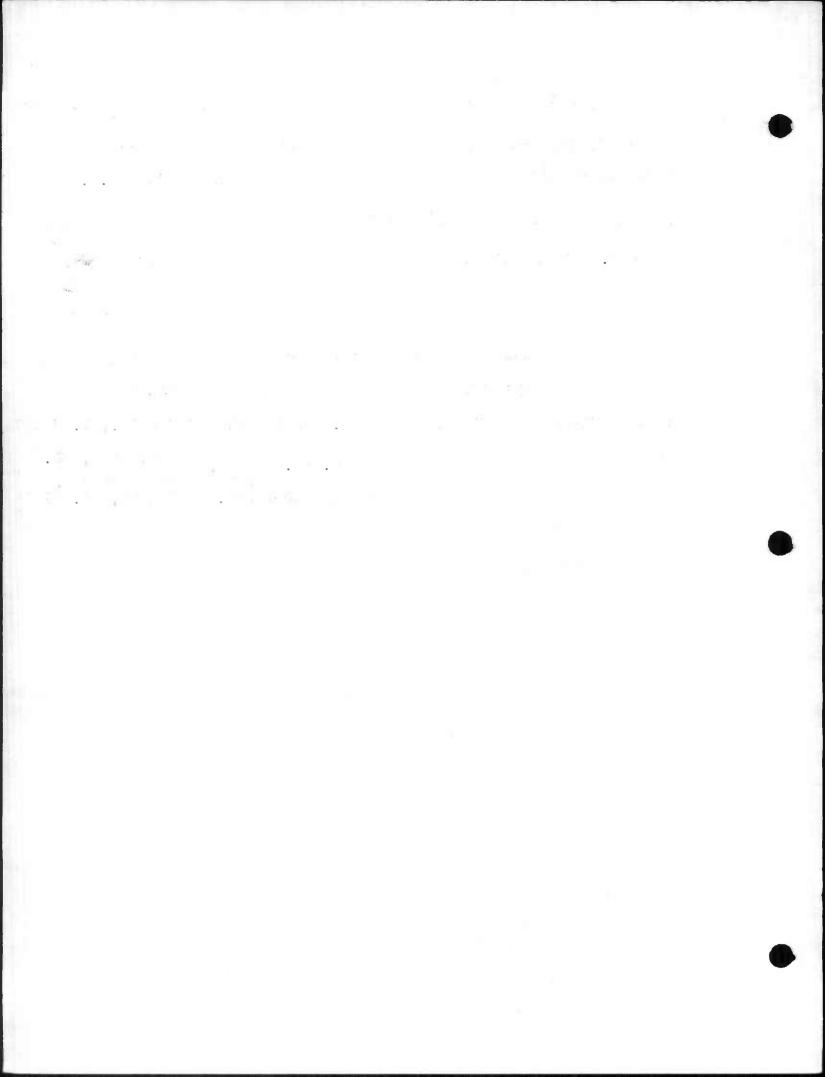
of Vital Records, P.O.

Division



State of Maryland / Department of Health and Mental Hygiene 9.6

_					ficate of Death Reg. No.				16412					
	Physic	ian	Decedent's Neme (F	First, Middle, La		HORNT	02			2. Dete of De Month	Dev a	Yeer	3. Time of Deeth	
J.	/Medi		4e. Fecility Neme (If no						4b. Citv. Town, or	SEPTEM.		1996	ALDINIO	
-4	Exami	ner			CAL CEN'						10.000			
Н	Funerai		5. Sociel Security Numi		The first of the second of the	⊥∟K ge (In yrs. last i	birthdey)	If Under 1 Ye		8. Dete of Bir (Month, Di	rth	N/A 9. Birthol	ece (Stete or Foreign	
L	Director		238-24-7 Usuel Residence of De	385	M 2□F	75	Yrs.	Months De	ys Hours Min	(Month, Di		N (		
	yland		10e. Stete 10	b. County		10c. City, To	wn or Loc	ation				10	Od. Inside City Limits	
	the Marylar 28a-f show	to	MARYLAND	N/	΄ Δ	BAL	TIMO	RE					1 Xes 2 □ No	
	A 28	Director	10e. Street and Number					10f. Zip Cod	ө		10g. Citizen of	What Coun	try?	
	th wil	3	1624 N.	PULAS	KI STRE	ET		212	17		US			
20	filed within 72 hours after death with the Maryland thygiene. ther than "natural", or items 23a or 28a-f show ont, the Medical Exeminer must be notified at	by Funeral	11. Meritel Stetus  1 Never Merried		12. Wes Decedent Armed Forces 1  Yes 2	? No		es Decedent of Yes, specify C	of Hispenic Origin? (Suban, Mexicen, Puer	Specify Yes or No to Rican, etc.)		ck, White, o		
00	"natural",	ğ	3√Vidowed 4 □		Year or Detes:		)- D				401 Kind of D		ACK	
21215-0020	be filed within 72 ho tal Hygiene. d other than "natur event, the Medical	Completed	(Specify (	Decedent's Ed only highest gra	ide completed)	16	(Give k	ent's Usuel Oci and of work do	cupation ne during most of wa tired)	rking	16b. Kind of B	usiness/ind	lustry	
212	with ene. than	Ę	Elementary/Seconde	ry (0-12)	College (1-4or						O.m.			
	filed with Hygiene. other than		17. Father's Neme (First	st, Middle, Last)			CRAI	N OPE		me (First, Middle		EEL ne)		
lan	should be filed withlind Mental Hygiene. Imarked other than Imatic event, I'm M	To Be	GID		THORNTO	NC			EMIL	V	ROBII	TCON		
Maryland	f Health and Men f Health and Men tem 27 is marke other traumatic	-	19e. Informent's Neme	/Reletionship (			9b. Malling	Address (Str	eet and Number or R				Code)	
_	0 0 7 6		MARTHA T	HORNTO	N (DAU	GHTER)			PULASKI				MD. 21217	
5	permit. Peges 1 and: Department of Health Important: If Item 27: any Injury or other tr.					20b. Plece	of Dispos	Ition (Neme of		Date				
E			4 Donetton 5 □	remetion 3   Other (Specification)	Removel from State v)					0/17/0	BALT	IMORI	E. MD.	
Salti														
ш			Verno	n Da	eled		42	16 RI	DGEWOOD	AVE. B	ALTIMO	RE, N	MD. 21215	
NAME OF THE PARTY	Physician /Medical Examiner	ler	Immediate Cause (Fine disease or condition resulting in deeth)	el	e	Due to (or es		ence of):					Onset and Death	
	betu d ansit	Examiner	b. 7 NEUMO NIT '  Due to (or es e consequence of):											
€8760,	stificete be axecuted ing physician and e as the burlet-transit	edical	If eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last Due to (or es e consequence of):											
. Box	death cert e attendin id for use	Physician/N	Pert II. Other significan	nt conditions o	d	out not resulting	In the uni	deifylna cause	given in Pert i	23h Did	tobacco use co	atribute to	the causs of death?	
P.0	that the do	hys				_		,					ebly 4 Unknown	
	es tha igned be de	by F	404 1420	HN D	t had had a	DING	et es	WEL	LITUS					
Records,	been s	Completed	CHRONIC	REN	AL F	AILUR	3			24e. Wes	an autopsy ormed?	con	ore autopsy findings bileble prior to npletion of cause death?	
Re	The law ate hes page 2:	E O	HYPERTE	00 1120	r .					10	Yes and No		Yes 22 No	
of Vital		Bec	25. Was cese referred						29 Place of De	eth (Check only			1100 2000	
N N		To B	examiner? 1 ☐ Yes 2 ☐ No		Hospitel: 1- Impati	ent 2 TER/	Outpetlent	3□ DOA	Other	Home 5 Resi		or (Specific	()	
0	iling Phys h. After this funeral di		27. Menner of Deeth		28e. Dete of Inju		. Time of		njury at Vork?	1-	how Injury occur		7	
jo	Attending or death. ector: After by the fune	atio	1 <del>•</del> ☐n√aturel 5 2 ☐ Accident	Pending Investigation		sy rear)	Injury		Yes 2 No					
Division	or Attending after death. Director: After In by the fune	Certification:	3 ☐ Sulcide 6 4 ☐ Homicide	Could not be determined	286. Place of in	jury - At home, tc. (Specify)	ferm, stree	et, fectory, offic	CO CO	28f. Location ( City or To	Street end Numb wn, Stete)	per or Rural	Route Number,	
Ī	the Hospital or hin 24 hours after the Funeral Dir ripletely filled In	edical C	29e. Certifier (Check only one)	Certifying Ph	ysician: To the best niner: On the basis of end menneryst	of examinetion of	ge, deeth o	occurred et the	time, dete end plece y opinion, deeth occu	e, end due to the urred et the time,	cause(s) and mo	anner as sto and due to	eted. the ceuse(s)	
	F	1	29b. Signeture end title	of certifier	Honey			D	42723		29d. Dete signe	9-1	3-96	
1	1	/	30. Neme end eddress	of pereon who		deeth (Item 238	) (Type, P	rint) 3	145 for	FOR9 21236	STREA	m RY		
	Sta Registr		31. Dete filed (Month,	(Month, Pax, Year) 32. Registrar's Signeture  SEP 1 6 1996  St. Ray Jandson Rendelle										



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decadaot's Name (First, Middle, Last) 2. Data of Death 3. Time of Death **Physician** Day eve Yaul. 10m Ko 13 10:30 AM 4b. City, Town, or Location of Death 1996 /Medical 4c. County of Death 4a. Fecility Nama (If not Institution, giva street and number) Gilchrist Examiner HOSPICE OF BALTIMORE N/A BALTIMORE Center Hours Min. 8. Data of Birth (Month, Day Year July 28, 7. Aga (In yrs. lest birthday) 77 Yrs. 5. Social Security Number **Funeral** Months Days 1**X** M 2□ F 227-12-8252 Director Virginia Usuei Rasidance of Dacedant 10a Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits Exaciner must be notified at Md. Baltimore Dundalk Director 1 Yas 2 No 10e. Straat and Number 10f. Zip Coda 10g. Citizan of What Country? 8216 Northview Rd. 21222 USA Funeral 12. Was Dacedant Ever in U,S. Armed Forces? 13. Was Decedant of Hispenic Origin? (Specify Yes or No-if Yas, specify Cuban, Maxican, Puarto Ricen, atc.) 14. Race - Amarican Indian. Bleck, Whita, atc. 1 Nevar Married 2 Married 1 ☐ Yas 2 ☐ No if Yas, Giva X Yaar or Datas: 1□ Yas 2□ No Spacify: Specify: White by 3 ☐ Widowed 4 ☐ Divorced Completed traumetic event, the Medical 16a. Decedant's Usuai Occupation (Giva kind of work done during most of working life. DO NOT usa retired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry Elementary/Secondary (0-12) Collega (1-4or 5+) Balto. County 10 yrs. Road Mant. 17. Fether's Nema (First, Middla, Last) 18. Mothar's Neme (First, Middla, Maidan Surnema) John Stephen Tomko Elizabeth Bernet 19e. Informant's Name/Ralationship (Type, Print) 19b. Mailing Address (Straet and Number or Rural Route Number, City or Town, Stata, Zip Coda) permit. Pages 1 and 2 s Depertment of Health er Important: If item 27 is any Injury or other trau Roger Tomko 7205 Hughes Ave. Edgemere Md. 21219 son 20b. Ptace of Disposition (Name of comatary, cremetory or other plece) 20a. Mathod of Disposition 20c. Location - City or Town, Stata Deta 1 Buriai 2 Cramation 3 Ramovel from Stete 4 ☐ Donation 5 ☐ Othar (Specify) Holy Rosary Cem. 9 - 16Dundalk ure of Gurde 22. Nama and Address of Facility Connelly Funeral Home Of Dundalk 23e. Part. Entar the disaasa, or complications that caused tha daeth. Do not antar tha moda of dying, such as cardiac or respiratory arrast, shock, or haert failure. List only ona cause on aech tina. 7110 Sollers Point Rd. 21222 Approximeta Intarval Batween Onset and Death **Physician** /Medical immediata Causa (Final metastatic Years disaase or condition rasulting in daeth) **Examiner** Examiner the burial-transit Sequantially list conditions, if eny, laading to immadiate ceusa. Entar Undarlying Cause (Diseasa or thjury that initiated avants rasulting in daath) Lasf Dua to (or as a consequence of): Physician/Medical Dua to (or as a consaquance of): use as Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part t. 23b. Did tobacco use contributs to the cause of death? Aftery disease 1 ☐ Yss 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Coronary Completed 24a. Wes en autopsy performed? 24b. Were eutopsy findings available prior to completion of ceuse of deeth? 2 X No 1 ☐ Yas 2 ☐ No Be 25. Wes cesa rafarred to medicet 26. Place of Death (Check only ona) Hospitat: 1 ☐ Inpatiant 2 ☐ ER/Outpatienf 3 ☐ DOA Othar: 4 Nursing Homa 5 Rasidance 8 Othar (Specify) Hospice 70 1 Yas 2 No As efter dea.

rai Director: After a.

by the funeral director 28a. Date of Injury (Month, Dey Year) 27. Mannar of Daath 28d. Dascribe how injury occurred Medical Certification: 28c. Injury at Work? 28b. Tima of 1 Natural 5 Panding 1 ☐ Yas 2 ☐ No invastigation 2 Accidant 3 ☐ Suicida 6 Could not be datarmined 28a. Place of Injury - At home, ferm, straat, factory, office building, atc. (Specify) Location (Straat and Number or Rural Route Number, City or Town, Stata) 4 Homleida Cartifying Physician: To the best of my knowledge, death occurred at the time, data and piece, end due to the cause(s) and manner as stated.
2 Medical Examinar: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data and piece, and due to the cause(s) and manner stated. 29a. Certifian (Check only one) 29b. Signatura end fitta of certifier 29c. Licensa number 29d. Data signad (Month, Day, Yeer) 025205 30. Nama and address of person who complated ceuse of death (Itam 23a) (Type, Print) 6701 N. Chales St. Balto, md 21204

State

Registrar

1 6 1996

Date filad (Month, Dey, Year)

P

32. Registrar's Signature

the Maryland

filed within 72 hours after

Pages 1 end 2 should be filled within nent of Health end Mentel Hygiene. int: If item 27 is marked other than

21215-0020

Baltimore, Maryland

The law requires that the death certificete be executed

P.O. Box 68760,

of Vital Records.

Division Attanding Bnd

signed by the ettending

peed

this certificate hes

illed in by

Physician:

6

To the Hospital o

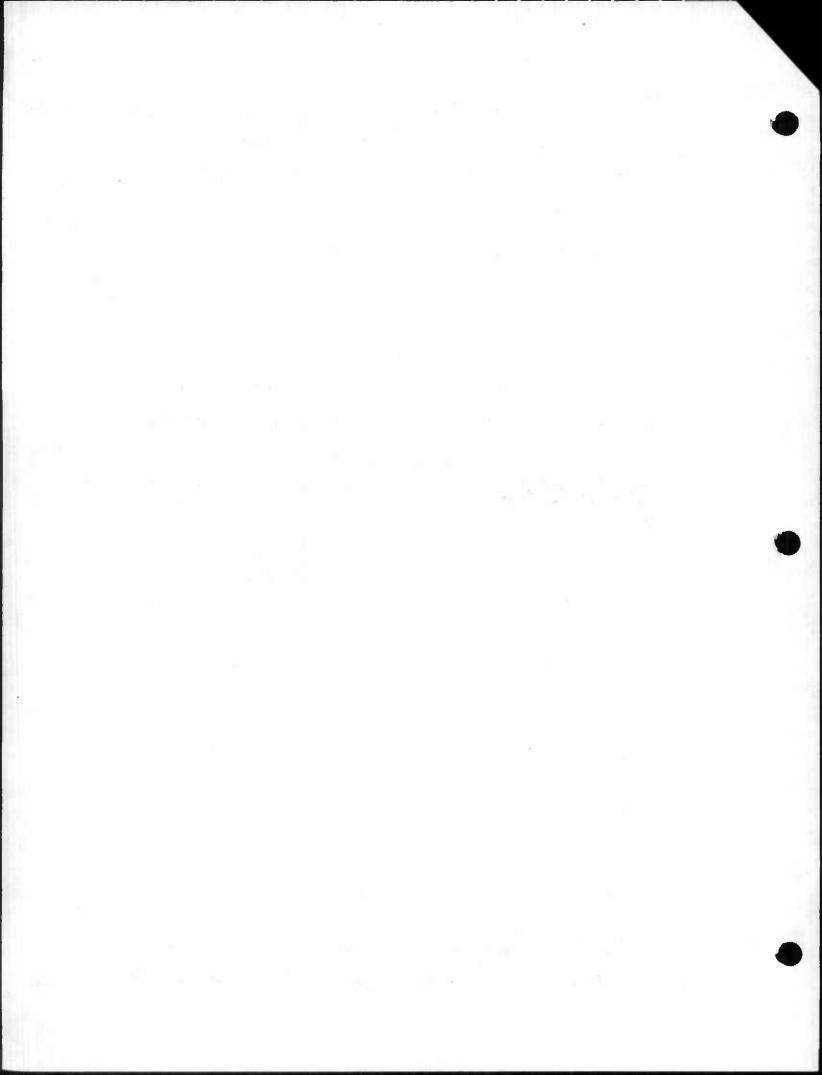
ahow

288-11

ö

**Нете** 23а

"natural", or

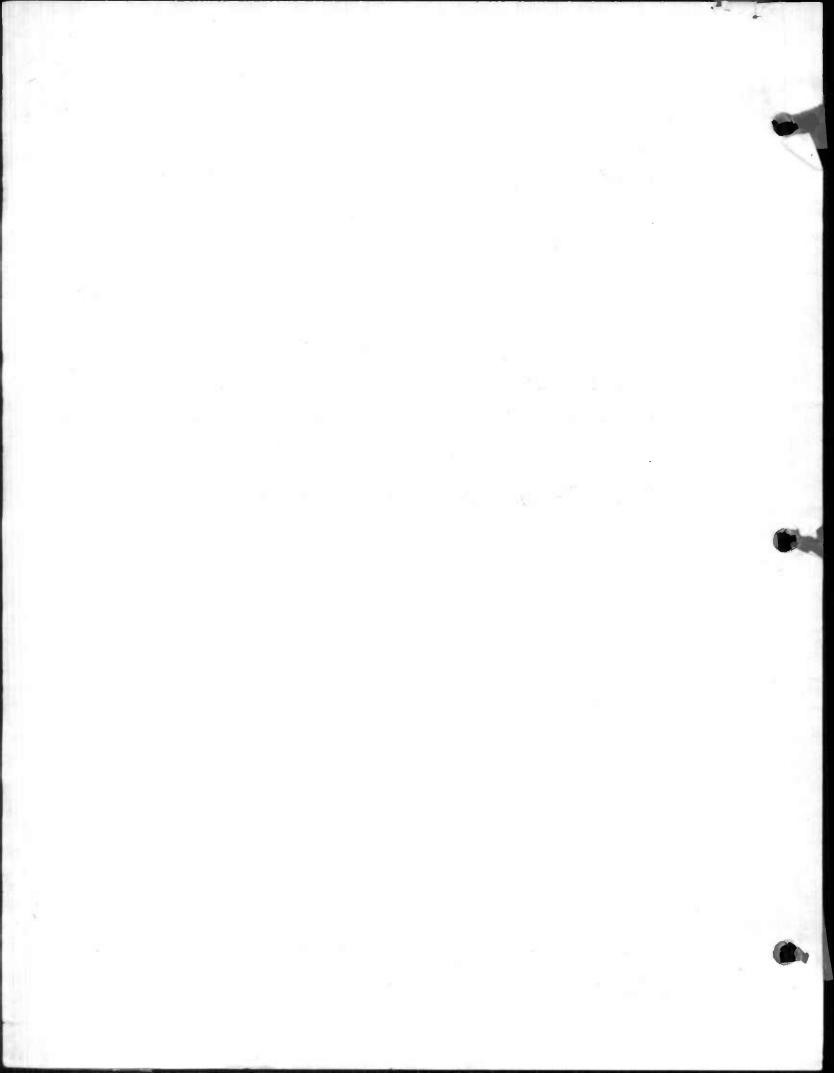


State of Maryland / Department of Health and Mental Hygiene 96

27453

						Certi	ificate of	Death		Reg. No.			
		1. Decedant's Name	a (First, Middle, I	Last)					2. Data of D Month	aath Day	Year	3. Tima of Death	
Physicia: /Medica		Ron	JALO 7	THIERY	ell.				9	10	96	2337	
Examine	_	4e. Facility Nama (II	f not institution, g	riva street and nun	n <i>ber)</i>			4b. City, Town, or L	ocation of Dea	th 4c. County	of Death		
		UNIV		MARYLA				BALTIMO	no		ALT	mont	
Funeral Director		5. Social Security No. 215-60-67	64	Sex 10 M 2 F	7. Aga (in yrs. last b	Yrs.	If Undar 1 Yes Months Day	If Undar 24 Hrs. s Hours Min.	8. Date of B (Month, D	irth lay, Year)		piece (Stete or Foreign ntry)	
and and	1	Usual Rasidanca of 10a. Steta	10b. County		10c. City, To	wn or Loca	ition				1	IOd. inside City Limits	
72 hours after death with the Maryland natural", or items 23s or 28s-f show dical Examiner must be notified at	5	MD	n,	/ >		BALTI	MODE					1√Yas 2□No	
or 28a-f st	Director	10e. Street and Nun	mber			DALIII	10f. Zip Coda	2120	12	10g. Citizan of V UNITE	Whet Cour	717	
238	a	1231	E. EAGEF	R STREE	<u> </u>						10 3	STATES	
of, or items	by Funeral	<ul><li>11. Maritel Stetus</li><li>1 ☐ Nevar Marris</li><li>3 ☐ Widowed</li></ul>	ied XX Merried	Armed Fo	odent Ever in U,S. rcas? 2XXX No re atas:		as Decedant of es, specify Cu	Hispanic Origin? (Specify:  Specify:	pecify Yas or N Rican, atc.)	Specify	k, Whita,	BLACK	
ena. than "natur ne Medical	Completed	(Spec	15. Decedant's	Education greda complated)	16	Ba. Dacedar (Giva kli	nt's Usuai Occ	upation e during most of wor	king	16b. Kind of Bu	usinass/In	dustry	
than The Mo	ğ.	Elamantary/Seco		Coilaga (1	-4or 5+)	lifa. DC	NOT use rati	red)					
other th	5	-	CETTAL A ALLEMAN A	4 yr	s	MAN	AGER	10 Manhada Man	o (Final Adiabat	ALLEGI a. Maidan Sumam		BANK	
S S S S S S S S S S S S S S S S S S S	10 26	17. Fathar's Nama (	NCE TI	LERY				ELI	ZABETH				
atth and Mer n 27 is marke er traumatic		19a. Informant's Na MARY	L. MC (			1231	Ε. Ε	et and Number or Ru EAGER STR	EET, BA	LTIMORE,	Stata, Zip.	21202	
nent of Haalth and: If flem 27 la		20a. Mathod of Disposition  1 🖸 Surial 2 Cramation 3 Ramoval from Stata  4 Donetion 5 Other (Specify)  20b. Place of Disposition (Nema of cematary grapherory exercises of Facility)  20c. Location - City or RANDALL ST											
Department of important: If it any injury or once.		1 Daurial 2 Cramation 3 Ramoval from Stata Command MEMORIAL PARK 9-16 RANDALLS											
	1	23a. Pert1. Entar th	ha disease, or co	mplications that c	aused tha daath. D							Approximata interval Between	
ysiclan	1	SHOOK, OF HAM	it iaiidia. List on	ly Oria Gado Oria	out into.							Onset and Death	
Medical		immediata Causa ( diseasa or condition			FATAL	AR-	RYTHM	IA					
aminer	Examiner	disease or condition a. FATAL ARMTHMIA											
-		CARDIAC ISCHEMIA											
physician and s the burial-transit	Exam	Sequentially list conditions, if any, laading to immediate cause. Entar Underlying Causa (Disease or injury c.											
ng physic as the b	Medical	that initiated evants rasulting in death) t		C	Dua to (or as	a conseque	enca of):				1		
oen signed by the attending physician and inhould be detached for use as the burial-transitions.	any			d							1		
d by the letached	Physician	Pert ii. Other algnif	icant conditions	contributing to de	eath but not rasulting	In the und	lariying cause	givan in Part I.		d tobacco uee co		to the cause of death	
s been sign 2 should be	Completed by								24a. Wa	is an autopsy formed?	8/	Vera autopsy findings vallable prior to empletion of cause death?	
page 2 s	E		-						10	Yes 20 No	1	□Yas 2□No	
cartificata rector, pa	De C	25. Was case rafam examiner?	red to medical					26. Placa of Dea	ith (Check only	ona)			
direc	0	1 Yas 2	No	Hospital: 1 □ i	inpatiant 2 DERV	Outpatient	3 DOA	Othar: 4□ Nursing H	loma 5□Ra	sidance 6 Oth	ar (Speci	(fy)	
Aftar ti funara	ation:	27. Mannar of Death 1 All Natural 2 Accident	h 5 🗆 Panding invastigat		of injury th, Day Year)	o. Tima of injury	28c. in W M 1			e how injury occur			
after death.	Certification:	3 ☐ Suicide 4 ☐ Homicida	6 Could not detarmine	ad 268. Place	of injury - At home, ng, atc. (Specity)	farm, strae	at, factory, offic	ea.		(Street and Numb own, Steta)	ber or Rur	ral Routa Number,	
within 24 hours after death To the Funeral Director: completely filled in by the	edical	29a. Certifiar (Check only one)	12 Certifying 2 ■ Medical Ex	aminer: On the be	best of my knowled asis of examination nar stated.	iga, daath d and/or inva	occurred at tha stigation, in m	time, data and place y opinion, daath occu	, and due to th rred at tha time	e ceuse(s) and ma a, dete and plece,	annar es a and dua l	stated. to the cause(s)	
Withir To the	Me	29b. Signatura and	titla of cartifiar				29c. Lice	nse number		29d. Data signe	d (Month,	, Day, Year)	
				ellya.				46612		9	10/	96	
5		30. Nama and addr.		EENE	sa of death (itam 23)	6		ORT IMO	212	01			
State	te 31. Data filled (Month, Day, Year) 32. Registrar's Signatura												
Registra	r	SEP	1 6 1996	gu a.	ruidson-Aan	486	~						

DHMH 16 Rev 6/95



27454 State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death **Physician** Month Yaar 53 Sr. harles Se 1996 /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Baltimore NIA 112 13p Hancs If Undar 1 Yaar Months Days 5. Social Sacurity Number 6. Sax 7. Aga (In yrs. last birthday) If Undar 24 Hrs. 8. Data of Birth (Month, Day, Year) 9. Birthplaca (Stata or Foraign Qountry) **Funeral** Hours 15 M 20 F 223-54-4619 Yrs Director 31, a Usual Rasidanca of Dacedant death with the Maryland 10a. Stata 10b. County City, Town or Location 10d. Insida City Limits 28a-f show na 23a or 28a-f shov 1 Vas 2 No tsmou **Funeral Director** 0 10e. Street and Numbar 10g. Citizan of What Country? items : 12. Was Decedant Evar in U,S. Armed Forcas? 1 ☐ Yas 240 No If Yas, Giva Yaar or Datas: 11. Marital Status 13. Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) Race - Amarican Indian, Black, Whita, atc. traumetic event, the Medical Examiner Pegas 1 and 2 should be filed within 72 hours efter in nent of Health end Mental Hygiene. Int: If Item 27 is marked other then "natural", or ite 1 Navar Marriad 2 Marriad 21215-0020 2 No Be Completed by Specify: 3 ☐ Widowad 4 ☐ Divorced Black 15. Decedant's Education (Specify only highast grada complated) 16a. Dacedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Businass/Industry Elamantary/Secondary (0-12) Collaga (1-4or 5+) ruckina year 1)river grade Baltimore, Maryland 17. Fathar's Name (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) George UZZIC

19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Portsmouth, Va Barbara Church Carde 12361 old WIK other i 20a. Mathod of Disposition 20b. Placa of Disposition (Nama of cematary, cramatory or other place) Data 20c. Location - City or Town, Stata Cameley 9/16/96 1 ☑ Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata 5 permit. Pega Depertment o Important: If any injury or Holly Grove A.m.e. 4 ☐ Donation 5 ☐ Other (Specify) 21. Signatura of Funaral Sarvice Licansaa 22. Nama and Addrass of Facility
Much FIH - Wost 4300 Wabash Ave a OL 23a. Part1. Entar tha disaasa, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Batween Onset and Death **Physician** /Medical Immediata Causa (Final 10 YEARS disaasa or condition rasulting in daath) Examiner Examiner CURONARY ARTERT DISEASE 15 YEARS The law requires that the death certificate be executed the burial-transit Bud Sequantially list conditions, if any, laading to immadiata causa. Entar Undarlying Causa (Disaasa or Injury that Initiated avants rasulting In daath) Last Dua to (or as a consaguance of) Division of Vital Records, P.O. Box 68760, ettending physician Physician/Medical Dua to (or as a consequanca of) Part II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. been signed by the should be datached 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown by Completed 24b. Wara autopsy findings available prior to completion of causa of death? 24a. Was an autopsy performed? After this certificate has 1 Yas 2 No 1 Yas 2010 Attending Physician: Be 25. Was casa rafarrad to medical 28. Placa of Death (Check only ona) Other: 4 Nursing Homa 5 Residence 8 Other (Specify) 2 1 Yas 2 No 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA filled In by the funeral 27. Manpar of Death Certification: 28b. Tima of 28c. Injury at Work? 28d. Describe how injury occurred 5 Panding invastigation 1 Natural death. 1 Yas 2 No 2 Accidant hours after death 3 Sulcida 6 Could not be 28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Spacify) 281. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 T Homicida ŏ within 24 hours a
To the Funeral D
completely filled To the Hospital Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

| Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated.

| Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical 29a. Cartifiar 29b. Signatura and titla of certifiar 29c. Licansa number 29d. Data signed (Month, Day, Year) mush. my PO 9519 SEPT, 13 30. Nama and addrass of person who complated cause of death (Itam 23a) (Type, Print) AVENUE 900 CATON

State Registrar 31. Data filed (Month, Day, Year)

ANSAH

FRANCIS

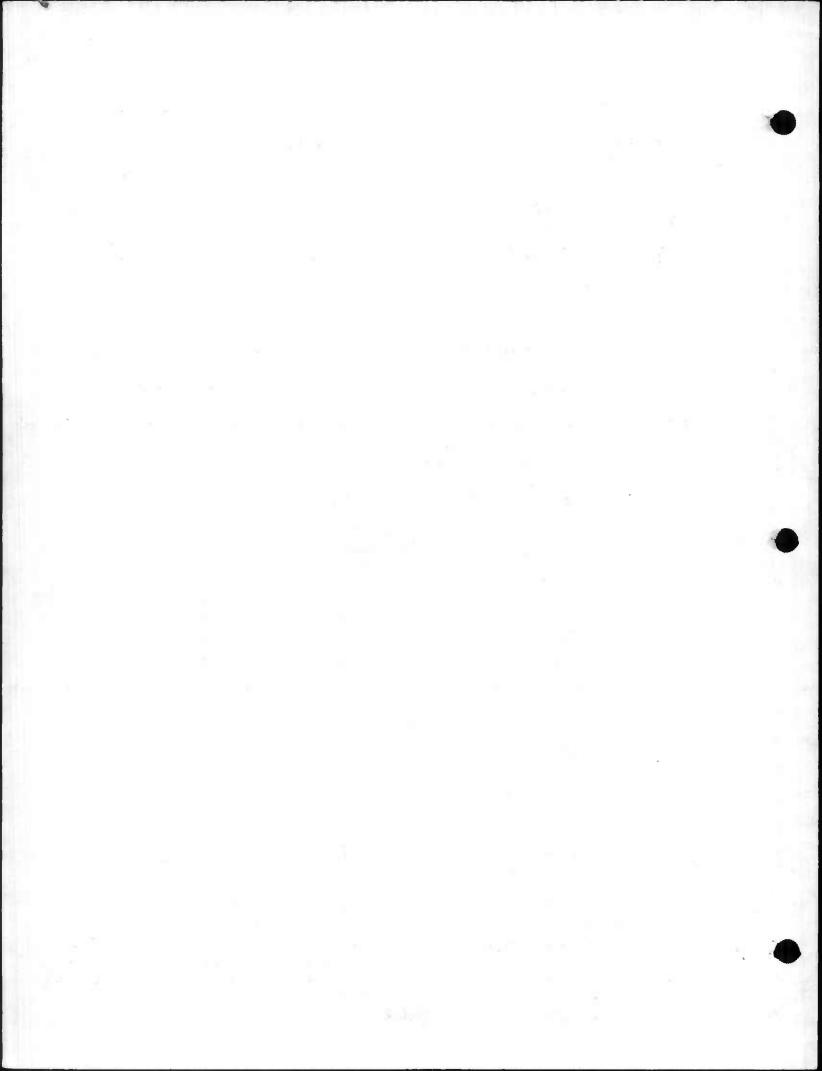
32. Registrar's Signatura ula Savidson

Sor

MONES

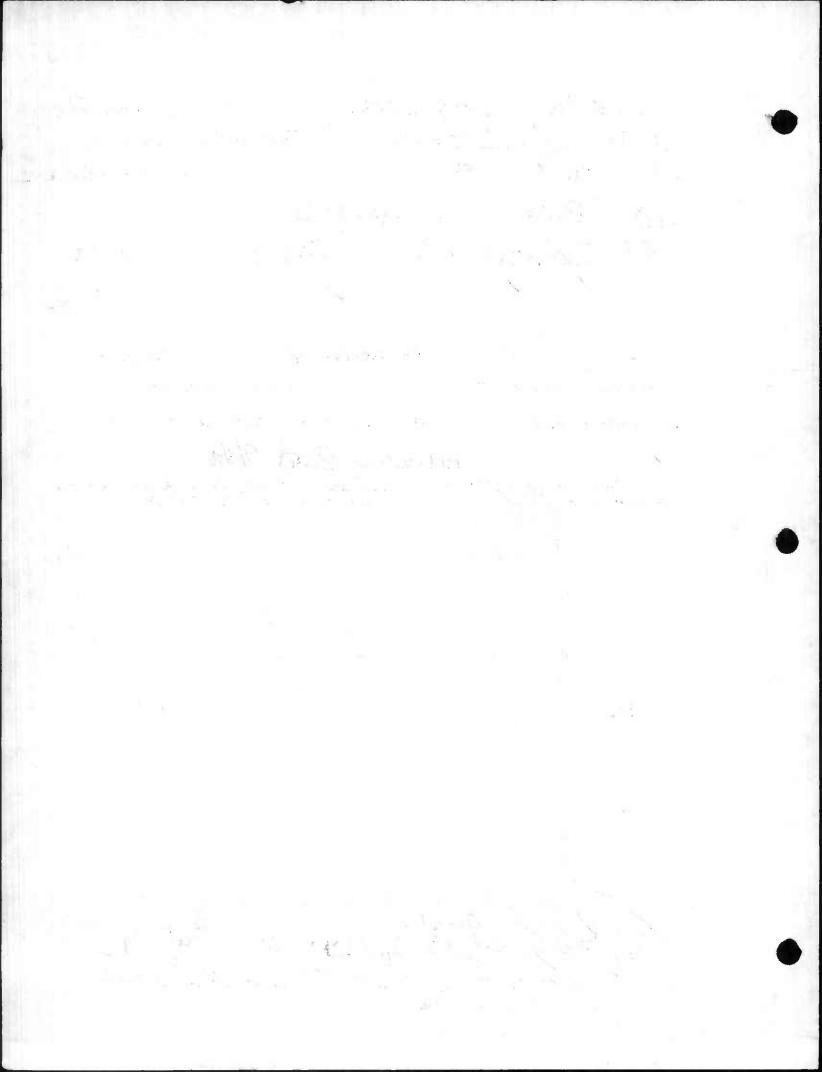
HOSPITAL

BALTIMORE



27455 State of Maryland / Department of Health and Mental Hygiene 96

				Certificate	of Death		Reg. No.	Lian Lian	1100
<u>.</u>		1. Decedent's Nema (First, Middle, Las	st)	1 1		2. Dete of De	eth		. Time of Death
Physic /Med		Joseph	N. Woo	Hood		Month	Dey	Y996	Zem
Exami		4a. Fecility Name (If not institution, give	e street and number)		4b. City, Town, or	Location of Deet	h 4c. County	of Deeth	4
		multime	dical a	nter	la	SON	K	atta	
Funeral		5. Sociel Security Number 6. S	ex 7. Age (In yrs.	last birthday) If Under 1 Yrs. Months	Year If Under 24 Hrs Deys Hours Min	(Month, De	th ly, Year)	9. Birthplece Country)	(Stete or Foreign
Director		Usual Residence of Decedent	00	113.		Dec.5,	1913	Jales	EU BER
yland		10a. State 10b. Coupty	10c. C	ity, Town or Location	1110			10d. [	Inside City Limits
death with the Maryland ims 23a or 28a-f show Emult be notified at	ctor	mol ba	H	Lutter	VIIG			1	1□Yes 2⊟No
₩ % ₩ ₩	Director	10e. Street end Number	0	10f. Zip C	Code ON TOTAL	>	10g. Citizen of \	What Country?	1
ath w	Ta.	951 Jan	nesci r	V.	2109		,	721	7
er de Mem	Funeral	11. Marital Status	12. Was Decedent Ever in L Armed Forces?		nt of Hispanic Origin? (S y Cuban, Mexican, Puer	Specify Yes or No to Ricen, etc.)	Hac Blee	e - American Ir ck, Whita, etc.	ndien,
Nore, Maryland 21215-0020 ges 1 end 2 should be filed within 72 hours effer death with the Marylan it of Health end Mental Hygiene. If Item 271s merked other than "natural", or items 28a or 28a-f show or other traumatic event, the Madical Examiner must be notified at	by F	1 ☐ Never Married 2 ☑ Married 3 ☐ Widowed 4 ☐ Divorced	1 Yes 2 No If Yes, Give Year or Dates:	1 ☐ Yes 2	No Specify:		Specify	in	10
21215-0020 d within 72 hours ef giene. ir than "natural", or it the Moulcal Exert		15. Decedent's Ed	lucetion	16e. Decedant's Usuel	Occupation		16b. Kind of Br	usinass/Industr	ry
within 7	Completed	(Specify only highest gra-	de completed)  Collaga (1-4or 5+)	(Give kind of work life. DO NOT use	done during most of wo retired)	rking			
d 212 filed with Hygiene. rther than	S	12	1	Operation			Shi	ping	
yland 2 vuld be filed Mental Hygi rked other	Be	17. Fether's Neme (First, Middle, Last)				ma (First, Middla,		(b)	
Maryland d 2 should be file th end Mental Hy 7 is merked oth traumetic event	2	Joseph Nelson Woo		I		n Allen			
Ma d 2 sl th en th en traur			,,		Straat and Number or A				fe)
Health Health Health		Janet Woolford/wii	20b. I	Plece of Disposition (Nema		Qate,	20c. Location -	1093	State
Pages nent of i		1 Buriel 2 Cremetion 3 4 Donation 5 Other (Specify	Hemovel from State	cemetery, cremetory or oth	er place)	9/3/91			-
프 교원원은		21. Signature of Funeral Service I Icen	SAA	22. Name and	Address of Fecility	11910			
Depa Impo		Ronald 9.	Wade, Directo		Anatomy Boar		W. Balt: 1-1559	imore S	treet
		23a. Pert1. Enter the disease, or comp shock, or haart feilure. List only of	plications that caused the dee		ore, Maryla: of dylng, such as cerdia			Apr	proximete
Physician		SHOOK, OF HABIT THIRDIE. LIST OFFINE	The couse on each line.					One	ervel Between set end Deeth
/Medical Examiner	п	Immediate Cause (Final disease or condition	Pheun	nonta				4	days
LAdminici		resulting in daath)	Due to (	or es e consequence of):					1
ted nsit	nin.		COPI					7	15
exacu n and iel-tra	Examiner	Sequentially list conditions, if eny, laading to immediate ceuse. Enter Underlying	Que to (c	or as a consequence of):					
68760 flicete be e physiciar ss the bunia	edicai	thet Initieted avants	C. Due to //	or es e consequence of):	when +	seas	_	9	3
Box 68760, eath certificate be executed ettending physician and for use as the buriel-transit	Medi	resulting in death) Last	Ca. 105	- Rate	m Dal-	Bear		/	
SOX th cer tendir r use	an		d. Sever		- action	men			
(ecords, P.O. Box	Physician/	Pert II. Other significant conditions co	entributing to deeth but not res	suiting In the underlying ceu	ise given in Pert I.	23b. Did	lobacco uae co	ntribute to the	cause of death?
P.C d by 1		HBP				10	Yee 2 No	3 Probably	y 4 Unknown
Records, F le law requires the has been signed ge 2 should be det	by								
COrd  v require been si	Completed						an eutopsy rmed?	aveilabl	utopsy findings le prior to ition of cause
Hec e law	m m							of death	h?
- F # 8		25. Was case referred to medical				10		1 🗆 Yas	s 2 No
r Vital Ri ysicien: The I s certificate hadirector, page	To Be	axeminer?	Hospitel: 1 ☐ Inpatient 2 ☐	ER/Outpetient 3□ DOA	Other	eth (Check only o	na) dance 8 □Oth	(C4-)	
0 5 5 7		27. Mennar of Death	28a. Date of Injury (Month, Day Year)	28b. Tima of 28d	: Injury at Work?		now Injury occur		
ath. Ar: After	atio	1  Active 5 Pending investigation		Injury M	1 Yes 2 No				
OIVISION or Attending letter death. Director: After	Certification:	3 ☐ Suicide 6 ☐ Could not be 4 ☐ Homicide datarmined	28e. Plece of Injury - At he building, etc. (Specif	ome, ferm, streat, factory, o	office	28f. Location (S City or Tox	Street end Numb	er or Rurel Roi	ute Number,
D of a leaf	- 1								
DIVISIO  To the Hospital or Attendi within 24 hours effect death.  To the Funeral Director: A completely filled in by the f	edicai	29a. Certifier (Check only one) 12 Certifying Phy	reician: To the bast of my kno iner: On the basis of examine	owledge, daath occurred et etlon end/or Investigetion, in	the time, dete end plece my opinion, deeth occu	, and due to the irred at the time,	cause(s) and me dete end place, (	nner as stated and due to the	ceuse(s)
within 2 To the comple	Mec	29b. Signature and title bit stiffer	and menner stated.	12	icense number		29d. Date signed		
F¥F8		V11119/	1 mo	Delosley 7	A-307	Ca	0/1	101	. 300)
		30. Neme and address of person who	ompleted causa of deeth (Iten	1 230) (Type 2001)	100	1	110	76	
		515 FANNI	Junt Ave &	Wite 330	Touses	n Ma	1712	286	
Sta	ate	31. Dete filed (Month, Day, Yaar)	Pulla Navason Man	oture "	10070				
Registi	-	SEP 1 6 1996	was wall asov-have						



State of Maryland / Department of Health and Mental Hygiene 96

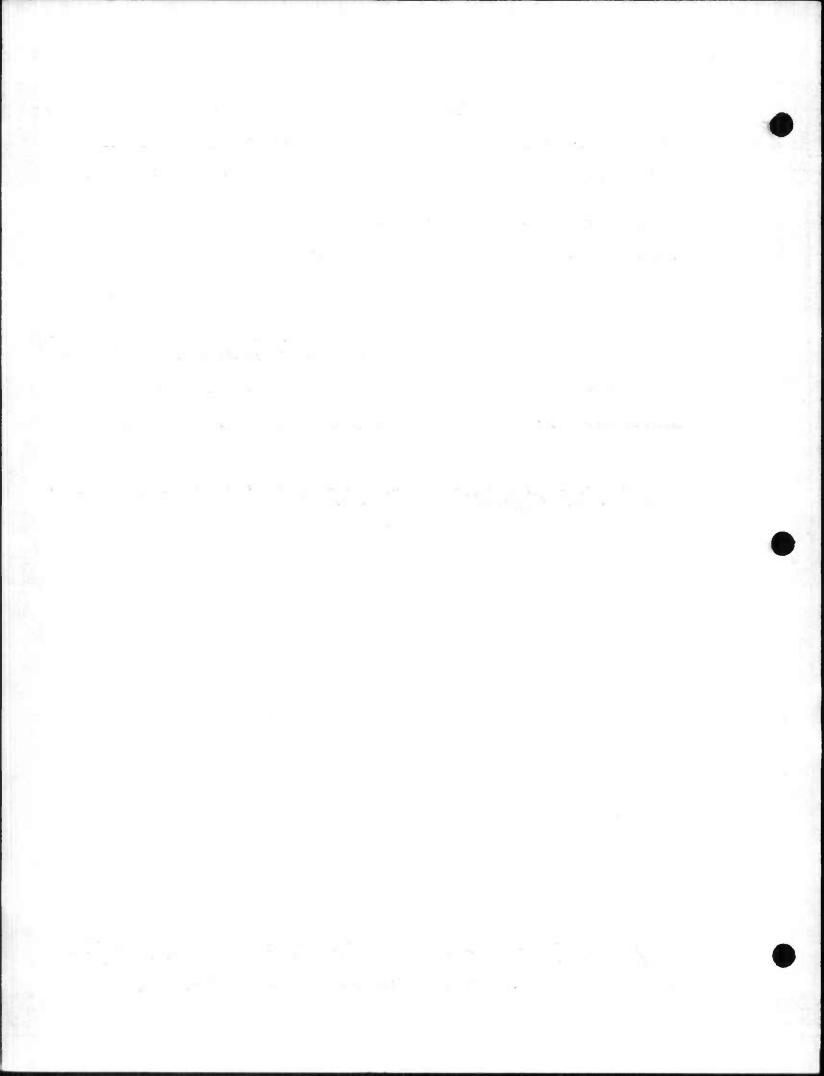
						Cert	ificate of	f Death		Reg. No.		
	15.76		1. Decedant's Nama (First, Middle,	Last)					2. Data of D Month	eath	Vees	3. Tima of Death
	Physic /Medi		Walter	J. W	ooding	z. Sr.			Septen	ber 7. 1	Yaar 1996	9:40 p.m.
-	Exami		4a. Facility Nama (If not institution,				-	4b. City, Town, o	or Location of Dea			
			2812 Brighton S	treet				Baltimo	ore	no	one	
	Funeral		5. Social Security Number 6		a (in yrs. las	t birthday)	If Undar 1 Yaa Months Day			irth Day, Year)	9. Birth	place (Stata or Foreign
	Director		218-07-1616 Usual Rasidance of Decedant	1 □ M 2 □ F	81	Yrs.	Working Day	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Feb.24			land
	how		10a. Stata 10b. County		10c. City,	Town or Loca	ation					10d. Inside City Limits
	Ma Ma	Director	Maryland none			Ba1	timore					Yas 2□No
	9 2 2 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Oire	10e. Street and Number				10f. Zip Coda			10g. Citizan of V	What Cou	intry?
	th w 23€	le	2812 Brighton St	reet			2121	.6		U.	S.A.	
	dea -	Funeral	11. Marital Status	12. Was Decedant   Armed Forcas?	Evar In U.S.	13. W	as Decedant of Yas, specify Cu	Hispanic Origin? Iban, Maxican, Pu	(Specify Yas or Narto Rican, atc.)	lo- 14. Rac	e - Amari	ican Indian,
21215-0020	permit. Peges 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: if item 27 is marked other than "natural", or items 23a or 28=f show mayorlant: if item 27 is marked other than "natural", or items 23a or 28=f show important: if item 27 is marked other than Defice Examination and Defice.	by	1 ☐ Navar Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced		No		□Yas 2□N			Specify		Black
5-0	72 h	Completed	15. Decedant's (Specify only highest			16a. Deceda	int's Usual Occi	upation e during most of w	vorkina	16b. Kind of B	usinass/ir	ndustry
121	within iene. then	de la	Elemantary/Secondary (0-12)	Collega (1-4or 5	i+)	life. Do	O NOT use retir	e during most of v red)				
	filed within Hygiene. other than ent, to a Market Man	ပိ	12	4		Posta	1 Clerk	7				Service
anc	d off	Be	17. Father's Nama (First, Middle, La	(St)						e, Maiden Suman	10)	
ž	2 should be and Mental is marked o	J.	unknown						ne Snow			
Maryland	32 sl h and h ls n r ls n		19a. Informant's Name/Ralationship Mrs. Pauline S.			_		et and Number or				
	1 and Health am 27 ther tr		20a. Mathod of Disposition	wooding/wii	1		tion (Name of	n Street	Data	20c. Location -		
altimore,	Demit. Peges 1 a Department of Her Important: If item any injury or othe page.		1 ☐ Burial 2 ☐ Cramation 3 4 ➡ Donation 5 ☐ Other (Spe		CONT	etery, cremi	atory or other p	lace)	Data	20c. Location -	City or 1	own, Stata
Balt	permit. Peg Department Important: It any Injury o		21. Signature of Funaral Sarvice Lie Ronald	Wade, Di	rector	St		tomy Boa			more	Street
	_		23a, Part1, Entar tha disaasa, or co	omplications that causad	tha daath			, Maryla		1-1559		Approximata
	Physician		23a. Part1. Entar tha disaasa, or co shock, or haart failura. List or	ly ona cause on each lir	na.	50 1101 11111111	the mode of d	ying, saon as care	nao oi iaspiratory	arraot,	1	Intarvai Between Onset and Death
	/Medical		Immediata Causa (Final	1	Jan. 1							
	Examiner		disaasa or condition rasulting in daath)	a. 1	011	1011	va				1	( week
	Ente	ě	Dua to (or as a consaquance of):									
	or or or or or or or or or or or or or o	Examiner	Sequantially list conditions,  Dua to (or as a consequence of):									
ó	an an		Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury			o a oonooqo	a.100 01/.				i	0
68760,	cate be executed physician and the burial-transit	Medicai	Causa (Disaasa or Injury that Initiated evants resulting in death) Last	C	Dua to (or a	s a conseque	ance of):					
	ng ph	Jed	resulting in death) Last								i	
Box	eath cer ettendin	an		d							1	
	dee of fo	sici	Part II. Other significant conditions	contributing to death bu	ut not rasulti	ng in tha und	darfylng causa g	givan in Part I.	23b. Die	i tobecco use go	ntribute f	to the cause of death?
, P.O	The law requires that the deeth certificate be assouted ate has been signed by the ettending physician and page 2 should be deteched for use as the bunal-transit	by Physician/	HAPERTE	ASIOV					10	Yes 22 No	3□ Pro	bebly 4 Unknow
Vital Records,	ulres uld be		D. 117-7		11					s an autopsy	24b. W	Vara autopsy findings
S	w requir	let	170212	18	~0	NG	Sel (		– par	formed?	CC	vailable prior to empletion of cause f death?
æ	The lay ate has page 2	Completed								1		
ā			25. Was casa refarred to medical					00 00		Yas 2 XNo	11	☐ Yes 2☐ No
>		o Be	axaminar?	Hospital:	-1 005	1/Outrations	27 204 C	thar	Death (Check only			w .
ō	£ 5 g	): To	27. Manyer of Death	1 Inpatia 28a. Pata of Injur	y 2	VOutpatient 3b. Tima of	3□ DOA 28c. Inj			sidance 6 Oth how injury occur		17)
on	ding Ph. th. After th	tlor	1 Natural 5 Pending invastigat	(Month, Da)	Year)	injury	28c. Inj W M 1[	ork? ⊒Yas 2⊒No				
Division	or Attending after death. Director: Afte I in by the fune	Certification	3 Sulcida 6 Could not	be one place of tall	ırv - At hom:	a. farm. strae	at, factory, office		28f. Location	(Streat and Numb	per or Rur	ral Route Number.
á	afte Olive	en	4 Homicida detarmine	building, atd	. (Specify)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-	City or To	own, State)		
	To the Hospital or Attend within 24 hours after death To the Funeral Director; completely filled in by the	edical C	29a. Certifier (Check only one)	Physician: To the best c aminer: On tha basis of and manner sta	axamination	dge, daath o and/or inva	occurred at tha stigation, in my	tima, data and pla oplnion, death oc	ica, and due to the courred at the time	e cause(s) and ma	anner as s	stated. to the cause(s)
	within 2 To the comple	Mex	29b. Signature and title of certifier	A THE ITTEL STEE			29c. Licer	nse number		29d. Data,signe	d (Mogth.	Day, Year)
	F \$ F 0		1000	- \ -	- 11 15	7	T	0771	12	alu	7	2/
			No Name and address	=	OW	XU	le c	1277	0)	-1/10	7	16
			30. Name and address of person wh	o destrict destriction of de	D U	Wype, P	(M)	- P	DA.	n alon	l-	21192
		10	31. Date filed (Month, Day, Year)	32. Registra	D EX	MAN	01-	-		MAJAS		01 dd
	Sta Registr	10.	1	Lulia Davidson	Mandal	3		. 1				
Dhi	MH 16 Rev 6/9		SEP 1 6 1996	7								

## ITEM: 19a, PER INFORMANT Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

	0	-1		-	7
)	6	1	4	C	-

State of Maryland /	Department of	of Health and Mental Hygiene	91

	FILM G-7	39	9/18/96 t.t Sta	te of Maryland /		nent of F cate of			ene 🕽	0 6	(1451	
	Physici /Medic		1. Decedant's Nama (First, Middla, Lest)  Ch A L L S	WINDL	1.6			2. Data of Death Month Sep 12	Day	Yaar	3. Tima of Death	
5	Examir		4a. Facility Nama (If not institution, give street a	nd number)			4b. City, Town, or Lo	cation of Death	4c. County	of Death		
_		3	Holy Cross Hospital				Silver S			tgome	-	
	Funeral Director		5. Social Security Number  192-20-1320    Sax   1   1   1   1   1   1   1   1   1	7. Aga (In yrs. last t		Undar 1 Yaar onths Days	Hours Min.	8. Data of Birth (Month, Day, Sept. 18	,1925	9. Birthpla Country Oh 1	ica (Stata or Foraign y) O	
	land w		10e. State 10b. County	10c. City, To	wn or Locatio	n				100	d. Inside City Limits	
	Mary Feb	tor	Maryland Montgomery	Rock	ville						1 ☐ Yas 2 ☐ No	
	r 284	Director	10a. Street and Number		10	of. Zip Coda		10	g. Citizan of V	Vhat Countr	y?	
	th wit	al D	5709 Annamarie Court			20	855		U.	S.A.		
21215-0020	filed within 72 hours after death with the Maryland hygiene. ther than "natural", or flams 23a or 28e-f show int, the Madical Examinat must be notified at	by Funeral	1 Nevar Married 2 Married 1 Nevar Married 1 Nevar Married 2 Married 1 Nevar Ma	Decedant Evar in U,S. ed Forcas? Yas 2 [] No is, Giva r or Datas:		Dacedant of H i, specify Cuba ∕as 2∭ No	lispanic Origin? (Spe an, Maxican, Puarto I Specify:	cify Yas or No- Rican, atc.)	Blac	e - Amarica k, Whita, at : Whita	Ic.	
2-0	netur	Completed	15. Decedent's Education (Specify only highast grada compl	16	a. Decedant's	Usuai Occup	ation	1	6b. Kind of Bu	isinass/Indu	istry	
21	ithin	nple		aga (1-4or 5+)	lifa. DO N	OT use ratined	during most of working Director					
	filed with Hygiene. ther than		12	3 Oc	cup. R	ural M	ental Hea				alth	
Maryiand	should be filed withind Mental Hygiene. marked other than imatic evant, me.	Be	17. Fathar's Nama (First, Middla, Last)				18. Mothar's Nama			a)		
Z	should ind Men imarks urnetic	2	Edward Howell Windle	40	Ob. Admillion A.	Ideana (Chana)	Louise Ka			Carte Tir C	N. 353	
Ma	0000		19a Informant's Name/Reletionship (Type, Prin DELVINIA Delvina Windle/wife				and Number or Rura e Ct., Dei				oda)	
aitimore,	Pages 1 and 2 should be filed wit nent of Heelth end Mental Hygiene int: If Item 27 is marked other tha iry or other traumatic event, me		20a. Mathod of Disposition  1 Burial 2 Cramation 3 Removal  4 Donation 5 Other (Specify)	20b. Placa		(Nama of y or other place			Oc. Location -		n, Stata	
Baiti	pemit. Pages Department of Important: If if any injury or once.		21. Signatura of Funaral Service Licensea Ronald S. Pade	Dirctor	Stat		ss of Facility omy Board Maryland			more :	Street	
Box 68760,	Physician   Physic	n/Medical Examiner	Immediata Causa (Final diseasa or condition rasulting in deeth)  Sequentially list conditions, if eny, laading to immediate cause. Enter Underlying Causa (Diseasa or Injury that initiated evants rasulting in death) Last  d.	Dua to (or as a Dua to dor as a Dua to dor as a	itu	re	distre ng di	ss syr	ndro		Approximate interval Between Dinset and Death  4 days 6 months 3 days	
m	death d for	Icla	Part II. Other significant conditions contributing	to death but not resulting	In the under	dag cause abo	on in Part I	22h Did toh	acco liee cor	stribusta to t	the cause of death?	
P.O	the school	by Physician/Me		TO GOULT BUT NOT I BOUNTING	ar bia diloan	ying dadaa giv	on arranti.	1 🗆 Yə		3 Probe		
Records,	ew requir	Completed t						24a. Was an perform		evali	a autopsy findings labla prior to pletion of causa sath?	
<u> </u>	는 음료	Con						1□ Yas	20 No	10	Yas 2 No	
Vitai	ysician: The s certificate director, pag	Be	25. Wes casa rafarred to medical axaminar?	,		1.20	26. Placa of Death	(Check only ons	)			
of	0 0	2	1 Yas 2 No Hospital:	6.0		DOA Oth	4 LI Nursing Hor					
	ling After fune	Certification:	1 Natural 5 Panding invastigation 3 Suicida 6 Could not be datamined	Data of Injury (Month, Day Year) 28b.  Place of Injury - At homa, building, atc. (Specify)	Tima of Injury N farm, street, f		Yas 2□No	28d. Dascribe how 28f. Location (Str. City or Town,	eet and Numb		Routa Number,	
۵	To the Hospital or Attand within 24 hours after deet To the Funeral Director: completely filled in by the	edical Ce	29a. Certiflar (Check only one) 2 Madical Examiner: On and	o the best of my knowledge tha basis of axamination a mannar statad.	ga, daath occu	urred at tha tin jetion, in my o	na, data and piaca, a pinion, daath occurre	ind dua to tha cai	usa(s) and me	nner as ste	tad. he cause(s)	
	To the Within 2 To the	M	29b. Signature and titla of certifiar (	<u> </u>		29c. Licans	a number	29	d. Data signed	i (Month, Di	ay, Year)	
	->-0		1 Dail A of	tare		DEC	367		9/1	210	76	
	}	-	30. Nama and addrass of person who completed	ceusa of death (Itam 22a	) (Type, Print)				1//	-1	. •	
			DAVID A. GARCIA	2401. F	TER	FFER.	SON ST.	ROCK	VILLE	M	0	
	Sta	te	31. Data filed (Month, Day, Year) Chiling Day	eddard on his Signature	1	<u> </u>		7,000	7 / 00	1		
	Registra	ar	SEP 1 6 1996		* *							



				State of Maryla		partment of ertificate of		d Mental Hy	/giene G	6 27458
Ca.	Physic /Medi		1. Decedent's Neme (First, Middle, Le	L WAG-1	VER		(1) (3) T	2. Dete of D Month Lepten	ber 10	3. Time of Deeth
	Examii Funeral	ner	4e. Fecility Neme (If not/institution, gh North ARY 5. Sociel Security Number 6. 6. 9	Ndel Ho.	Spital lest birthde	y) If Under 1 Ye	Glen E		An	//
	Director		22028/328  Usuel Residence of Decedent  10a. Stete 10b. County	1□ M 2世 6	3 Yrs.	Months De	ys Hours N	June 1	1,1933	Maryland  10d. inside City Limita
	the Mary 28a-f sho	ector	Maryland Baltin	nore G	1en Bu	rnie			10g. Citizen of V	1 ☐ Yes 2 No
	With N	ā	458 Glen Mar Road	1 Ant D2		210			U.S	
020	filed within 72 hours after death with the Maryland Hygiene. ther than "naturel", or items 23a or 28s-f show ther than Medical Examinat must be notified at	by Funeral Director	11. Meritel Stetus  1 Never Merried 2 Merried  3 Widowed 4 Divorced	12. Wes Decedent Ever in Armed Forces?  1  Yes 2 X No If Yes, Give Yeer or Detes:	U,S. 13		of Hispenic Origin? Juben, Mexican, Po	(Specify Yes or N erto Rican, etc.)		e - American Indian, k, White, etc.
21215-0020	ges 1 and 2 should be filed within 72 hours af t of Health and Mental Hygiene. If Itam 27 is marked other than "naturel", or other traumatic event, the Medical Examor or other traumatic event, the Medical Examor or other traumatic event, the Medical Examor or other traumatic event, the Medical Examor or other traumatic event, the Medical Examor or other traumatic event, the Medical Examor or other traumatic event, the Medical Examor or other traumatics are not the first traumatics and the first traumatics are not the first traumatics and the first traumatics are not traumatics and the first traumatics are not traumatics and the first traumatics are not traumatics and the first traumatics are not traumatics and the first traumatics are not traumatics.	Completed	15. Decedent's E (Specify only highest gri Elementery/Secondery (0-12)		(Giv	edent's Usuei Oci re kind of work do DO NOT use ret	ne during most of	working	16b. Kind of Bu	usiness/Induatry
	filed within Hygiene. other than sent, the Mention Head	20	11	0	Sec	retary			Real	Estate
Maryland	al Hall	Be	17. Fether's Neme (First, Middle, Last	)			18. Mother's	Name (First, Middle	e, Meiden Sumer	e)
yla	should be f and Mental I marked of umatic eve	To	William Carlton V	Vagner			Tressie	Mae Abb	ott	
a	2 sho		19e. fnformant'a Neme/Relationship (					Rurai Route Numi		
	other tr		Yvonne Aiple/ dau					t.B-3, G	len Burn	ie, MD 21061
altimore,	permit. Pages 1 Department of H Important: If Iten any Injury or oth once.		20a. Method of Disposition  1 ☐ Buriai 2 ☐ Cremetion 3 ☐  4X Donetion 5 ☐ Other (Special	Removel from Stete		position (Name of emetory or other p		Dete	20c. Location -	City or Town, State
Balt	permit. Depart Import any inj		21. Signeture of Funerei Service Lice Ronald S	Wade, Direct	or S				W. Balti 1-1559	more Street
٥	Physician /Medical Examiner	ler	23a. Pert1. Enter the disease, or com- shock, or heert feilure. List only Immediate Cause (Final disease or condition resulting in deeth)	a.  Due to	MIG	(m 1) 11		diec or respiratory	errest,	Approximate interval Between Onset and Deeth  O Jews  O Jews
x 68760,	death certificata be executed e attending physician and of for use as the burial-transit	/Medical Examiner	Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Dissess or injury that initiated events resulting in death) Last	Due to (	or es a conse	equence of):				
Box	atten for u	clar								
, P.O.	es that the de igned by the be detached	by Physician/M	Pert II. Other significant conditions of	contributing to death but not re	sulting in the	underlying cause	given in Pert I.		Yes 2 No	atribute to the cause of death?  3 Probably 4 Unknown
Records,	s been s 2 should	Completed b						24e. We	s en eutopsy ormed?	24b. Were eutopsy findings available prior to completion of cause of death?
	The la	Son						1 🗆	Yea 20 No	1 Yes 2 No
Vital	ysician: The s certificate director, pag	Be	25. Was case referred to medical examiner?				28. Place of	Deeth (Check only	one)	
0	S 50	2	1 Yes 2 No	Hospitel: 1 ☐ Inpatient 2 ☐	ER/Outpeti	ent 3 DOA	Other: 4 Nursin	g Home 5□Res	idenca 6 Oth	er (Specify)
Division	Affer fune	Certification:	27. Menner of Death  1. Natural 5 Pending  2 Accident investigetio  3 Suicide 6 Could not b		28b. Time Injury		njury et Vork? Yes 2 No	28d. Describe	how injury occur	red
DIV	5455		4 Homicide determined	building, etc. (Spec	ify)			City or To	iwn, Stete)	er or Rural Route Number,
	To the Hospital within 24 hours a To the Funeral C completely filled	ledical	one) 2 Medical Exar	ysician: To the best of my kn niner: On the baals of examin end menner steted.	owledge, dee etion end/or i	nvestigetion, in m	y opinion, deeth o	ece, and due to the courred at the time	cause(s) and ma , dete end pleca,	nner as stated. and due to the cause(s)
	To the within 2 To the comple	Σ	29b. Signature/end title of confiller	m Ms			ense number		29d. Date signer	(Month, Day, Year)
	Sta	ite	30. Name and eddress of person who PAUL YOUNG. 31. Dete filed (Month) Day, Year)	completed cause of deeth (Ite	m 23e) (Type	RAIN I	Hwy 54	GLEN	BURN	1E MD21061

**DHMH 16 Rev 6/95** 

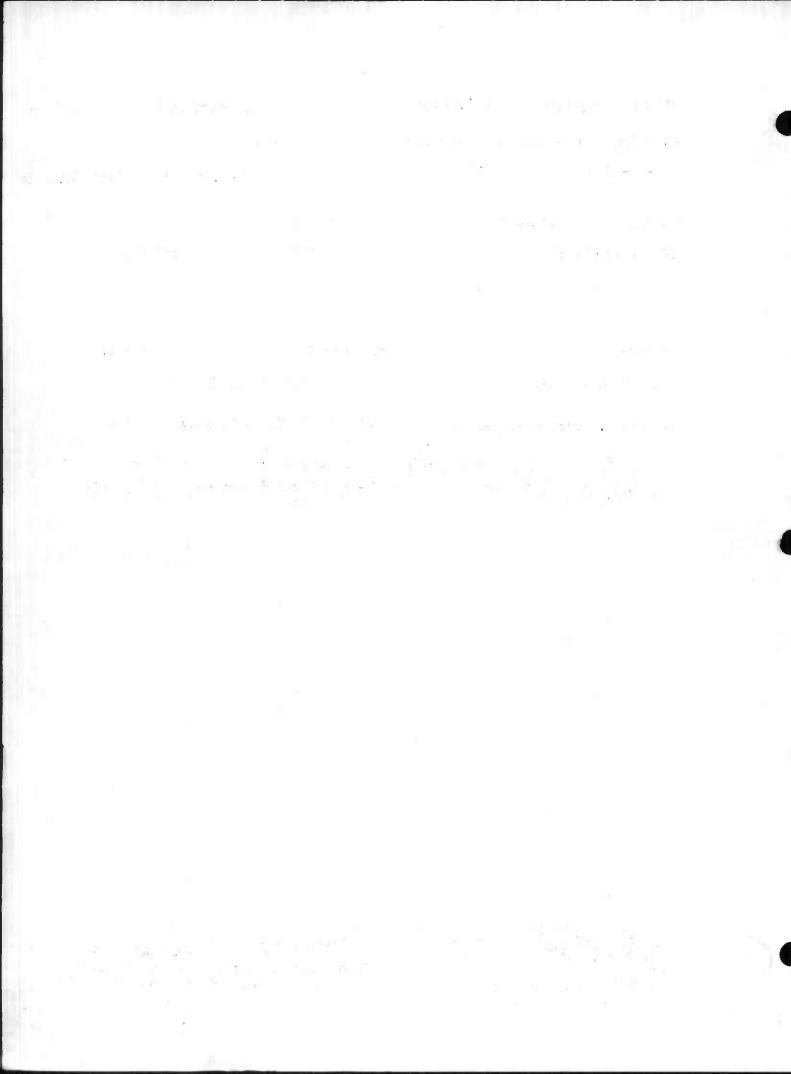
State Registrar 1848 N 

State of Maryland / Department of Health and Mental Hygiene 96 27459

nysiciar Medica		1. Decedent's Name (First, Middle,	Last)				2. Date of Death	g. No.		3. Time of Death			
	n	Delma Virgin		eisbecke	r		Month Septment	Day	Year 996	10:05 pm			
xamine		4e. Facility Name (If not institution,		r)		4b. City, Town, or Le		4c. County		10.03 pm			
		Johns Hopkins B	ayview Med	ical Cen	ter	Baltimore	2	N/					
neral ector		5. Social Security Number 179-24-0878		nge (In yrs. lest bi	rthdey) If Under 1 Yea Months Days		8. Date of Birth (Month, Dey, NOU 6	Year)	9. Birthple Count	ace (State or Foreign ry) t Virgini			
		Usual Residence of Decedent  10a. State 10b. County		10c. City, Tov	m or Location								
notified at	.		ultimore	Too. Ony, You		undalk			10	od. Inside City Limits  1 ☐ Yes 2 ② No			
Hou .	20	10e. Street end Number	adilorte_		10f. Zip Code	arauck	10	g. Citizen of V	Vhat Count	rv?			
2 2	5	70 Kinship Road	d			21222		United					
hv Frinaral Diractor	2	11. Marital Status 1 □ Never Married 2 ☑ Married 3 □ Widowed 4 □ Divorced	12. Was Deceden Armed Forces 1	KNo	13. Was Decedent of If Yes, specify Cu	Hispenic Origin? (Sp ban, Mexican, Puerto Specify:	ecify Yes or No- Rican, etc.)		e - America k, White, e				
Scal	200	15. Decedent's (Specify only highest of	Education	16a	Decedent's Usual Occi	upation	1	16b. Kind of Business/Industry					
it, the Medical Examiner must be notified at Completed by Erinaryal Director	2	Etementary/Secondery (0-12)	College (1-4or	5+)	(Give kind of work doni life. DO NOT use retir COSMETOLOG		irig	Cosm	etolo	999			
9 8	ָ מ	17. Father's Name (First, Middle, La James Everett 1			2	18. Mother's Name (First, Middle, Malden Sumeme) Elva Virginia White							
2		19a. Informant's Name/Relationship			. Mailing Address (Stree				Stete, Zip	nte, Zip Code)			
or other tr		William C. Weis	becker/Hu		70 Kinship	Road Duna			2122				
0.0	2	20a. Method of Disposition  1 Burial 2 Cremation 3 Removal from State  20b. Place of Disposition (Neme of cametery, cremetory or other place)  Date 20c. Location - City											
land		4 Donation 5 DOther (Specify) Entembrent Helly Hill Maysoleum 9/12/96 Middle Riv											
any Injury	1	Duda-Ruck Funeral Home of Dundalk, Inc.											
e 0		7922 Wise Ave. Dundalk, Maryland 23a. Pert. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feiture. List only one cause on each line.											
		<ol> <li>Pell Enter the disease, or co shock, or heart feilure. List on</li> </ol>	mplications that cause by one cause on each	ed the tleath. Do	not enter the mode of dy	ring, such as cardiac of	or respiratory arres	st,		Approximate Intervel Between			
ian										Onset end Deeth			
ical ner	1 4	Immediate Ceuse (Final disease or condition	a Ischem	ic Bowel					2	days			
		resulting in death)		consequenca of):									
ine			Small	Bowel Ca	ncer								
Examiner		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or Injury		Due to (or as a	consequenca of):	onsequenca of):							
2 11		cause. Enter Underlying											
	3 3	Cause (Diseese or Injury	V										
		Cause (Disease or Injury that Initiated events resulting In death) Last	0.	Due to (or es e	consequenca of):								
as the bur		nat initiated events	d	Due to (or es e	consequenca of):								
or use as the bur		resulting in death) Last		,									
or use as the bur		nat initiated events		,		iven in Part I.				the cause of death?			
or use as the bur	F	resulting in death) Last		,		iven in Part I.	23b. Did tob			the cause of death? ably 4 □ Unknown			
be datached for use as the burned of the bur	F	resulting in death) Last		,		iven in Part I.		2 No	3 Probe	ably 4 Unknown re autopsy findings lable prior to pletion of cause			
be datached for use as the burned of the bur	F	resulting in death) Last		,		iven in Part I.	1 ☐ Yes	autopsy	24b. Wer avai	The autopsy findings lable prior to pletton of cause eath?			
paga 2 should be datached for use as the but	F	resulting in death) Last		,			1 Yes	autopsy ad?	3 Probe	The autopsy findings lable prior to pletton of cause eath?			
paga 2 should be datached for use as the bur	F 2	resulting in death) Last  Part II. Other significant conditions	contributing to death	but not resulting I	n the underlying cause g	26. Place of Death	1 Yes	autopsy ed?	3 Probe	re autopsy findings lable prior to pletton of cause eath?  Yes 25 No			
al director, page 2 should be deteched for use as the bur To Be Completed by Physician/Medical	F	Part II. Other significant conditions  25. Was case referred to medical examiner?	Hospital: 124 Inpat	but not resulting I	the underlying cause g	26. Place of Death ther: 4□ Nursing Hoi	1 Yes	autopsy ed?  2 ANo  2 ANo  ca 6 □Othe	24b. Wer avai com of de 1	re autopsy findings lable prior to pletton of cause eath?  Yes 25 No			
the funeral director, paga 2 should be datached for use as the buncation: To Be Completed by Physician/Medical	F	Part II. Other significant conditions  25. Was case referred to medical examiner?  1 □ Yes 2 □ Yo  7. Manner of Deeth  1 Natural 5 □ Pending	Hospital: 1 Linpat 28a. Date of in (Month, Door look)	but not resulting I	tpatient 3 DOA Clime of njury	26. Place of Death ther: 4 \( \text{Nursing Ho} \) ury at ork?  Yes 2 \( \text{No} \)	1 Yes  24a. Wes an perform  1 Yes  (Check only one, me 5 Residen	autopsy ed?  2 No  ca 6 □Other Injury occurr	3 Proba  24b. Wer available com of di  1   or (Specify) ed	Te autopsy findings lable prior to pletton of cause eath?  Yes 25 No			
taly filled in by the funeral director, page 2 should be detached for use as the bur lical Certification: To Be Completed by Physician/Medical	F 2	Part II. Other significant conditions  25. Was case referred to medical examiner?  1	Hospital: 1 Linpat 28a. Date of Inj (Month, Doorn be d 28e. Placa of Ir building, e	but not resulting I	tpatient 3 DOA Crime of njury M	26. Place of Death ther: 4 \( \text{Nursing Hor} \) uny at ok?  Yes 2 \( \text{No} \) ime, dete end place, is	24a. Wes an perform.  1 Yes  (Check only one, me 5 Residen 28d. Describe how city or Town,	autopsy ed?  2 No  ca 6 Other Injury occurr Stete)	3 Probe  24b. Wer available common of de com	Te autopsy findings lable prior to pletton of cause eath?  Yes 25 No  Route Number,			
taly filled in by the funeral director, page 2 should be detached for use as the bur lical Certification: To Be Completed by Physician/Medical	2 2	Part II. Other significant conditions  25. Was case referred to medical examiner?  1	Hospital: 12 Inpat 28a. Date of Inj (Month, Door be 28e. Place of Irbuilding, e	but not resulting I	tpatient 3 DOA Of String of No. 1 DOA No. 1 DOA No. 1 DOA No. 1 DOA No. 1 DOA No. 1 DOA No. 1 DOA NO. 1 DO	26. Place of Death ther: 4 \( \text{Nursing Hor} \) uny at ok?  Yes 2 \( \text{No} \) ime, dete end place, is	24a. Wes an performance of the center of the	autopsy ed?  2 No  ca 6 Other Injury occurr Stete)	3 Probe  24b. Wer available common of did  1 Prober (Specify)  and are or Rural and due to the standard standar	The cause(s)			
pletaly filled in by the funeral director, paga 2 should be datached for use as the bunedical Certification: To Be Completed by Physician/Medical	2 2 2	Part II. Other significant conditions  25. Was case referred to medical examiner?  1	Hospital: 1 Linpat 28a. Date of inj (Month, Do to be 28e. Place of ind building, e thysician: To the best end menner's	but not resulting I	Itpatient 3 DOA of the underlying cause graph of the underlying cause graph of the underlying cause graph of the underlying cause graph of the underlying of the underlying	26. Place of Death ther: 4 \( \text{Nursing Hor} \) uny at ( \( \text{Yes} \) 2 \( \text{No} \)  ime, dete end place, 6 opinion, death occurrence number  45909	24a. Wes an performing the performing the performing the performing the performing the performance of the pe	autopsy ed?  2 No  ca 6 Othe Injury occurr  et end Number Stete)  sse(s) end me e and plece, a  d. Date signed	3 Proba  24b. Wer avail common of did to the common of did to the common of did to the common of did to the common of the common	e autopsy findings lable prior to pletton of cause eath?  Yes 25 No  Route Number,  ted. the cause(s)			

DHMH 16 Rev 6/95

Registrar



		Pleas	State of N		d / Dep		Health and		ygiene	ible. 96	27460	
Physic /Medi		Decedent's Neme (First, Middle, in the control of the control		liam Al		witles,		2. Date of D Month Septemi	Day	Yeer 1996	3. Time of Deeth  11:26 AM	
Exami		4e. Fecility Neme (If not institution, g	rive street end numbe	er)			4b. City, Town, or					
		1407 Dundalk Av	2nue				Dune			altimore		
Funeral Director		5. Sociel Security Number  219 ≈ 28 ≈ 7957  Usuel Residence of Decedent	Sex 7.4 NOXM 2□F	Age (In yrs. le	est birthday) Yrs.	Months Dey		8. Dete of B (Month, L	inth Day, Year) 23,1932	9. Birth Cou May	plece (Stete or Foreign intry) LYLand	
the Maryland 28a-f ahow	Director	10e. Stete 10b. County  Maryland Bo	ultimore	10c. City,	Town or Lo	ocation	Dundalk				10d. Inside City Limits 1 ☐ Yes 2 🖾 No	
1 0 8 E	Dire	10e. Street end Number				10f. Zip Code			10g. Citizen of	0g. Citizen of What Country?		
s 23a	eral	1407 Dundalk A					21222		United	manufacture of the last of		
within 72 hours after death with the Manyland within 72 hours after death with the Manyland ene. than "nature!, or items 23e or 28e-f show the Motical Exemples must be notified as	by Funeral	11. Meritel Status  1 □ Never Married 2 ◯ (Married 3 □ Widowed 4 □ Divorced		s?		Wes Decedent of If Yes, specify Cu 1 ☐ Yes 2 🖒 No	Hispenic Origin? (Suban, Mexican, Puer Specify:	Specify Yes or N to Rican, etc.)	lo- 14. Rei Bie	ick, White	- Americen Indien, k, White, etc.	
offied within 72 hours af il Hygiene.  other than "naturel; or vent, me Medical Example.	Completed	15. Decedent's (Specify only highest g Elementery/Secondary (0-12) 9 Years		or 5+)	(Give life.	dent's Usuel Occi kind of work don DO NOT use retir	e duning most of wo red)	rking	16b. Kind of E		dustru	
Maryland 212 2 should be filed with the end Mentel Hygiene. 7 is marked other than traumatic event, mark	To Be C	17. Fether's Neme (First, Middle, Las William Witles	s Neme (First, Middle, Last)  18. Mother's Neme (First, Middle, Last)								uusiig	
permit. Pages 1 end Department of Health Important: if Item 27 any Injury or other tr		Phyllis L. Witl  20e. Method of Disposition  1X78urial 2 Cremetlon 3  4 Donation 5 Other (Spec  21. Signeture of Fill erel Service Lice	3 □Removel from Stete 0ak 1			1407 Dundalk Avenue Plece of Disposition (Neme of Jemetery, cremetory or other plece) 2 Lawn Cemetery 9/14 22 Name end Address of Fecility Duda-Ruck Funeral			Baltin Bundal	-city or T none, ck, I	Maryland nc.	
Physician /Medical Examiner	_				d the deeth. Do not enter the mode of dying, such as cardier ine.  2 State adeno carce Due to (or as a consequence of):			c or respiratory	errest,	id 2	1222 Approximete Interval Between Onset and Deeth	
be executed sician end buriel-transit	Examiner	Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause, (Dissess or Injury	b	bDue to (or es e consequence of):								
certificate ding physise as the	/Medical	Cause (Disease or Injury that initieted events resulting In deeth) Lest										
het the death ad by the etter deteched for u	Physician/M	Pert II. Other eignificant conditions	contributing to death	but not result	ting In the u	nderlying cause g	iven In Pert i.		i tobacco use co Yes 2⊅No		to the cause of death?	
aw requires is been sign.	Completed by								s en eutopsy formed?	6	/ere autopsy findings veileble prior to empletion of ceuse deeth?	
cien: The Is ertificate he ector, page	Be Con	25. Wes cese referred to medical exeminer?					26. Plece of De		Yes 2 No	1	□Yes 2□No	

Division of Vital Records, P.O. Box 68760, Proportion Attending Physicien: To 24 hours after death.

Funeral Director: After this certificate stelly filled in by the funeral director, pa

25. Wes cese referred to medical exeminer? 1 Yes 2 No 27. Menner of Deeth

3 Suicide

4 - Homicide

1 ☐ Naturel 2 ☐ Accident

5 Pending investigation 6 Could not be determined

Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28e. Dete of Injury (Month, Dey Year) 28e. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify)

28b. Time of injury

Other: 4 Nursing Home 5 Pasidence 6 Other (Specify) 28c. Injury et Work? 1 ☐ Yes 2 ☐ No

28d. Describe how injury occurred

28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

29a. Certifier (Check only one)

t⊇ Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.

2 ☐ Medical Examiner: On the besis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated. 29c. License number

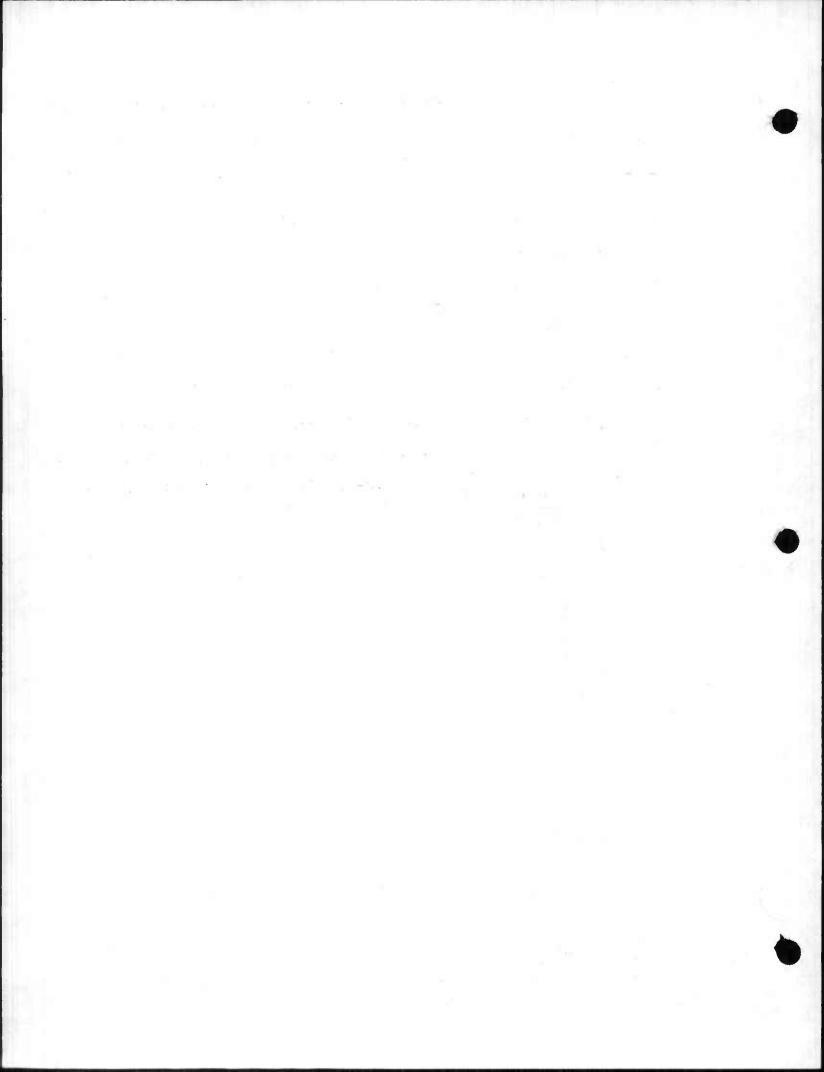
29b. Signeture end title of certifie

29d. Dete signed (Month, Dey, Year)

31. Dete filed (Month, Dey, Yeer)
SEP 1 6 1996

State Registrar

Medical Certification: To



State of Maryland / Department of Health and Mental Hygiene

0	7	1	0	1
6	1	4	0	1

					C	ertifica	ite of	Death		Reg. I	No.			
	D)	1. Decedent's Nama (First, Middle	, Last)						2. Deta of D	eath	Dey	Veer	3. Time of Death	
Physicia /Medic		Ethel E	. Ward	l					September			Year 1996	12:45 pm	
Examine		4a. Fecility Neme (If not institution	, giva street and numb	er)				4b. City, Town, or	-		4c. County			
		9416 Old Ha	arford Road					Carne	У		Ba	altimo	re	
Funeral		5. Sociel Security Number		Age (In yrs.	last birthda	(y) If Und Month	ar 1 Yaa B Deys			irth	er)	9. Birthple	ace (State or Foreign	
Director		242-34-1693	1□M 203F	68	Yrs.	Month	Deys	Hours Will	August 1	ľ, 1	928	North	"Carolina	
		Usuel Residence of Decedent		1.0										
r 28a-f show	_	10e. Stete 10b. County		10c. Ci	ty, Town or	Location						10	id, toside City Limits	
10	cto	Maryland Baltin	ore	Car	rney								1 ☐ Yes 2 🔼 No	
0r 2	Olre	10e. Street and Number				10f. 2	ip Code			10g.	Citizan of \	What Counti	ry?	
ma 23a or 28a-f show c must be notified at	al	9416 Old Harf	ord Road			2	1234				Unite	d Sta	tes	
Hema Therm	ne	11. Marital Status	12. Was Decede Armed Force	nt Ever in L	J,S. 1	3. Wes Dec	edent of	Hispanic Origin? (	(Specify Yes or No-					
si', or ite	by Funeral Director	1 Never Merried 2 Marri 3 Widowed 4 Divorced		No				Specify:	no moan, etc.)		Specify	ck, Whita, a V: Whi		
		15. Decedant			18a De	cedent's Us	uel Occi	nation		16b	Kind of Bu	usiness/indu		
	Be Completed	(Specify only highes	t grade completed)		(Gi	iva kind of v	vork done	during most of wo	orking	100		000000000000000000000000000000000000000	2011)	
the dear	Ĕ	Elementary/Secondery (0-12)	College (1-4d	or 5+)		erviso				CI	othi	na Con	mnany	
ind Mental Hygie i marked other umatic event, it	Ŭ	17. Fether's Neme (First, Middle, I	ast)		опре		•	18. Mother's Ne	Clothing Company or's Neme (First, Middle, Malden Sumame)					
D A	B	James A.	Rooks					Lois	Gladys		Taylo	or		
T T	L L	19e. Informent's Neme/Reletionsh			10h M	niline Adden	nn /Ctune	et end Number or F		hor Cit			Codel	
rn and Mental ry 7 is marked off traumatic ever						_								
t of Health and Mental Hygiene. If itsm 27 is marked other than or other traumatic event, the M		Alonzo D. Ward, 20e. Method of Disposition	Jr./Husba		9416	position (N		ford Roa	a Carne	ney, Maryland 21234				
t: If Its		1 ⋈ Buriel 2 ☐ Cremetion			cemetery, c	remetory of	other pl	al Gardens						
tant		4 □ Donation 5 □ Other (Sp	9/16/96 Timonium,			, mary i	anu							
Department of Health Important: If itsm 27 any Injury or other tr	- 1	21. Signeture of Funerel Sarvica I	Signeture of Funerel Sarvica Licensee Mark T. Zavoyna  22. Name end Address of Fecility Leonard J. Ruck, Inc. 5305 Harford Road Baltimore, Md. 2121											
0240			ore.	Md.	21214									
,		23a. Part1. Entar the disaasa, or shock, or heert fellure. List	complications that caus	ed the daa	th. Do not	enter the m	ode of dy	ing, such es cardie	ec or raspiratory	errest,	01 03	1 1	Approximeta Interval Between	
/slcian			Onset and Deeth											
Medical		Immediata Cause (Finel disease or condition	CADI	TODE	IT MON	VOK	ADDI	2CM					mins.	
aminer		disease or condition e. CARDIOPULMONARY ARREST 5 mi										) INTIIS.		
-	ner	ADENOCARCINOMA OF THE LUNG											20	
physician and s the burial-transit	Examiner	Sequentially list conditions	b. ADE			sequence of		1E_LUNG					28 mos.	
rial-t	Ë	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury					,-							
ysicii e bu	Medical	ther miniated events	C	Due to (c	or es e cons	sequence of	١٠			_				
ing ph e es th	8	resulting in deeth) Last		- 00 .0 (			,							
ndin use		•	d					<u></u>						
d for use	Cla	Part II Other elastificant condition	se contribution to dooth	but not roc	udtine le the	a sub-development		han in Don't	22h Die	Itabaa		manda da da d	the series of death's	
ed by the attendin detached for use	Physician/	. a.c.ii. Onier eigninoant conditio	CONTRIBUTING TO GEST!	DULTION TOS	ratinig in the	- anderlying	iderlying cause given in Part I. 23b. Did tobacco use or							
be dete	2	COPD							. 19	Yes	2□ No	3   Probi	ably 4 Unknow	
d be	d by								24e. Wa	s an a	rtopsv	24b. Wer	re autopsy findings	
peen si should	Completed								per	omed	?	avai	ilable prior to	
has 9e 2	d E											of de	eath?	
cate ha									1 🗆	Yes	2500	1 🗆	Yes 2 No	
certificate rector, pag	Be	25. Wes case raferred to medical axaminar?							eth (Check only	ona)				
in din	2	1 Yas 2 No	Hospitel: 1 🗆 Inpe		ER/Outpat	tient 3 (	JUA	ther: 4 Nursing	Home 5 Res	idence	6 □Oth	er (Specify)	)	
After 1	Ë	27. Manner of Deeth 1 ZNeturel 5 ☐ Pending	28a. Date of in (Month, in	njury De <i>y Year)</i>	28b. Time Injun		28c. Inju	ury at ork?	28d. Describe	how in	njury occur	red		
osen.	th th	2 ☐ Accident investig	etion			М	1 [	Yes 2 No						
within 24 hours after dear To the Funeral Director: completely filled in by the	Ě	3 ☐ Suicide 6 ☐ Could n 4 ☐ Homicide determi	ned 286. Piece of	Injury - At h etc. (Specia	ome, ferm,	street, fecto	ory, office		28f. Location City or To			ber or Rural	Route Number,	
eral Direct	Certification:			(0)	,,									
Fumer tely fill		29e. Certifier (Check only Medical E	Physician: To the be	st of my kno	wiedge, de	eth occurre	d et the t	lme, dete end pied	e, end due to the	ceuse	(s) and me	enner es ste	eted.	
ple ple	edical	(Check only one)  2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and piece, and due to the country one)										tne ceuse(s)		
To the	2	29b. Signetura and title of certifier	201	\		2	9c. Licar	sa number		29d. I	Date signe	d (Month, D	Day, Year)	
lac		Ce	m Xne	<b>)</b>			D/	3173			0/12	100		
TU	30. Name and address of person who completed cause of death (Item 23e) (Type, Print)								/96	Triples of the second				
		Lawrence Scha				r Dri	ve	Towson,	Md. 21	204				
735		31. Dete filed (Month, Day, Year)		strer's Sign										
Stat	e	CED 1 C 400C	2 n. 32 Regi	strer's Sign	etura -7_00									



**DHMH 16 Rev 6/95** 

Physician (Needlan)  2. Frainty Flavor nathritors, pive sines and review and review of the control of the contr		IT	EM#4b film g739 9/		i C	ertificate	of	Death	O Date of D	Reg. No.		1402
The Part and State COURT  Some State Part Notes of the State	/Mec	ical	SHARON	ANN	U				Month SEPTE	Day MBER 1	Vear 0,1996	
21 4-6-6-3793 In MAYLAND  100 Course  Maryland  100 Course  100 Course  Maryland  100 Course  100 Course  Maryland  100 Course  Maryland  100 Course  10			416 STEFAN COU	RT	4 4 1 1 4	If I lader 4	1	EDCEMERE	DUNDA	LK BAL	TIMORE	
Document   Column			214-46-3793			Months			(Month, D	ev. Year)	9. Birthplace Country) Marce	(Stete or Foreign yland
Educard Monris Leach  Figure 19 September 19	e Maryland	ctor	10a. State 10b. County		City, Town o	r Location		Dunda	lk.			Inside City Limits
Edward Monris Leach  Fedural Monris Leach  Fedural Monris Leach  Fedural Monris Leach  Fedural Monris Leach  Fedural Monris Leach  Fedural Monris Leach  Fedural Restat Number, City or Town, State, Zip Code)  Pack of the State of Disposition (Name of Journal Restat Number, City or Town, State, Zip Code)  Pack of Disposition (Name of Journal Restat Number, City or Town, State, Zip Code)  Pack of Disposition (Name of Journal Restat Number, City or Town, State, Zip Code)  Pack of Disposition (Name of Journal Restat Number, City or Town, State, Zip Code)  Pack of Disposition (Name of Journal Restat Number, City or Town, State, Zip Code)  Pack of Disposition (Name of Journal Restat Number, City or Town, State, Zip Code)  Pack of Disposition (Name of Journal Restat Number, City or Town, State, Zip Code)  Pack of Disposition (Name of Journal Restat Number, City or Town, State, Zip Code)  Pack of Disposition (Name of Journal Restat Number, City or Town, State, Zip Code)  Pack of Disposition (Name of Journal Restat Number, City or Town, State, Zip Code)  Pack of Disposition (Name of Journal Restat Number, City or Town, State, Zip Code)  Pack of Disposition (Name of Journal Restat Number, City or Town, State, Zip Code)  Pack of Disposition (Name of Journal Restat Number, City or Town, State, Zip Code)  Pack of Disposition (Name of Journal Restat Number, City or Town, State, Zip Code)  Pack of Disposition (Name of Journal Restat Number, City or Town, State, Zip Code)  Pack of Disposition (Name of Journal Restat Number, City or Town, State, Zip Code)  Pack of Disposition (Name of Journal Restat Number, City or Town, State, Zip Code)  Pack of Disposition (Name of Journal Restat Number, City or Town, State, Zip Code)  Pack of Disposition (Name of Journal Restat Number, City or Town, State, Zip Code)  Pack of Disposition (Name of Journal Restat Number, City or Town, State, Zip Code)  Pack of Disposition (Name of Journal Restat Number, City or Town, State, Zip Code)  Pack of Disposition (Name of Journal Restat Number, City or T	th with the 23a or 28	rai Dire				10f. Zip C	oda	21222				
Educard Monris Leach  Educard Monris Leach  Figure 19 September 19 Sep	ours after decreasing the second seco	þ	1 ☐ Naver Married 2 ☐ Married	Armed Forces? 1 ☐ Yes 2 🔯 No If Yes, Give	U,S.				ecify Yas or N Rican, atc.)		ck, White, etc.	
Edward Morris Leach  Fedward Morris Leach  F	ithin 72 ho	mpleted	(Specify only highest grad Elementery/Secondary (0-12)	le completed)	(G lif	iva kind of work e. DO NOT use	dona i	duning most of workii 1)	ng			
20a. Martino of Obsposition   20b. Place of Disposition (Name of Sunday)   20b. Place of Disposition (Name of S	the filed wantal Hygier	Be	17. Father's Nama (First, Middle, Last)	anh	S	chool B	us	18. Mother's Name		a, Maiden Sumer		ion
200. March of Disposition   Disposition	id 2 should the and Me	To	19a. Informant's Name/Relationship (7	ype, Print)	19b. M	ailing Address (	Streat	and Number or Rura	I Route Numb	ber, City or Town	State, Zip Coo	de)
23a Parti. Enter the disease or commissions that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory a rest.    Physician Middles   Case (Pinal state of the deeth)   Case of the deeth   Case of the	2 P T P		20a. Mathod of Disposition 1 ☑ Burial 2 ☐ Cremation 3 ☐	20b Removal from State	Place of Di cemetery, o	sposition (Neme cremetory or oth	of er plea	20)	Date	20c. Location	City or Town,	
23a. Part I Finer the disease or combinations that caused the death. Do not enter the mode of dying, such as cardiac or raspiratory arrest, individual processing or cause or each line.  Physician Middleal Examiner  Three leading or combinations are cardines.  Immediate Cause (Final Immediate Cause (Final Immediate)  Three leading to temporary or cause or each line.  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Cause (Disease or Injury Intelligence of the cause of death of the cause of death). Leat  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  24a. Was an autopay performen?  Death (Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  25b. Did tobseco use contribute to the cause of death?  Death (Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  25c. Was case referred to medical assumption of cause or death?  25c. Was case referred to medical assumption of cause or death?  25c. Was case referred to medical assumption of cause or death?  25c. Was case referred to medical assumption of cause or death?  25c. Was case referred to medical assumption of cause or death?  25c. Was case referred to medical assumption of cause or death?  25c. Was case referred to medical assumption of cause or death?  25c. Was case referred to medical assumption of cause or death?  25c. Was case referred to medical assumption of cause or death?  25c. Was case referred to medical assumption of cause or death?  25c. Was case referred to medical assumption of cause or death?  25c. Death (Check only one)  25c. Death (Check only one)  25c. Death (Check only one)  25c. Death (Check only one)  25c. Death (Check only one)  25c. Death (Check only one)  25c. Death (Check only one)  25c. Death (Check only one)  25c. Death (Check only one)  25c. Death (Check only one)  25c. Death (Check on	permit. Departn Importa any Inje		1 Sean	500		22 Nama and Duda → R	Addres UCR	ss of Facility Funeral	Home o	6 Dundal	k, Inc	•
Dua to (or as a consequence of):    Post   Common   Commo	/Medical Examiner	ler	Immediate Causa (Final disease or condition	HYPERTENSIV	E CARDI	OVASCULAR	of dyln	g, such es cardiac o	r raspiratory a	arrest,	App	arval Between
1   Yes 2   No 3   Probably 4   Unking   24s. Was an autopsy performed? 25s. Vas case referred to medical axaminar? 10 Case performed? 25s. Vas case referred to medical axaminar? 25s. Vas case referred to medical axaminar. 25s. Vas case referred to medical axaminar. 25s. Vas case referred to medical axaminar. 25s. Vas case referred to medical axaminar. 25s. Vas case referred to medical axaminar. 25s. Vas case referred to medical axaminar. 25s. Vas case referred to medical axaminar. 25s. Vas case referred to medical axaminar. 25s. Vas case referred to medical axaminar. 25s. Vas case referred to medical axaminar. 25s. Vas case referred to medical axaminar. 25s. Vas case referred to medical axaminar. 25s. Vas case referred to medical axaminar. 25s. Vas case referred t	artificate be executed ing physician and e as the burial-transit	Medical	resulting In death) Lest	C. Due to								
24a. Was an autopsy performed?  24b. Wars an autopsy performed?  24c. Was an autopsy performed?  25c. Was case referred to medical axaminar.  25c. Was case referred to medical axaminar.  25c. Was case referred to medical axaminar.  25c. Was case referred to medical axaminar.  25c. Was case referred to medical axaminar.  25c. Was case referred to medical axaminar.  25c. Was case referred to medical axaminar.  25c. Was case referred to medical axaminar.  25c. Vignation of the basic of paraminar stated.  25c. Vignation of the basic of paraminar stated.  25c. Vignation of the basic of paraminar stated.  25c. Vignation of the basic of paraminar stated.  25c. Vignation of the basic of paramina	at the death d by the atter etached for	Physicia	Pert II. Other significant conditions co	ntributing to death but not re	esulting in the	e underlying cau	se give	en In Part I.				
25. Was case referred to medical axaminar?  26. Place of Death (Check only one)  27. Mannar of Death 1	aw requi	pleted by							24a. Was	an autopsy ormed?	comple	tion of cause
29a. Cartifier (Check only one) 2 Medical Examinar: On the basis of examinetion and/or investigation, in my opinion, daath occurred et the time, date and place, and due to the causa(s) and manner es stated.  29b. Signature and titla of certifier 29c. License number 29d. Date signed (Month, Dey, Year)  30. Name and address of parson who complated cause of daeth (Itam 23a) (Typa, Print)  1 Certifying Physician: To the best of my knowledge, daath occurred et tha tima, date end placa, and due to the causa(s) and manner es stated.  29c. License number 29d. Date signed (Month, Dey, Year)  30. Name and address of parson who complated cause of daeth (Itam 23a) (Typa, Print)  1 Determine the tima, date end placa, and due to the causa(s) and manner es stated.  29c. License number 29d. Date signed (Month, Dey, Year)  31. Determine the tima, date end placa, and due to the causa(s) and manner es stated.  29d. Date signed (Month, Dey, Year)  29d. Date signed (Month, Dey, Year)  31. Determine the tima, date end placa, and due to the causa(s) and manner es stated.  29d. Date signed (Month, Dey, Year)  32. Registrar's Signature	en: The l tificate he tor, page				<u></u>			26 Pleas of Death			1 🗗 Ya	s 2 No
28e. Pieca of injury - At home, farm, street, factory, office  28d. Location (Streat and Number or Rural Route Number,  28d. Location (Streat and Number or Rural Rou	Phys this ral di	2	1X Yes 2 No  27. Mannar of Death 1 X Natural 5 Pending	1 ∐ inpatiant 2		e of 28c	Injury Work	er: 4□ Nursing Hom	ne 5XIResi	idence 6 Oth		
29a. Cartifier (Check only one) 29m Medical Examinar: On the basis of examinetion and/or investigation, in my opinion, daath occurred et the time, date and place, and due to the causa(s) and manner es stated.  29b. Signature and titla of certifier 29c. License number 29d. Date signed (Month, Dey, Year)  30. Name and address of parson who complated cause of daeth (Itam 23a) (Typa, Print)  YAMPANJO 1. WAFW W. 111 Penn Street, Baltimore, Maryland 212  State  31. Dete filed (Month, Dey, Yeer) 32. Registrar's Signature	or Att	Certifica	3 Suicida 6 ☐ Could not be	28e. Pieca of injury - At building, atc. (Spec	home, farm,	street, factory, o	ffice	2	8f. Location ( City or To	Straat and Numb wn, Stete)	per or Rural Ro	ute Number,
O.C.M.E. SEPTEMBER 11,1996  30. Name and address of parson who complated cause of daeth (Itam 23a) (Typa, Print)  MARGARIA DELETION 111 Penn Street, Baltimore, Maryland 212  State  31. Deterfiled (Month, Dey, Yeer)  32. Registrar's Signature	in Zahod he Fuger	edical	(Check only 2X Medical Exam)	nar: On the basis of examin	nowledge, da neti <i>on</i> and/or	ath occurred et i Investigation, In	tha tim	a, date end placa, a pinion, daath occurre	nd due to the d et the time,	causa(s) and me date and place,	anner es stated and due to tha	causa(s)
State  MARGANIA A. WOREW W. 111 Penn Street, Baltimore, Maryland 212  State  31. Dete filed (Month, Dey, Yeer)  32. Registrar's Signature	2 100	Σ	Mayrie On	aghell						DE SOURIE		
Registrar SEP 1 6 1996 , in Davidson-Pandale			MARGANIAD A.  31. Dete filed (Month, Dey, Yeer)	KOREW W. 32. Registrar's Sign	7 . 11	1 Penn	St	treet, B	altim	ore, M	arylan	d 21201

The second second

. - - -

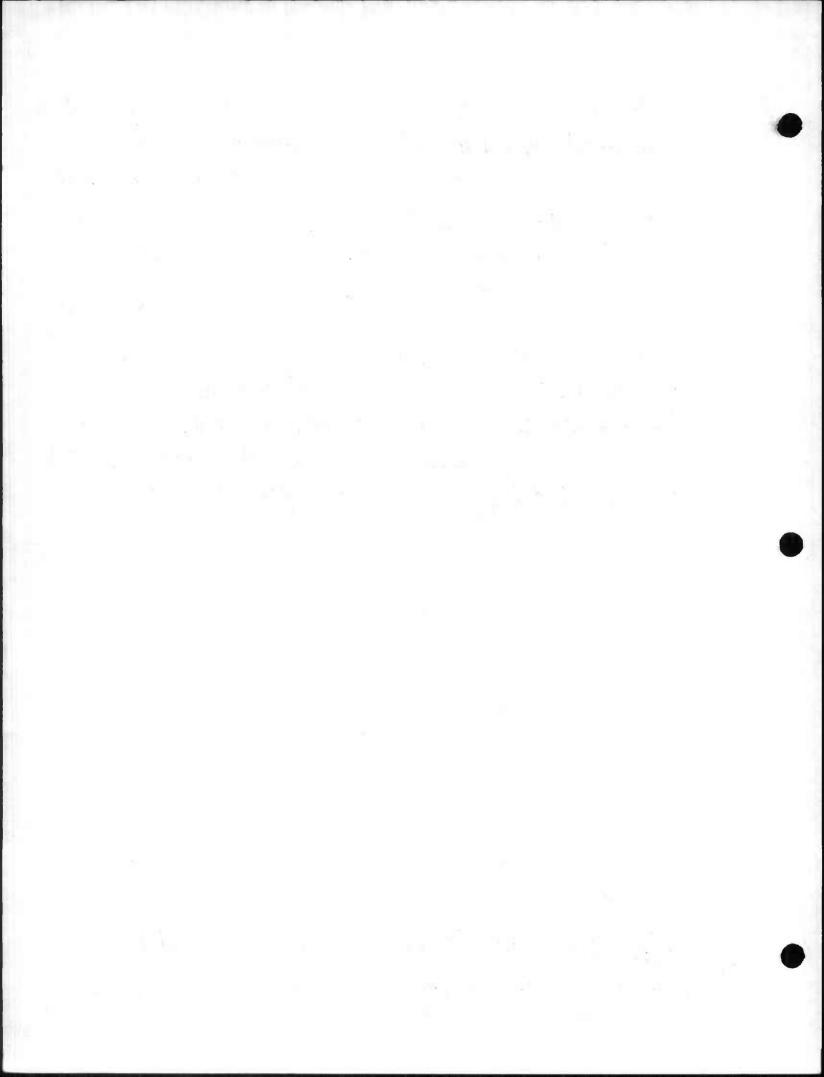
The state of the s

the second second second

for the second s

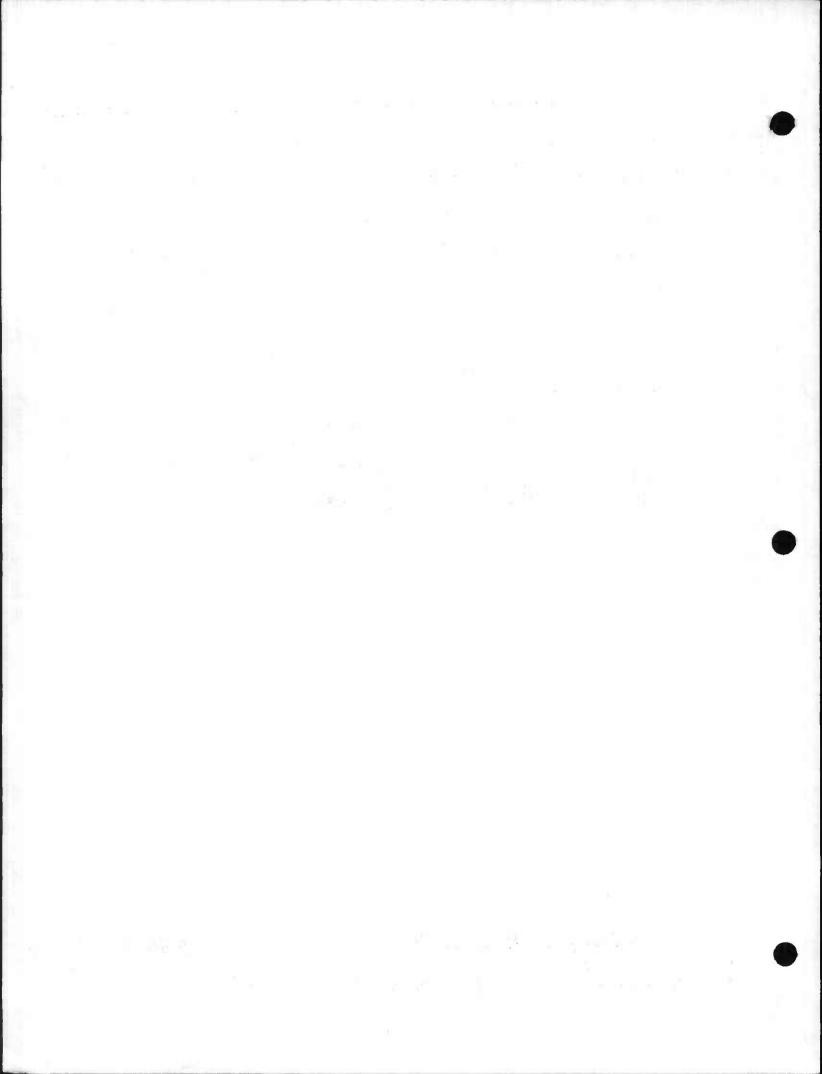
# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

					Certifica	ate of Death	R	eg. No.		
	Physic	ian	1. Decedent's Neme (First, Middle, Last)	1. 2011/			2. Dete of Deet Month	THE REAL PROPERTY AND ADDRESS OF THE PERTY ADDRESS OF THE PERTY ADDRESS OF THE PERTY ADDRESS OF THE PERTY ADDRESS OF THE PERTY ADDRESS OF THE PERTY ADDRESS OF THE PERTY ADDRESS OF THE PERTY ADDRESS OF THE PERTY ADDRESS OF THE PERTY ADDRESS OF THE PERTY ADDRESS OF THE PERTY ADDRESS OF THE PERTY ADDRESS OF THE PERTY ADDRESS OF THE PERTY ADDRESS OF THE PERTY ADDRESS OF THE PERTY ADDRESS OF THE PERTY ADDRESS OF THE PERTY	Year 3.	Time of Death
A.	/Medi		JIMMY	Watkin	15		9	10	96	42 AH
	Examir	ner	4a. Facility Neme (If not institution, give si	treet and number)	100100	4b. Clty, Town, or	Location of Deeth	4c. County	Deeth	1
			KAVEN WOOD I	NUKSING (	enter	DH1	MORE	14/	H	
ш	Funeral		5. Sociel Security Number 6. Sex	7. Age (In yrs. M 2 F 2)	L Yrs. Month	ler 1 Yeer If Under 24 Hrs s Deys Hours Min		Year)	Birthplece Country)	(Stete or Foreign
	Director		Usuel Residence of Decedent	39	P 110.		01-30	0-62	Mary	and
	puel m		10e. Stete 10b. County	10c. Cit	y, Town pr Location				10d. lr	nside City Limits
	Mary	ত	$M_{\rm d}$ $N_{\rm d}$	A F	Scittum.	~			1	Ves 2 No
	the 128	Director	10e. Street and Number		alternoi	Ip Code	1	0g. Citizen of V	Vhat Country?	
	3a or	ō	1071 RH	Gua		21212		11	Sa	
	72 hours after death with the Maryland natural, or items 23s or 28s-f show dical Examiner must be notified at	Funeral	11. Meritel Stetus	2. Was Decedent Ever In U	,S. 13. Was Dec	edent of Hispenic Origin? (Specify Cuben, Mexicen, Puer	Specify Yes or No-	14. Rec	e - American in	ndien,
0	r he		1 Never Merried 2 Merried	Armed Forces? 1 ☐ Yes 2 ☑ No			to Rican, etc.)	Bled	k. White, etc.	
21215-0020	urs a	b	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Yeer or Detes:	1Ll Yes	2 No Specify:		Specify	Ameril	enn
2-0	"netural",	Completed	15. Decedent's Educ	etion	18e. Decedent's Us	suel Occupetion	advina	16b. Kind of Bu	siness/industr	у
21	within 7 ena. than "r	pje	(Specify only highest grade Elementery/Secondery (0-12)	College (1-4or 5+)		vork done during most of wo use retired)	икину	11+	-	
	filed with Hygiena. Ither than	Co	10	0	habo			Conir	uctio	N
Maryland	ild be filed within 72 ho lental Hygiena. ked other than "natur ic event, tre Medical	Be	17. Fether's Neme (First, Middle Last)	1.		18. Mother's Na	me (First, Middle, M	Aeiden Sumem	e)	
7	should be nd Mental marked o	10	15alah Full	er		CLIZ	Abelh	Walt	Kins	
Mai	0.00		19e Aforment'a Name/Relationship (Typ	e, Print)	19b. Melling Addre	ss (Street and Number or R	ural Route Number	City or Town,	State, Zip Cod	(e)
	other tre		KONISE JIN	all 100h	Plece of Disposition (A	Clifton 4	ve pa	tamd	12121	16
0	80 5		20a. Method of Disposition  1		emetery, crematory q	rother place)	Celum / 1	20c. Location -	City or Town, s	Batto
altimore,			4 □ Donation 5 □ Other (Specify)	1 50	icred Heart	of Jesus	4117146	serman	HILLKY	md.
Bai	permit. Pag Department Important: I any Injury o		21. Signature of Funeral Service Dicerse	× 1	22.Name	end Address of Facility	funero	al Hon	10	,
	40240		JASEPKO.	Less	222	2 w. north a	ve. Bu	to me	212	16
			23e Part L Enter the disease, or complice abook, or heart feilure. List only one	etions thet ceused the deet a ceuse on each line.	h. Do not enter the m	ode of dying, such es cardie	c or respiretory error	est,	Inte	proximete erval Between
	Physician		formadiate Course (Final	-	,				Ons	set end Deeth
	/Medical Examiner		fmmediete Cause (Finel disease or condition resulting In death) e.	GNS LYN	1PHOMA	b			39	15-96-
		ě	The state of the s		or es e consequence o	-		C 0		le ma
4	of the state of th	Examiner	<b>b</b> .	TERMINA	9	DIMMUNDI	DEFIENCY	SynDR	ami U	1 KWWN
ò,	icate be axecuted physician and s the buriel-transit	Exa	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying	Due to (c	or as a consequence o	1):	/	,	1	
68760,	e be	edicai								
	E 01 0	Medi	resulting In deeth) Last	500 10 (0	o o o o o o o o o o o o o o o o o o o	,.			i	
Box	eath cer attendin I for use		d.						<u> </u>	
	deat be att	Physician/	Pert fl. Other algnificant conditions conti	ributing to death but not res	ulting in the underlying	ceuse given in Pert I.	23b. Did to	bacco use co	ntribute to the	cause of death?
P.0	that the de ned by the a detached t	hy				•	1 🗆 Y	2 DNo	3 Probably	y 4□Unknown
	8 58	by								
px	v requires been sign should be	Pe					24e. Wes e		24b. Were e	utopsy findings le prior to
000	N 8 8	pie								tion of cause
Œ.	0 - 6	Completed					1 🗆 Ye	s 212 No	1 □ Yer	s 2 No
İta	ician: The	Be	25. Was cese referred to medicel exeminer?			26. Place of De	ath (Check only on	θ)		
of Vital Records,	0 0	10	1 Yes 2 No	ospital: 1 ☐ Inpatient 2 ☐	ER/Outpetlent 3□ I	OOA Other: 419 Nursing	Home 5 Reside	nce 6 Oth	er (Specify)	
	ding Pi h. After th funera	:uo	27. Manner of Deeth 1 Deaturel 5 □ Pending	28a. Date of Injury (Month, Day Year)	28b. Time of Injury	28c. Injury et Work?	28d. Describe ho	w Injury occur	ed	
sio	Attanding or death.	cati	2 Accident Investigation		М	1 ☐ Yes 2 ☐ No				
Division	or Attandation after death Director:	Certification:	3 ☐ Suicide 6 ☐ Could not be determined	28e. Plece of Injury - At he building, etc. (Specif	ome, ferm, street, fecto y)	ory, office	28f. Location (St City or Town		er or Rural Rou	ute Number,
	oral Delli		20- 0-4W							
	the Hospital or Attanding Ph hin 24 hours after death. the Funeral Director: After th mpletely filled in by the funeral	edicai	29a. Certifier (Check only one)  2 Medical Examine	er: On the besis of examine	wiedge, deeth occurre tion end/or investigetion	d et the time, dete end plec on, in my opinion, deeth occ	e, end due to the ce urred at the time, d	euse(s) and me ete and piece,	nner es stated. and due to the	ceuse(s)
	a the	Me.	29b. Signature end title of certifier	end menner steted.	2	9c. License number	2	9d Dete signe	d (Month, Day,	Voer)
1	FRE		MO 1 . 4	World Q	las lun	042212		9/11	91-	,
	L)		numer a.	Nounce For	4	~ ナナナナ		-1/11/	10	
1		Y	30. Name and address of peruan who com	61.01	(23a) (Type, Print)	HEDRALST	- QAIT:	MODE	MD.	21201
	Sta	te	31. Dete filed (Month, Day, Year)		ture CH	ITE DKII CSI	) Direct	TORL	1	۵۱۷۷
	Registr		SEP 1 6 1996	32-Registrer's Signe	delle					



## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

			State of t	Certificate of		Reg. No.	20 21404			
	Physici /Medic		Decedent's Name (First, Middle, Last)  AULA	WINSLOW	<	Data of Death Month Day	Yaar 1996 4 AM			
	Examir		4a. Facility Nama (If not Institution, give street and number	,	4b. City, Town, or Loca		ity of Death			
	Funeral Director			Aga (In yrs. last birthday)  Yrs.  H Under 1 Yaa  Months Day:	s Hours Min.	Data of Birth (Month, Day, Year)	9. Birthplaca (Stata or Foreign			
	yland		10a. Stata 10b. County	100-City, Town or Location		,	10d. inside City Limits			
	Sa-f s	Director	AG bm	Daltimore			1 X Yas 2 □ No			
	with it	Dir	4100 Chathan R	10f. Zip Code	207	10g. Citizan o	What Country?  Ω_			
120	72 hours after death with the Maryland natural", or fleme 23s or 28s-1 show digal Examiner must be notified at	by Funeral	11. Maritel Status  1   Nevar Married   2   Married   3   Widowed   4   Divorced   Yeer or Deteix	s? If Yes, specify Cu INo 1 ☐ Yas 2 ☑ No	Hispenic Origin? (Speci ban, Mexican, Puarto Ri		eca - American Indian, ack, Whita, etc.			
2-00	n 72 hours af natural, or	ted	15. Decedant's Education (Specify only highest grada complated)	16a. Decedant's Usual Occ	upation a during most of working	16b. Kind of	Businass/Industry			
121215-0020	d within giene. r then	Completed	Elamantary/Secondery (0-12)	life. DO NOT use retir	TEACHER	- Balto	. City Pub. Ihs.			
Maryland	S a b	o Be	17. Fether's Nema (First, Middle, Last)  5010 E. WINSLOW	Se.	Emma	First, Middla, Malden Sums CARNEA	ame)			
lary	d 2 should th and Men 7 is marke traumatic	-	19a. Intormant's Name/Raietionship (Type, Print)	19b. Malling Address (Street			n, Stata, Zip Code)			
-	other tr		Emma WINSlow-Mot	20b. Place of Disposition (Nama of	-han Koan	& Balto 1	rg. 5150)			
<b>Baltimore</b> ,	Se of L		1  Suriel 2 □ Cramation 3 □ Ramovai trom State 4 □ Donation 5 □ Othar (Specify)	cemetery, crametory or other pl	10.10.	Data 20g. Location	- City or Town, Stata			
altii	arth orta		21. Signature of Funaral Sarvica Licensee	Fr butis 11 lemor	ress of Fecility	ome WEST	110 TRUS			
0	Dep per imp		MWnu D. J	tavu 4300W	abash P	ve. Balto	21215			
4	Physician /Medicai Examiner	er	Approximate Interval Batwee Onset and Des Immediate Causa (Final disease or condition resulting in death)  Due to (or as a consequence ot):							
x 68760,	ertificate be executed fing physician and e as the burial-transit	Medical Examiner	Sequantially list conditions, if any, laading to immediate causa. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last	Dua to (or as a consequence of):  Due to (or as a consequence of):	Riciency S	YNGROME				
Box	death certi e attending ed for use a	ician	Part II. Other significant conditions contributing to death	shan in Dart I	20h Didtebass use a	and the de the same of death?				
P. 0	that the ed by th detache	by Physician/M	rait it. Other significant conditions contributing to death	out not resulting in the underlying cause (	oven in Part I.		ontribute to the cause of death?  3 Probably 4 Unknown			
Records,	aw requisite periods to shoul	Completed b				24a. Was an autopsy performed?	24b. Wara autopsy tindings available prior to completion of cause of death?			
	E ag					1 ☐ Yas 2 ☐ No	1 Yas 2 No			
Zi		To Be	25. Was case referred to medical axaminar?  1  Yas 2 No Hospital: 1 Impa	tlant 2 ER/Outpatient 3 DOA	26. Place of Deeth (	Check only ona) a 5 ☐ Rasidance 6 ☐ 0	Whos (Specify)			
n of	ter this neral d		27. Manner of Death 1 DNatural 5 Panding (Month, L	jury 28b. Time of 28c. Inj		d. Describe how injury occ				
-	at or Attending Phys s after death. Il Director: After this ed in by the funeral di	Certification:	2 Accident Invastigation 3 Suicida 6 Could not be datarmined 26a. Place of I building,	]Yas 2□No	26f. Location (Street and Number or Rural Route Number, City or Town, Stata)					
	Hospit 4 hour Funera tely fills	edical Co	29a. Cartifier (Check only one)  (Check only one)  (Check only one)	it of my knowledga, daath occurred at the of examination and/or investigation, in my steted.	tima, deta and place, an opinion, daath occurred	d dua to tha causa(s) end r at tha tima, data and place	nsnner as stated. e, and dua to tha causa(s)			
	To the within 2 To the comple	Me	29b. Signatura and titla of certifier  World W - Kin	1100	nse number	29d. Dete sign	ned (Month, Day, Year)			
-	9		30. Nama and address of person who complated causa of	deeth (Itam 23a) (Type, Print)	alt RAI	T'MORZ	21213			
	Sta	te	31. Date filed (Month, Day, Year) 32. Regis	trar's Signature		(, , , , , , , , , , , , , , , , , , ,				



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death ITEM#5 g739 9/20/96ag perFH 1. Decedant's Neme (First, Middla, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** Month DIANE 1725 p.m SEPT WILKINSON 1996 15 /Medicai 4a. Facility Name (If not institution, give streat and number) 4b. City, Town, or Location of Daath 4c. County of Deeth **Examiner** St. AGNES HOSPITAL NIA BALTIMORE If Under 1 Year If Under 24 Hrs. 6. Sex 7. Age (In yrs. lest birthday) **Funeral**  Birthplace (State or Foreign Country) 1□M 200F Months Deys Hours 6 2 Yrs. Director Feb. 20,1934 MARYLAND Usuel Residanca of Decedent the Maryland 10e. State MARYLAND 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show traumatic event, the Medical Examiner must be notified at BANTIMORE Director 21223 1 Yas 2 □ No 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? with ò 2693 St. BeneDict Street UNITED STATES 21223 items 23e Funeral filed within 72 hours efter death 12. Wes Decedent Evar In U,S. Armed Forcas? 1 ☐ Yas 2 MNo If Yes, Give Year or Detas: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. 1 Naver Married 2 Married Baltimore, Maryland 21215-0020 ŏ 1 ☐ Yes 2 No Specify: þ 3 ☐ Widowed 4 ☐ Divorced Specify: White "natural", Completed 15. Decedant's Education (Specify only highast grede completed) 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working lifa. DO NOT use retired) 16b. Kind of Business/Industry permit. Pages 1 end 2 should be filed within 7: Department of Health and Mental Hygiene. important: if Item 27 is marked other than "na any Injury or other traumatic event, the Medic once. Elamantary/Secondary (0-12) College (1-4or 5+) HOSPITAL 12 NURSE 17. Fether's Neme (First, Middle, Last) 18. Mother's Nema (First, Middle, Maidan Sumeme) Be RAY WILKINSON ELSIC BAKER 19e. Informent's Name/Relationship (Type, Print) 19b. Meiling Address (Straat and Number or Rural Route Number, City or Town, State, Zip Code) JEFFWILKINSON, BROTHER 102 N. Charter Rd. Glen Burnie, Md 21061 20b. Piece of Disposition (Neme of camatery, crematory or other piece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Buriel 2 ☐ Cramation 3 ☐ Removal from Stete 4 ☐ Donation 5 ☐ Othar (Specify) 9/16/96 CATONS 01/10, Md. METRO CREMATORY of Puperal Service Licensee 22. Nema and Address of Fecility
AMBROSE FUNERAL HOME, INC. 23e. Pert 1. Enter the disease, or complications that caused the death. Do not enter the mode of dyirig, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximete Intervel Between Onset and Deeth **Physician** /Medical Immediate Cause (Finel WALL ANTERIOR MYOCARDIAL ID DAYS disaase or condition resulting in deeth) Examiner Due to (or es e consaguança of) Examiner The law requires that the death certificate be executed Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disaase or injury that initiated events resulting in deeth) Lest Dua to (or es e consequença of): Box 68760, attending physician for use es the burie Physician/Medical Due to (or es e consequança of): Division of Vital Records, P.O. Pert II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by a 1 Yee 2 No 3 Probably 4 ™ Inknown ANEMIA by 24b. Ware autopsy findings aveilable prior to completion of cause of deeth? Completed 24a. Was en eutopsy performed? ate hes t certificate 1 Tyes 2 Win 1 Yes 2 No or Attending Physician: Be 25. Was casa raferred to medical 28. Placa of Deeth (Check only ona) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 ☐ Yes 2 No 1 ☑ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 27. Manner of Deeth 28e. Deta of Injury (Month, Dey Year) 28c. Injury at Work? Certification: 28b. Time of 28d. Describe how injury occurred 1 Netural after des.

I Director: Afte 5 Pending Investigation 1 Yes 2 No 2 Accident 6 Could not be determined 3 Sulcide 28e. Piece of Injury - At home, ferm, straet, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 T Homicide 15 Certifying Phyelcian: To the bast of my knowledge, deeth occurred et the time, dete end piaca, end dua to the cause(s) end mannar es steted.
2 Medical Examiner: On the basis of axaminetion end/or investigation, in my opinion, daeth occurred at the time, data and pieca, end dua to the cause(s) end menner stated. Medical 29a, Certifiar

State Registrar 29b. Signeture end title of certifier

31. Deta fi

took

30. Nema and address of person who completed cause of deeth (Itam 23a) (Type, Print)

Julia Mairida rico Aundelle ATU SAH ST. AGNES

mo

29c. Licanse number

PO 9519

HOSPITAL

29d. Dete signed (Month, Dey, Year)

BALTIM ORE, MD

1996

21229

SEPT.

AVENUE

**DHMH 16 Rev 6/95** 

St. AGNESHOSPITAL tales coursessing 3 dant pack ESSIS TROUBLET STREET 2123 Strka NERSE HOSPITAL Elsie Barel GOVERNALIES VAR more Visionery Thopselators to, Act and another states with about the

				State of Marylan		rtificate of De		иептат ну	giene 🤚	0 2	. 1400
	Physic /Medi		1. Decedant's Nama (First, Middla, Last	Willis				2. Data of Da Mogth	Day	Yaar 94	3. Tima of Death 8:45Am
	Examir Funeral Director		227-28-4796	tospital 30	1 1050 last birthday) Yrs.	HUNDER 1 Year 1	City, Town, or L GRUB 1 Undar 24 Hrs. Hours Min.	8. Data of Bir (Month, De 9/27/1	ANNE th y, Year)	AR	windel aca (Stata or Foreign W) NIA
	yland		Usual Rasidance of Dacedant  10a. Stata  10b. County	10c. City	, Town or Lo	ocation				100	d. inside City Limits
e Man	e Mar	ctor	MARYLAND N/A		BALTI	MORE					Vas 2□No
	with th	Directo	10e. Street and Number			10f. Zlp Coda			10g. Citizen of What C		у?
	ms 23	Funeral	2421 ARBUTON AVE.	12. Was Decedant Evar in U,	S. 13.	21230 Was Decedant of Hispi if Yas, specify Cuban,	anic Origin? (Sp	pecify Yas or No	U.S.A	- Amarice	n indlan,
21215-0020	filed within 72 hours after death with the Maryland Hyglane. ther than "natural", or itema 23a or 28a-f show ont, the Medical Examiner must be notified at	þ	1 ☐ Navar Married 2 ☐ Married 3 ☐ Widowed 4 ② Divorced	Armed Forcas? 1 ☐ Yas 2 ☑ No if Yas, Giva Yaar or Datas:			Maxican, Puarto Specify:	Rićan, atc.)	Specify.	k, Whita, at WHIT	
15-0	"natur	etec	15. Decedant'a Edu (Specify only highast grad	ication la complatad)	(Giva	dant's Usual Occupation	on ing most of work	king	16b. Kind of Bu	sinass/Indu	ustry
212	filed within Hyglane. ther than the Man	Be Completed	Elamantary/Secondary (0-12)	Coilaga (1-4or 5+) NONE		DO NOT usa retired) TORY WORKE	R		GLASS		
pu	should be filed and Mantal Hygi marked other imatic event, I	Bec	17. Father's Nama (First, Middle, Last)					a (First, Middle	, Maidan Sumam	a)	
Maryland	d 2 should be ith and Mantal I	2	ROY MIRACLE	Dist.	1 404 44-111		MILDR	( 1022)	ST NAME		
	nd 2 mlth ar lith ar treu		19a. informant's Name/Ralationship (7) EMMETT LEROY	WILLIS (SON)		ng Addrass <i>(Street and</i> WHITMAN DR					21061
altimore,	50 50		20a. Mathod of Disposition 1 X Burlal 2 □ Cramation 3 □ F 4 □ Donation 5 □ Othar (Specify)	Ramovai from Stata	ematary, crer	osition (Nama of matory or other place) EN MEMORIA	L PARK	Data 9/16/96	20c. Location - GLEN BU		
Balt	permit. Pages Department of Important: If i any injury or once.		21. Signature of Funeral Service Licens	86		2. Name and Address of SECOND AV	21		FUNERAL BURNIE.		
ġ.	Physician		23a. Part1. Enter the disease, or compl hock, or heart fatura. List only of	lications that causad the death na causa on each line.						1	Approximata intarvai Batween Onset and Death
	/Medical Examiner		immediata Causa (Final diseasa or condition rasulting in daath)	SEPTICE	MIA					L	days
		le.	rasulting in datatiny	CORUN AR	r as a consec	quance of):	010	EASE		1	0
,	icate be axecuted physician and s the bunal-transit	Examiner	Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying	0. —	as a consec	quance of):	2010	Chise			
68760,		edical	resulting in death) Last							i	
BOX	death certific e attending p id for use as	an/N		d						i	
0	D 0 %	Physician/M	Part ii. Other aigniffcant conditions contributing to death but not resulting in the underlying ceuse given in Part i.						23b. Did tobacco use contribute to the cause		
ď.	ras that the de signed by the a be detached to	by Ph								3 Probably 4 □ Unknown	
ecords,	requi	Completed I						24a. Was parie	an autopsy ormed?	aval	a autopsy findings labia prior to spletion of causa aath?
T m	The ate h	Con						10	Yas 2 No	10	Yas 20 No
Vital	Physician: The law this certificate has t ral director, page 2 s	Be c	25. Was cesa rafarred to medicel axaminar?	Hospitai:		Other	6. Piace of Dea				
ono	Phy	tion: To	1 Yes 2 No Prospired 2 ER/Outpatiant 3 DOA Ornar: 4 Nursing  27. Manner of Death  1 Natural  28a. Data of injury (Month, Day Year)  28b. Time of Injury Work?  2 Accident Investigation  M I Yas 2 No						Homa 5 ☐ Rasidance 6 ☐ Other (Specify)  28d. Dascribe how injury occurred		
DIVISION	afor Attendings and Colors of the function: After the function of the function	Certification:	3 Sulcida 4 Homicida 6 Could not be datarmined	28a. Place of injury - At ho building, atc. (Specify	ma, farm, str	aat, factory, office		28f. Location ( City or To	Streat and Number	er or Rural	Routa Number,
	To the Hospital or within 24 hours after or the Funeral Director Completely filled in the filled or the filled in the filled or the filled in	edical	29a. Certifiar (Check only one) Certifying Physical Examination	sician: To the best of my knowner: On the basis of examinate and manner stated.	vledga, daati ion and/or in	n occurred at tha tima, vastigation, in my opini	data and place, ion, daath occur	and dua to tha red at tha tima,	causa(s) and ma data and piace, a	nnar as sta and dua to t	ted. tha cause(s)
)	To T	M	29b. Signatur and title of certifier	m	>	D43	umbar 177		29d. Data signed	R ]	1996
	5		Nama and address of parson who co		23a) (Type,	- BRIVE.	Gler	Bura	अह	Mp	2061
	Sta Registr	_	31. Data filed (Month, Day, Yaar)	32. Ragistrar's Signal	D. J. off						
DIA	negisti		SEP 1 6 1996	d amason-1	A Sister						

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

118. PER F'.H. F'ILM g-739 9/24/96 State of Maryland / Department of Health and Mental Hygiene 96 Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Data of Death 3. Time of Death De OTEVIDER **Physician** 10:30 Am /Medical 4b. City, 10m.,
GLEN BURNE

If Undar 1 Yeer | If Under 24 Hrs. | 8. Data of Birth
(Month, Day,
SEPT 12 4a. Fecility Neme (If not institution, give street and number) 4c. County of Death Examiner ARUNde Hospita ANNE HRUNDEL 6. Sex 1 ☑ M 2 ☐ F 7. Age (In yrs. last birthday) 5. Social Sacurity Number 9. Birthplaca (Stata or Foraign **Funeral** Country) MARYLAND 52 Vrs Director 218-40-1094 Usual Residence of Decedent with the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Insida City Limits 7 is marked other than "natural", or itsms 23s or 28s-f shot traumatic avent, tra Medical Exatranse must be notified at MARYLAND ANNE ARUNDEL **PASADENA** 1 ☐ Yes 2 X No Director 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 218 LONGMOOR ROAD 21122 USA permit. Pages 1 and 2 should be filed within 72 hours after death v Department of Haaith and Mental Hygiena. Important: if item 27 is marked other than "natural", or items 23sono. Funeral 12. Wes Decedent Evar in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. 11. Marltal Status 1 Nevar Married 2 Married 1 ☐ Yes 2 🕱 No If Yas, Giva Year or Detes: 1 ☐ Yas 2 ☒ No Specify: à Specify: WHITE 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highast grada completed) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) IRON WORKERS UNION College (1-4or 5+) WELDER LOCAL #101 10 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama, Be CHARLES WILLIAMS DIANE WIMBLING LURAY WARTHEN 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) DIANE L. WILLIAMS 218 LONGMOOR ROAD, PASADENA, MD 20b. Place of Disposition (Nama of cematery, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 ☐ Burlal 2 ☑ Crametion 3 ☐ Removel from Stata 4 ☐ Donetion 5 ☐ Othar (Specify) METRO CREMATORY, INC. 9-14-96 BALTIMORE, MD 22. Name end Address of Facility
STALLINGS FUNERAL HOME, P.A. 21. Signature of Funaral Service Licental STALLINGS 3111 MOUNTAIN ROAD, PASADENA, MD 21122 23a. Part1. Enter the disease, or complications that could the death. Do not enter the mode of dying, such as cerdied or respiratory arrest, shock, or heart failure. List only one cause on earth line. Approximeta Intarval Between Onsat and Death **Physician** /Medical 3 days Immediata Causa (Final 4 eumonia disease or condition resulting in death) Examiner Dua to (or as a consequance of): Examiner Sinock Dua to (or as a consequence of): The law requires that the death certificate be axecuted physician and s the burial-transit Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Causa (Disease or injury that initiated avants resulting in death) Last sion of Vital Records, P.O. Box 68760, in physema.
Due to (or as a consequence of): in Physician/Medical attending pl -ailure 7 dags signed by the a d be detached t Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Wara autopsy findings available prior to completion of cause of death? should 24a. Was an autopsy performed? 1 Yas 2 No 1 Yas 2 No Be 28. Piaca of Death (Chack only ona)

s certificata has t eding Physician: this Hospital or A 24 hours after Funeral Direct

1 Yes 2 No 27. Mannar of Death 1 Natural

25. Was case rafarred to medicei axaminar?

5 Panding Investigation 2 Accident 3 Sulcida 6 Could not be 4 Homicida

29b. Signature and title of certifier

28a. Piace of Injury - At homa, farm, straat, factory, office building, atc. (Specify)

2 ER/Outpatient 3 DOA

28b. Time of

28f. Location (Street and Number or Rural Routa Number, City or Town, State)

Other: 4 Nursing Homa 5 Rasidance 6 Other (Specify)

28d. Dascribe how injury occurred

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 Medical Examinar: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29c. License number 29d. Deta signed (Month, Day, Year)

30. Nama and addrass of person who complated causa of daath (Item 23a) (Type, Print)

28c. Injury at Work?

1 ☐ Yas 2 ☐ No

W. CHAN, 1600 Crain Huy SW, Ste GOS, Glen Burnie, MD 21061

State Registrar

2

Certification:

edical

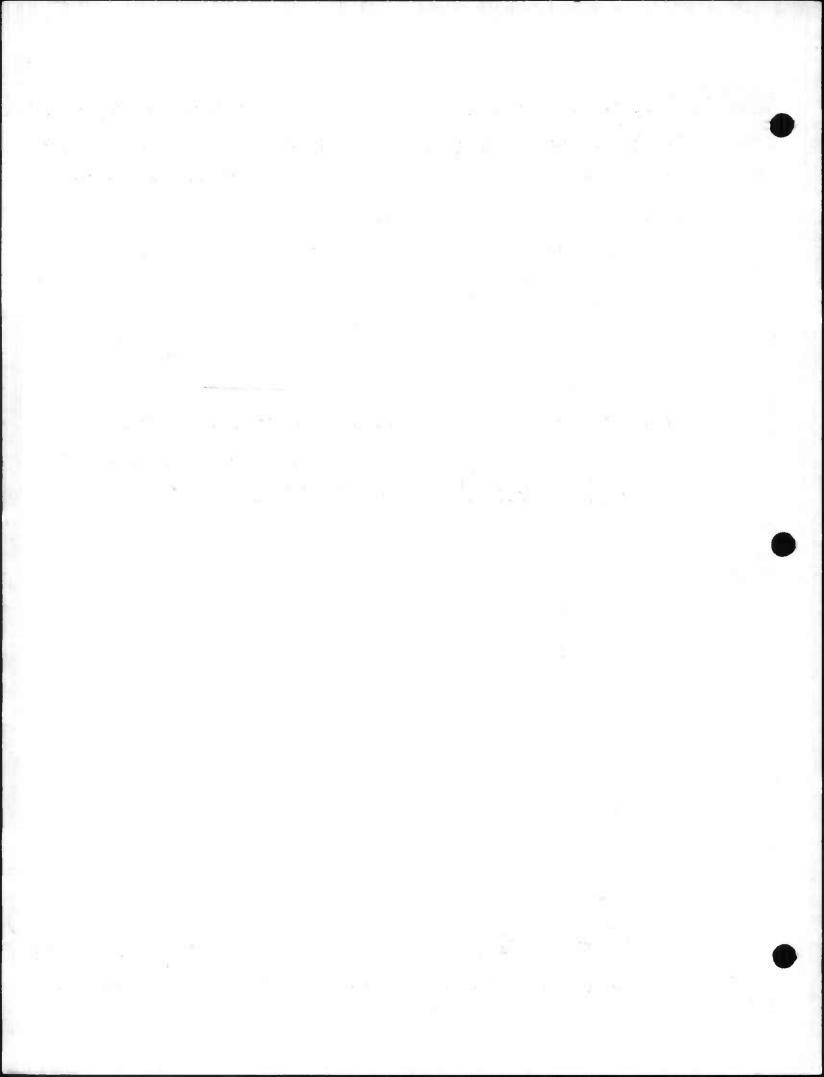
29e. Cartifian

TTO Inpatient

28a. Data of Injury (Month, Day Year)

24 hours

To the Hosp within 24 hou To the Funer completely fil



**Physician** /Medical **Examiner** Be Completed by Physician/Medical Examiner

Pue

or Attending Physician: The law requires that tha death certificate be assoured shar death.

this cartificata

Aftar

Director:

the funeral

yd in by

Certification: To

Medical

Division of Vital Records, P.O. Box 68760,

**Physician** 

/Medical

**Examiner** 

**Funeral** 

Director

28a-f show

Funeral Director

Completed by

Be

2

Pagas 1 and 2 should be filed within 72 hours after death with the Maryland

Saitimore, Maryland 21215-0020

permit. Pagas 1 and 2 should be filed within 72 hours after death with the Marylai Department of Haalth and Mental Hysiena.
Important: If item 27 is marked other than "natural", or itema 23a or 28a-1 show any injury or other traumatic event, the Medical Examinal must be notified at once.

Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last

1 Yes

28. Placa of Death (Check only ona) Other: 4 Nursing Home 5 Residence 6 Other (Specify)

- 2	20.		referred to medica	
		examiner?	20 No	Ho

27. Menner of Death 5 | Pending investigetion

28e. Dete of Injury (Month, Day Year) 6 Could not be determined

ospitel: Inpatient 2 ER/Outpatlent 3 DOA 28b. Time of Injury

28c. Injury et Work? 1 Yes 2 No

28d. Describe how injury occurred

28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify)

28f. Location (Street and Number or Rural Route Number, City or Town, State)

29e. Certifier (Check only one)

Netural

2 ☐ Accident

3 ☐ Sulcide

4 Homicide

The Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) and menner as attacted.

Medical Examinar: On the basis of examination end/or investigation, in my opinion, deeth occurred et the time, dete end pleca, end due to the cause(a) end menner steted. 29d. Dete algned (Month, Day, Year)

29b. Signeture end title of certifier

064-III Medicine

AS-2402321-AP9820 September 13, 1998

30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print)

DUBEY

SINAI HOSPITAL OF BALTIMORE, BALTIMORE, MD

State Registrar

31. Dete filed (Month, Dey, Year)

96 AH9 - 7 PH 10: 34

### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible State of Maryland / Department of Health and Mental Hygiene

			Item: 1, per M.D. G-739 9/16/96 reb	Certificate of			Reg. No.	61403				
			1. Decedent's Name (First, Middla, Last) SOLOMON	YAGERMAN		2. Date of Dec	ath	3. Tima of Death				
	.∉Physici /Medi		SOL YEAR-ERMA	V		SEPT	Day Yee					
۲	Examir		4a. Facility Nama (If not Institution, give street and number)		4b. City, Town, or Lo							
	- AAIIII		LEVINDALE		BALTIMO	ORE	N/A					
	Funeral		5. Social Security Number 6. Sax 7. Age (In yrs. last birt	hday) If Under 1 Yaar	if Under 24 Hrs.	8. Date of Birt	h 9, E	Birthplaca (Stata or Foreign				
	Director		100 00 0333	rs. Months Days	Hours Min.	JUNE 2	8,1908 P	OLAND				
			Usual Residence of Decedent			L						
	ahow ahow		10a. Stete 10b. County 10c. City, Town	or Location				10d. Inside City Limits				
	Mar I	to	MARYLAND BALTIMORE OW	INGS MILLS			1X Yes 2 □ No					
	128 E	Director	10e. Street end Number	10f. Zip Code			10g. Citizen of What	Country?				
	i within 72 hours after death with the Manyland liene. If than "natural", or items 23a or 28s-f ahow the Medical Examinet must be incorried at		10 HIAWATHA CT., APT. E	21117			USA					
	Pa 2	Funeral	11. Marital Status 12. Was Decedent Ever in U,S.	13. Was Decedent of h	Hispanic Origin? (Sp	ecify Yes or No-	14. Race - A	merican Indian,				
_	ter d	5	Armed Forces?	13. Was Decedent of H If Yes, specify Cub	an, Mexican, Puarto	Rican, etc.)	Biack, W					
20	7. a	by	1 Nevar Married 2 Amarried 1 Yas 2√2 No If Yes, Give 3 Wildowed 4 Divorced Year or Dates:	1□ Yes 2□ No	Specify:		Specify:	WHITE				
21215-0020	tura			Decedent's Usual Occur	netion		16b. Kind of Busines	es/Industry				
15	n 72	Completed	(Specify only highest grade completed)	Decedent's Usual Occup (Giva kind of work done life. DO NOT use retire	during most of work	ing	TOD. PURIO OF ENGINEE	sa modelly				
12	with ene.	E	Elementary/Secondery (0-12) College (1-4or 5+)	MANAGER	-7		LIQUOR					
0	be filed within tal Hygiene. d other than "		17. Fathar's Nama (First, Middla, Last)		18 Mother's Name	e (First Middle	Maiden Sumame)					
an	d d d	Be					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
2	2 should be filed end Mental Hygi is merked other eumatic evant, I	2	MAX YAGERMAN			UNKNOWN						
Maryland	d 2 should th end Mer 7 is merke treumetic			Meiling Address (Street								
	ころがト			10 HIAWATHA	CT., APT	T						
altimore,	of Hee		20e. Method of Disposition 1 □ Buriai 2 □ Cremetion 3 □ Removal from Steta	Disposition (Name of y, crematory or other pla		Data	20c. Location - City					
E	Pag ant: ury		4 Donation 5 Dother (Specify) SH	AAREI ZION	9-	6-1996+	ROSEDALE	, MD				
all	permit. Pages 'Department of H Important: If the any injury or of otice.		21. Signature of Funeral Service Licensee	22. Nema end Addra		10.5						
m	88 E 8 8		Illensul Levenson	Sol L	evinson &	Bros.	Inc. kesville,	MD 21208				
			23a. Part1. Enter the disease, or complications that caused the death. Do n shock, or heart failure. List only one ceuse on each line.	ot enter the mode of dyi	ng, such es cardiac	or respiretory er	rest,	Approximete Interval Between				
	Physician		shock, or heert failure. List only one ceuse on each line.					Interval Between Onset and Death				
4	/Medical		Immediate Cause (Final	CANICG	572			mos				
	Examiner		Immediate Cause (Final disease or condition resulting in deeth)  COLON CANCER  Due to (or as a consequence of):									
3	22.60	ē	Due to (or as a c	consequence or):								
	arted insit	Examiner	b	, , , , , , , , , , , , , , , , , , ,								
-6	ificete be executed g physician and as the buriel-transit	Exa	Sequentielly list conditions, if any, leeding to Immediate cause. Enter Underlying Cause (Disease or injury									
68760,	sicia bur	la l		F11 900000 A								
289	ifficete g phy as the	edical	rasulting in daeth) Last Dua to (or as a c	onsequance of);								
			d									
Box	attendin for use	Physician/N										
0	the d	ysi	Pert II. Other eignificant conditions contributing to death but not resulting in	, ,	ven in Part I.			ute to the cause of death?				
<b>a</b>	The lew requires that the daath cer ate hes been signed by the attendir page 2 should be detached for use		DEMENTIA, EMPHYSE	2MG		10	Yes 2 No 3	Probably 420Unknown				
Records,	signed be det	1 by				0.4= 144==	24	h Ware autonou findings				
0	been si should	ste					en eutopsy 24 med?	b. Ware autopsy findings evallable prior to completion of cause				
ec	hes b	du du						of death?				
H		Completed				101	res 2000	1 ☐ Yes 2 ☐ No				
of Vital	Physician: The this certificate ral director, pag	Be	25. Was case refarred to medical examiner?		26. Placa of Deat	h (Check only o	ne)					
7	Physic this ce	2	1 Yes 2 No Hospital: 1 Dinpatient 2 ER/Ou	tpatient 3 DOA Oth	her: 4 🗆 Nursing Ho	ma 5 🗆 Rasio	lenca 6 Other (S	(pecify)				
0	ding Ph After th funeral		27. Menner of Death 1 ☐ Watural 5 ☐ Pending 28a. Dete of Injury (Month, Day Year) 28b. T	ime of 28c. Inju	ry et rk?	28d. Describe I	now injury occurred					
<u>ō</u>	Attending or death. Sector: After by the fune	atic	2 Accident invastigation	1)	Yes 2 □ No							
Division		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3 Sulcide 6 Could not be determined 28e. Placa of Injury - At home, fer building, etc. (Specify)	m, street, factory, office		281. Location (5 City or Tox		Rural Routa Number,				
	s after I Direct In Direct	Certification:	building, etc. (Specify)			City or Tov	in, State)					
	To the Hospital or within 24 hours after To the Funeral Dir completely filled in		29a. Certifier 1 Cartifying Physician: To the best of my knowledge,	, deeth occurred at the ti	ma, deta and piaca,	and dua to the	cause(s) and manner	as stated.				
	n 24 n 24 ne Fu	edical	(Check only one) 2 Medical Examiner: On the basis of examinetion end and manner steted.	for investigation, in my	opinion, deeth occurr	red et the time,	date end place, and o	Jua to tha cause(s)				
	To the Within 2 Comple	×	29b. Signatura end title of cartifier	se number		29d. Dete signed (Mo	onth, Day, Year)					
1			My Woll Brack	7	4,57,7	7	Agot 5	1991				
1			30. Name end address of person who completed cause of beeth (Item 23e) (	Type, Print)	. 5 / 5	,	1, 3	, , , ,				
1	3		Mamter McNABNes 2	434 6 3	elue Den	e 5	Balt L	1996 21215				
	Sta	te	31. Date filed (Month, Day, Year) 32. Registrant Signature	0	-10		- 0,1					
	Registr		31. Date filed (Month, Day, Year) SEP 1 0 1996	Kardall								

- .

#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

96 27470

	_				Cei	uncai	01	Dealli			Reg. No.		
sician edical	L		umi5	mharl				Ah Cib. To	um ort-	2. Dete of De Month September ecation of Deet	Dey 11,	Year 1996	3. Time of Death 11: 35am
miner		a. Facility Name (If not Institution, gh  Johns Hopkins I  Social Security Number 6.8				er If Under	1 Year	Balti	imore	)	N/A		and Chate on Familia
ral tor			XOXM 2□ F	4		Months			Min.	8. Dete of Bit (Month, De Sept. 8	1950	Ohio	eca (State or Foreign try)
	1	0a. Stete 10b. County			y, Town or Lo							10	Od. Inside City Limits
Funeral Director	L	Maryland N/A  Oe. Street end Number		Ba	ltimore		0-4				40.00		1 ☐ÑYes 2 ☐ No
ā	'	715 S. Oldham St	root			10f. Zip	21224				10g. Citizen of What Country?  U.S.A.		
nera	1	1. Meritel Stetus	12. Wes Dec	edent Ever in U	,S. 13. V	Ves Dece	s Decedent of Hispanic Origin? (Specify es, specify Cuben, Mexican, Puerto Rical						
by		1 ☐ Never Merried 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	Armed Fo	2 No				Specify:		Hican, etc.)	Specify: White		
Completed		15. Decedent's E (Specify only highest gro	ducation ade completed)		16a. Deced (Give	ent's Usua kind of wo	s Usuei Occupation of work done during most of working IOT use retired)		ing	16b. Kind of B	usiness/Ind	lustry	
Jdmc		Elementery/Secondery (0-12)	College (1	1-4or 5+)		<i>o nor u</i> anage		ed)		Drug Store			
Be Co	1	7. Fether's Neme (First, Middle, Last	")		110	110060	18. Mother's Neme (F		(First, Middle				
ToB		William Yacumis				Sevasm			/asmi	a Vele			
ľ		19e. informent's Neme/Reletionship (	(Type, Print)		19b. Meilin	g Address	(Stree	t and Numb	er or Rura	al Route Numb	er, City or Town	, State, Zip	Code)
		Mrs. Mary Ann Ya	cumis, 1		715 SPieca of Dispos			m Stre	eet,		ore, MD		
	2	1 ☐ Buriat 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Special		Stete	k Lawn	netory or o	other pla		19	Dete 9-14-96	20c. Location Baltim		
8008	2	21. Signeture of Funerel Service Lice	nace	heus	) Ma	atthe	ws I	ess of Fecili Funera ern Av	al Ho		ore, MD	21224	<b>+</b>
an eal er	i	23a. Pert1. Enter the diseese, or com- shock, or heert feilure. List only mmediate Cause (Finel disease or condition esulting in deeth)		rere d		el c							Intervel Between Onset and Deeth
ledical Examiner	t	Sequentielly list conditions, any, leeding to immediate ause. Enter Underlying Sause (Disease or injury hat initleted events esulting in deeth) Lest	C		or es a consequer es e consequer			11					
y Physician/M	P	ert ii. Other significant conditions of	d	eath but not res	ulting in the un	ederfying o	ause gi	ven in Pert i	1.	23b. Did	tobacco uss co	ontribute to	the cause of death?
d by Phy	-									10	Yes 2 No	3 ☐ Prob	bebly (SUnknown
plete										24a. Was	an eutopsy ormed?	cor	re autopsy findings allable prior to appletion of cause deeth?
Com										10	Yes 2000	1 🗆	Yes 2000
8	2	5. Was case referred to medical examiner?	Hospitei:						e of Death	(Check only	опе)		
tlon: To	2	1 Yes 2 No  7. Menner of Deeth  1 Neturel 5 Pending 2 Accident Investigatio	28a. Dete		28b. Time of tnjury		28c. inju Wa				denca 6 □Oti how injury occu		")
Certification:		3 Sulcide 6 Could not be determined	28e. Piece	of injury - At he	ome, ferm, stre	et, fectory	y, office			281. Location ( City or To	Street and Num wn, State)	ber or Rura	Route Number,
edical	2	29e. Certifier (Check only one) 12 Certifying Pt 2 Medicai Exer	miner: On the bi	best of my kno asis of examine ner steted.	wiedge, deeth tion end/or inv	occurred	et the ti	ime, dete en opinion, dee	nd pleca, a oth occurr	and due to the ed et the time,	ceuse(s) and m dete end piece,	anner es st	ated. the cause(s)
0	1	9b. Signeture and title of certifier	111111111111111111111111111111111111111			290	c. Licen	se number			29d. Dete signe	ed (Month, I	Day, Year)
×	2   Accident   Investigation   3   Sulcide   6   Could not be determined   4   Homicide   6   Could not be determined   29e. Certifier   Check only one)   2   Medical Example   29b. Signeture and title of certifier						A	160	11		Semlem	4.	11, 1996
¥		Pauca	angs	MO				1952			יווטוון	ou	, , , , ,
)		Pauch      Neme end eddress of person who      Sound Huylana	completed caus		n 23a) (Type, I	Print)				2121	D5	oa	, , , , ,

Registrar



				State of M		R Indelible in Department of Certificate of	Health and I	Mental Hygie	-	36 2	7471
в	Physic	an	1. Decedent's Nema (First, Middla, L		_			2. Date of Deeth Dey Yeer September 12, 1996 8:14p			
J	/Medi			liam Zep			4.05.7				8:44pm
И	Exami	ier	4a. Facility Nama (If not Institution, g.		7)		4b. City, Town, or L		4c. County	of Death	
	Funeral Director				ge (In yrs. last bir	thday) If Undar 1 Ya Months Day		8. Date of Birth (Month, Day, Y	(ear)	Country)	(Stata or Foreign
			Usuel Residenca of Decedant					riug. 0	1213	Patt y 10	li IQ
	e Marylan la-f show	Director	MD Carrol	l County	10c. City, Town	or Location					nside City Limits  ☐ Yes 2 No
	# # # # # # # # # # # # # # # # # # #	Sire.	10e. Street and Number			10f. Zlp Code	0	100	g. Citizen of \	What Country?	
	th wi		5712 Emory Roa	ıd			21155		U.S.A	۸.	
	dea	Funeral	11. Maritai Status	12. Was Decedan		13. Was Decedent of Yes, specify C	pecify Yas or No-			dian,	
000	is 1 and 2 should be filed within 72 hours effer death with the Manyland of Health and Mentel Hygiene.  Ifem 27 is marked other than "natural", or items 23s or 28s-1 show other traumatic event, the Medical Everified must be notified at	by	1 ☐ Never Merried 2 ☐ Merried 3 ☐ Widowed 4 ☐ Divorced	Armed Forcas  1 ☐ Yes 2  If Yes, Give  Yeer or Detes:	No	1 ☐ Yes 2 ☐X		Spe		oleck, White, etc.  clly: White	
5-0		tec	15. Decedent's E (Specify only highest of		16a.	Decedent's Usuei Occ	cupation na during most of work	6b. Kind of B	usiness/Industry	,	
2121		Completed	Elementery/Secondery (0-12)		Electr	rical					
Maryland	of Hy	Be (	17. Fether'e Nema (First, Middla, Las	18. Mother's Nerr	ne (First, Middla, Ma	iden Suman	ne)				
<u>la</u>	Mente Mente arked	To	Bertram Ze	pp			Virg	ie Elsrod	e		
an	2 should and Meria a marks		19e. Intorment's Neme/Reletionship	(Type, Print)	19b.	Melling Address (Stre	eet and Number or Ru	ral Routa Number, (	City or Town,	Stata, Zip Code	9)
Baltimore, M	Pages 1 and 2 ment of Health a art: If Nem 27 is ury or other tra		Mrs. Avis Zepp  20e. Method of Disposition  1 X Burial 2 Cremetion 3 4 Donation 5 Other (Spec		20b. Piece of cematar	5712 Emory Disposition (Nama of y, crematory or other p	place)	Dete 20	c. Location -	City or Town, S	
Balt	permit. Pages Department of Important: If I any Injury or ance.		21. Signeture of Funeral Sarvica Lice	Huilt-	2		drasa of Facility FUNERAL HO 11e, MD 21				195)
Y	Physician		23a. Pert1. Enter the diseese, or cor shock, or heert teilure. List only			not enter the mode of o	tying, such es cardiec	or respiretory erres	it,	App	roximete val Between et and Death
	/Medical Examiner		Immedieta Ceusa (Final diseese or condition resulting in daeth)	. MtT	ASTAT Dua to (or as a	consequence of):	ENAL	CA		3	, mos
	D =	ine	_								
60,	be executed sician and buriel-transit	ai Examiner	Sequentially list conditions, if any, leeding to immediate cause. Enter Undarlying Cause (Disease or Injury	D. ————	Due to (or as a c	consequance of);					
687	death certificate t e attending physic od for usa as the b	edic	thet initiated evants resulting in daeth) Last	U	Dua to (or as e c	onsequance of);					
Вох	h cel	2		d						1	
	deat of for	100 E	Pert II. Other significant conditions	contributing to death	but not resulting in	the underlying cause	given in Pert I.	23b. Did tob	acco use co	ntribute to the	cause of death?
S, P.O	es that the decigned by the a	by Physician/M								3 Probably	
Records,	aw requires to seen so should	Completed b						24a. Wes an performe		evailable	utopsy findings e prior to ion of cause ?
	The la	Cor						1 ☐ Yes	2 1 No	1 ☐ Yes	201Hb
of Vital	plclan: certific irector,	o Be	25. Wes casa referred to medical examiner?  1 Yes 2 No	Hospital:	ient 2□ER/Ou	tpatient 3 DOA	Other	th (Check only one)		nar (Specify)	
o uois	nding Physath. r: After this	27. Menner of Deeth 28. Dete of Injury 1 Theturel 5 Pending (Month, Day Year) 28b. Time of Injury 28c. Injury et Work? 1 Accident investigation					Home 5 ☐ Aesidence 6 ☐ Other (Specify)  28d. Describe how Injury occurred				

To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral Division

State

Registrar

Certification

Medical

3 Suicide

29s. Certifie (Check one)

4 Homlcide

1 Certifying Physician: To the best of my knowledge, deeth occurred et the tima, data and piece, and due to the cause(s) and mannar as stated.

2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred et the time, date end piaca, and due to the cause(s) and manner steted.

29b. Signer and title of certifier

6 Could not be determined

28e. Plece of Injury - At home, term, street, fectory, office building, etc. (Specify)

29d. Dete signed (Month, Day, Year)

28f. Location (Street and Number or Rural Routa Number, City or Town, Stata)

Completed cause of death (Item 23e) (Type, Print)

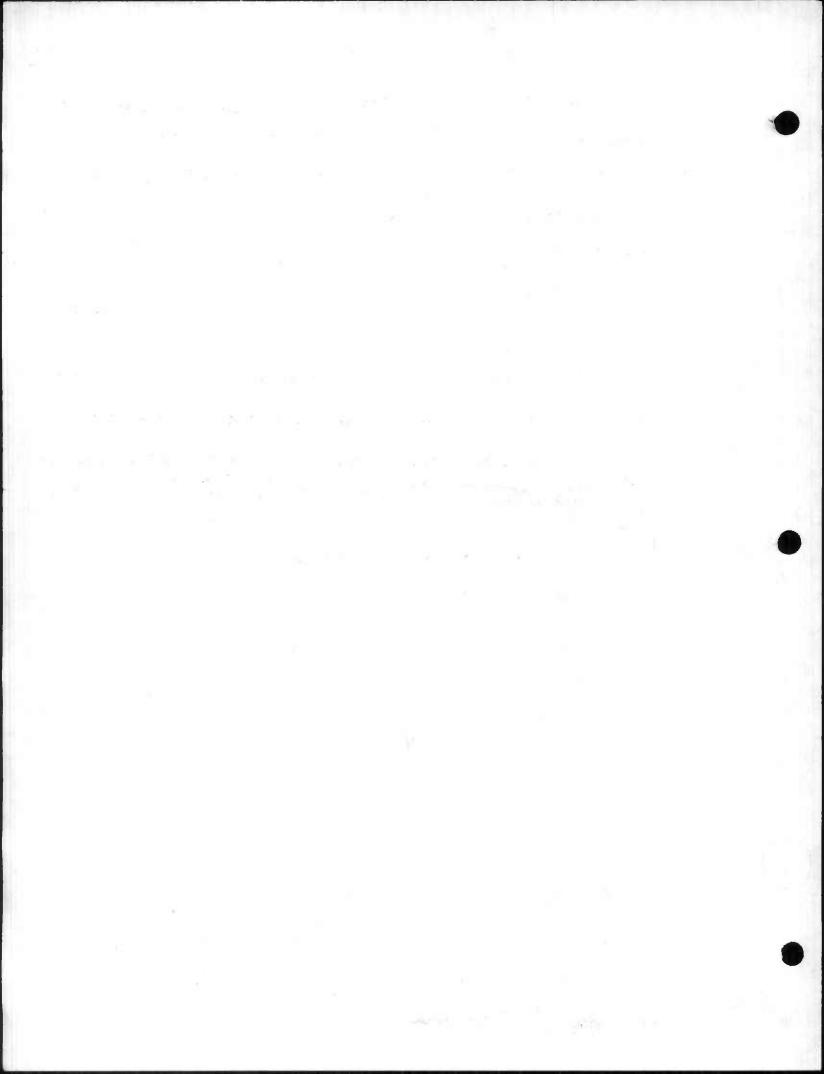
31. Dete tiled (Month, Day, Year) NEST Will 32. Registrar's Signeture SEP 1 6 1996

THUS GVATA

### Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 271,72

				Cel	rtificate of	Death		Reg. No.	20 2	
hysician	1. Decedent's Name (First, M				ZINKHAN		2. Dete of Dea Month	Day	Year	. Time of Death
/Medical	IRMA	NATHALIE		4	TINKHAN			BER 11,	1996	4:15 P.M
xaminer	4a. Facility Neme (If not instituted as 1434 VIRGINIA	AVENUE				4b. City, Town, or L SEVERN		ANNE	y of Deeth ARUNDE	L
neral ector	5. Sociel Security Number 215-07-0233	6. Sex 1 ☐ M 2/ F	7. Age (In yrs. le 83	st birthday) Yrs.	If Under 1 Year Months Day		8. Dete of Birt (Month, De) 05-24-	h V. Yeer) -1913	9. Birthplace Country) MARYLA	(Stete or Foreign
B to	Usuel Residence of Decedent  10e. State 10b. Cou		10c. City,	Town or Lo	cation				10d.	Inside City Limits
be notified at		NE ARUNDEL		SEV						1□ Yes 2ĂNo
al Dir	10e. Street end Number 1434 VIRGINIA	AVENUE			10f. Zip Code 21	144		10g. Citizen of U	Whet Country?	
Example court be notified at	11. Marital Stetus  1 Never Married 2X N  3 Widowed 4 Divor	Armed For Married 1 ☐ Yes	2 🛣 No ve	H	Ves Decadent of f Yes, specify Cu I ☐ Yes 2 1 No	Hispanic Origin? (Speen, Mexicen, Puerto Specify:	pecify Yes or No- Rican, etc.)	14. Rad Ble Specif	,	
sales Exp	15. Dece	dent's Education phest grade completed)		16a. Deced	lenf's Usual Occi	petion		16b. Kind of B	wh.	ITE y
Completed	Elementary/Secondery (0-1		I-4or 5+)		MEMAKER	during most of worked)	ang	OWN	HOME	
other traumatic event, the Medical	17. Father's Name (First, Midd		R			18. Mother's Nam CAROLIN		Melden Sumer (RTLE	DOW	LING
Burne	19a. Informent's Name/Relati								or Town, Stete, Zip Code)	
other tr	CLAIRE N.	BAKER (DA				AVENUE,	SEVERN, MARYLANI		ND 211	44
· 10	20a. Method of Disposition 1 ☐ Buriel 2 ☐ Crematic	on 3 Removel from	State cen	netery, crem	sition (Neme of netory or other pl		Dete	20c. Location		
any injury o	4 Donation 5 Other		MENT GLE	2			9/14/96	GLEN B	URNIE,	MARYLANI
anny Ir	21. Signature of Funeral Serv	oe Licensee	A		. Neme and Add	. 51	NGLETON			
	23a. Part1. Enter the disagree	Bute	W.			AVENUE, S.			E, MD.	21001
Examiner	Immediate Ceuse (Final disease or condition resulting in deeth)	a. LS	CHEM Due to (or e	es a conseques a conseque	uence of):	7 0156	ASE		On	orval Between set and Death
e as the bur	Sequentially llst conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in death) Last	c	Due to (or a	s e consequ	uenca of):					
for use as the burclan/Medical	resulting in death) Last	d				iven in Part I.	23b. Did to	obacco usa co	ntribute to the	cause of death?
deteched for use as the burn Physician/Medical	Part II. Other significant cond	dittone contributing to de				ven in Part I.	23b. Did to			cause of death?
2 should be deteched for use as the bun	Part II. Other significant cond					ven in Part I.		n eutopsy	3 Probably 24b. Were e	utopsy findings le prior to tion of cause
mpleted by Physician/Medical	Part II. Other significant cond					iven in Part I.	1 🗆 Y	in eutopsy med?	24b. Were e evailab comple of death	utopsy findings le prior to tion of cause
ector, page 2 should be deteched for use as the but Be Completed by Physician/Medical	Part II. Other algorificant cond  Discovers  25. Wes cese referred to med examiner?	NT (A	eath but not resulti	ing In the un	iderlying ceuse g	26. Place of Deat	24e. Was a performance of the Check only on	an eutopsymed?	24b. Were e evailab comple of deatt	utopsy findings le prior to tion of cause
il director, page 2 should be deteched for use as the but To Be Completed by Physician/Medical	25. Wes cese referred to med examiner?  1 Ves 2 No  27. Manner of Death 1 Diffeturel 5 Pen 2 Accident	Hospital: 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	eath but not resulti		derlying ceuse g	26. Place of Deel her: 4□ Nursing Ho	1 🗆 Y	in eutopsy med?  es 2 No ne) enca 6 Oth	3 Probable  24b. Were a evailab comple of deatt  1 Ye	utopsy findings le prior to tion of cause
the funeral director, page 2 should be deteched for use as the but cation: To Be Completed by Physician/Medical	25. Wes cese referred to med examiner?  1 Yes 2 No  27. Manner of Death  1 Meturel 5 Pen inve	Hospital: 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	nath but not resulti	ing In the un  R/Oufpatient  Bb. Time of Injury	aderlying ceuse g	26. Place of Deet her: 4 \( \text{Nursing Ho} \) Nursing Hory at rk? \( \text{J Yes} \) 2 \( \text{No} \)	1 U Y  24e. Was a perior  1 U Y  In (Check only or	in eutopsy med?  es 2 No ne) enca 6 Oth ow injury occur	3 Probable  24b. Were evailabe comple of death 1 Ye  ver (Specify)	utopsy findings le prior to tion of cause ??
lety filled in by the funeral director, page 2 should be deteched for use as the builcal Certification: To Be Completed by Physician/Medical	25. Wes cese referred to med examiner?  1 Yes 2 No  27. Manner of Death 1 Neture! 5 Pen inve 3 Suicide 6 Coude! 4 Homicide	Hospital: 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	npatient 2 EF of Injury h, Dey Year) of Injury - At homing, etc. (Specify) best of my knowle	and In the un	aderlying ceuse g	26. Place of Deel her: 4 \( \text{Nursing Ho} \) ry at rk? ] Yes 2 \( \text{No} \) me. date and piece.	24e. Was a perfor  1 Y  h (Check only or one 5 Resid 28d. Describe h 28f. Location (S City or Tow	in eutopsy med?  es 2 No ne) enca 6 Oth ow Injury occur treet end Numb n, Stete) euse(s) end me	3 Probable  24b. Were evaluate evaluate comple of death 1 Ye  ver (Specify)  red  per or Rural Role  anner as stated	utopsy findings le prior to tion of cause n? s 2 No
led in by the funeral director, page 2 should be deteched for use as the but Certification: To Be Completed by Physician/Medical	Part II. Other significant cond  25. Wes cese referred to med examiner? 1 Yes 2 No  27. Manner of Death 1 Neturel 5 Pen inve 3 Suicide 6 Coudet 4 Homicide  29a. Certifier 1 Certific (Check only 2 Medic	ding ding stigation lat not be buildir ying Physician: To the at Examiner: On the bar end mann	npatient 2 EF of Injury h, Dey Year) of Injury - At homing, etc. (Specify) best of my knowle	and In the un	aderlying ceuse g  3 DOA  28c. Inju Wc M  1 cet, factory, office occurred et the t estigation, in my	26. Place of Deet her: 4 \( \) Nursing Ho ry at rk? ] Yes 2 \( \) No  me, date and plece, opinion, death occurr	24e. Was a perfor  1 Y  h (Check only or or or or or or or or or or or or or	es 2 No neutopsymed?  es 2 No ne) enca 6 Oth ow Injury occur treet end Numb n, Stete)  euse(s) end me ate and pleca, 19d. Defe signe	3 Probable  24b. Were evaluate evaluate comple of death of the evaluation of the eva	utopsy findings le prior to tion of cause ??  s 2 No
lety filled in by the funeral director, page 2 should be deteched for use as the builcal Certification: To Be Completed by Physician/Medical	Part II. Other significant cond  25. Wes cese referred to med examiner?  1 Yes 2 No  27. Manner of Death 1 Neturel 5 Pen inve 3 Suicide 6 Coud dete  29a. Certifier (Check only one)  29b. Signeture and kitter of cert	ding stigation lid not be smilned 28e. Place building stigation lid not be smilned 28e. Place building lid not be all Examiner: On the base and mann fier	npatient 2 EF of Injury h, Dey Year) of Injury - At homing, etc. (Specify) best of my knowlesis of examination er stated.	R/Oufpatient Bb. Time of Injury e, farm, streedge, death and/or inventor	aderlying ceuse g  3 DOA  A  28c. Injuing  With the control of the the the sestigation, in my  29c. Licen	26. Place of Deet her: 4 Nursing Ho ry at rk? ) Yes 2 No me, date and plece, opinion, death occur se number	24e. Was a perfor  1 Y  h (Check only or or or or or or or or or or or or or	es 2 No in eutopsy med?  es 2 No ine) enca 6 Oth ow injury occur treet end Numb n, Stete)  euse(s) end me ate and pleca, ingel Defe signe	24b. Were e evaliab comple of death 1  Ye  er (Specify) red  er or Rural Robert or Rural Robert of the death due to the due to the	utopsy findings le prior to tion of cause n? s 2 No
completely filled in by the funeral director, page 2 should be deteched for use as the but Medical Certification: To Be Completed by Physician/Medical	Part II. Other significant cond  25. Wes cese referred to med examiner?  1 Yes 2 No  27. Manner of Death 1 Neturel 5 Pen inve 3 Suicide 6 Coud dete  29a. Certifier (Check only one)  29b. Signeture and kitter of cert	ical Hospital: 1   1   1   1   1   1   1   1   1   1	npatient 2 EF of Injury h, Dey Year) of Injury - At homing, etc. (Specify) best of my knowle isls of examination rer stated.	adge, death and/or Investigation	aderlying ceuse g  about 28c. Inju  Both 10  about 4 the testigation, in my  29c. Licen	26. Place of Deet her: 4 Nursing Ho ry at rk? ) Yes 2 No me, date and plece, opinion, death occur se number	24e. Was a perfor	es 2 No in eutopsy med?  es 2 No ine) enca 6 Oth ow injury occur treet end Numb n, Stete)  euse(s) end me ate and pleca, ingel Defe signe	24b. Were e evaliab comple of death 1  Ye  er (Specify) red  er or Rural Robert or Rural Robert of the death due to the due to the	utopsy findings le prior to tion of cause n? s 2 No



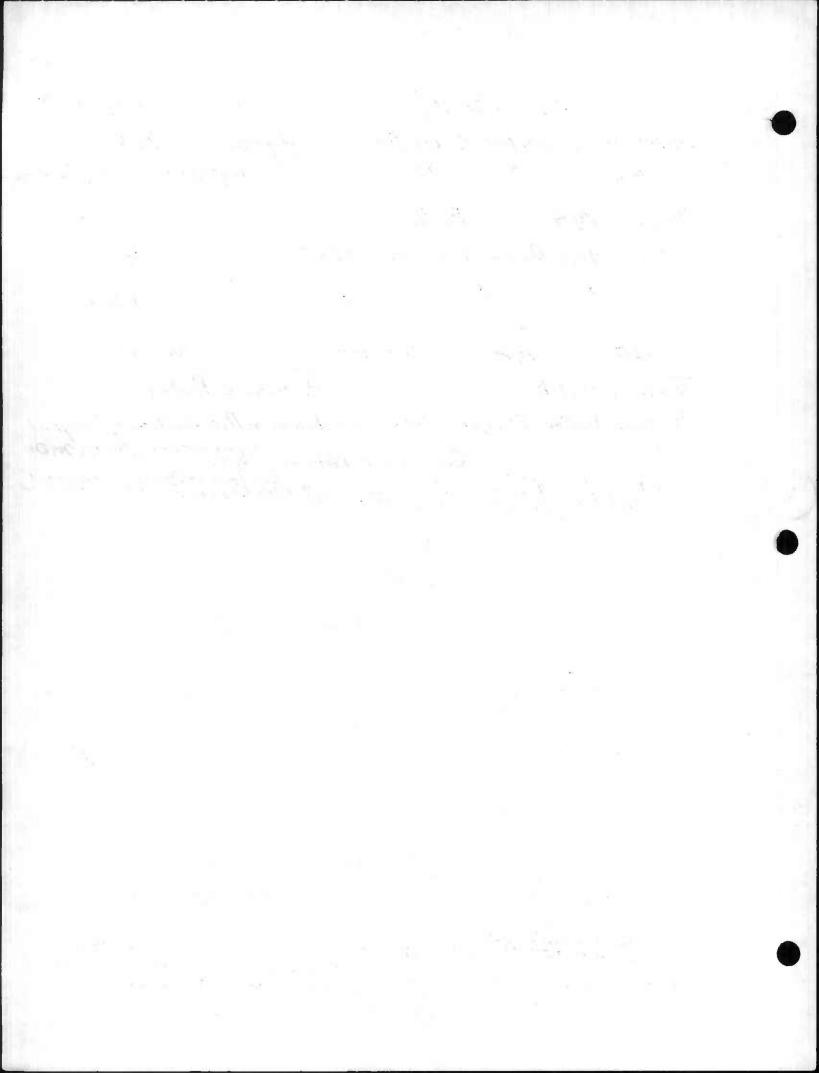
### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. 27473 State of Maryland / Department of Health and Mental Hygiene

Dhualaia							eath		Reg. No.			
Physicia		1. Decedent's Nama (First, Middla	a, Last)					2. Date of Dea	ith		3. Tima of Death	
		NANCY C.	. ALLISON					Month Septemb	ember 12 1996		05:48A.M	
/Medica		4a. Facility Name (If not institution	-	)		4b. 6	City, Town, or	Location of Death				
Examine	21					D	altim	0.80	100000000	n/a		
		St. Agnes Ho 5. Social Security Number		ge (In yrs. last bi	irthday) If Under 1		Under 24 Hrs					
uneral			1□M 2X F		Yrs. Months		Hours Min	. (Month, Day	Year)		piaca (Stata or Forai	
irector	ŀ	212-20-9827 Usual Residence of Dacadent		80				June 2	7, 1916	ľ	Maryland	
3		10a. Stata 10b. County		10c. City. Toy	wn or Location					T	10d. Insida City Limit	
al', or ferre 23a or 28a-f show Examiner must be notified at	5	150, 400	,							- 1	11Ø Yes 2 □ N	
1	ğ	MD n/	a	Ba	ltimore						41	
0.2	Director	10e. Street and Number			10f. Zip (	Code			What Cour	ntry?		
238		611 North Rose	dalw Street	;		212	16		US	SA		
E	Funeral	11. Marital Status	12. Was Decedent	Ever in U.S.	13. Was Decede	nt of Hispa	nic Origin? (	Specify Yas or No- rto Rican, etc.)	14. Rac		can Indian,	
a marked other than "natural", or ite aumatic avent, the Madical Examine	Ξ	1 Never Married 2 Marri	Armed Forces	No				no Hican, etc.)	Biac	ack, Whita, atc.		
natural', o	à	3 Widowed 4 □ Divorced	If Yes, Give Year or Datas:		1□ Yes 🏖	QNo S	ipecify:		Specify	Black		
当		15, Decedent		160	a. Decedent's Usual	Occupation			16h Kind of D			
of pa	Completed	(Specify only highas		100	(Giva kind of work lifa. DO NOT use	dona duri	ng most of wo	orking	16b. Kind of Business/Industry			
the M	윤	Elementary/Secondary (0-12)	College (1-4or	5+)								
£	ខ្ញ	High School			Chef		ialist		Hutzler Dept. Store			
Ven	Be	17. Fathar's Nama (First, Middla, L	Last)			18	. Mother's Na	's Name (First, Middla, Maidan Sumama)				
HC a	2	John Henry Sno	wden			1	Vancy 1	Mi 1burn				
traumatic avent, t		19a. Informant's Name/Relationsh		e 191	b. Malling Address				r, City or Town.	Stata, Zic	o Code)	
tra			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									
r other tra	-	Elizabeth H. L 20a. Mathod of Disposition	Trrie	20h Piace (	11 North of Disposition (Nam.	KOSE	date S	Date Date	LMOTE, I			
ò		12 Buriai 2 Cramation	3 □Removal from State	0.0000040	ary, cramatory or oth	nar place)		Date	ZUC. LUCZUUTI *	City of Te	own, State	
r y		4 ☐ Donation 5 ☐ Other (Sp	ecify)	New C	athedral	Ceme	terv	Sept 17	Baltimo	re, l	Marvland	
important: if it any injury or o		21. Signature of Funeral Sarvice L	icensee		22. Nama and	Addrass o	f Facility N	utter Fur	neral Ho	omes.	Inc.	
	2501 Gwynns Falls Parkway											
	-	On Part February diseases	7 6 70	And the De							****	
		23a. Part1. Enter the disease, or a shock, or heart failure. List of	complications that cause only one cause on each i	d tha daath. Do ine.	not enter the mode	of dying, s	uch as cardia	ac or respiratory an	rest,	1	Approximata Interval Between	
ian										1	Onset end Death	
ical	- 1	Immediate Cause (Finai								1		
edical	-		SMALL I	BOWEL IS	SCHEMTA AI	ND HE	MORRHA	GE		H	lours	
ner		disease or condition resulting in death)	a. SMALL I	-	SCHEMIA A	ND HE	MORRHA	GE	<u></u>	H	lours	
0.1	ē	disease or condition	a.	Dua to (or as a	consequence of):					1		
0.	miner	disease or condition resulting in death)	a.	Dua to (or as a	consequence of):					1	lours Days	
0.5	xaminer	disease or condition resulting in death)	a.	Dua to (or as a	consequence of):					1		
rial-trensit	ai Examiner	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immadiate cause. Entar Underlying Cause (Disease or Injury	b. SUPERIO	Dua to (or as a DR MESEN Dua to (or as a	consequence of):	rery	THROMB	OSIS	SE	E		
the bur		disease or condition resulting in death)	b. SUPERIO	Dua to (or as a DR MESEN Dua to (or as a SCLEROT)	NTERIC AR's consequence of):	rery	THROMB	OSIS	SE	E	Days	
the burial-trensit		disease or condition resulting in death)  Sequentially list conditions, if any, leading to immadiata cause. Entar Underlying Cause (Disease or injury that initiated events	b. SUPERIO	Dua to (or as a DR MESEN Dua to (or as a SCLEROT)	variation consequence of):  NTERIC AR' consequence of):  IC PERIPH	rery	THROMB	OSIS	SE	E	Days	
e es the burial-trensit	Medical	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immadiata cause. Entar Underlying Cause (Disease or injury that initiated events	b. SUPERIO	Dua to (or as a DR MESEN Dua to (or as a SCLEROT)	variation consequence of):  NTERIC AR' consequence of):  IC PERIPH	rery	THROMB	OSIS	SE	E	Days	
e es me bunal-trensit	Medical	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immadiate cause. Entar Underlying Cause (Disease or injury that initiated events resulting in death) Last	b. SUPERIO	Dua to (or as a DR MESEN Dua to (or as a SCLEROT) Due to (or as a	NTERIC AR' consequence of):  IC PERIPH consequence of):	TERY ERAL	THROMB VASCUL	OSIS AR DISEAS		Y	Oays (ears	
e es the bunal-trensit	Medical	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immadiata cause. Entar Underlying Cause (Disease or injury that initiated events	b. SUPERIO	Dua to (or as a DR MESEN Dua to (or as a SCLEROT) Due to (or as a	NTERIC AR' consequence of):  IC PERIPH consequence of):	TERY ERAL	THROMB VASCUL	OSIS  AR DISEAS	obacco use co	Y Y	Days (ears	
etached for use as the buriat-trensit	Physician/Medical	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immadiate cause. Entar Underlying Cause (Disease or injury that initiated events resulting in death) Last	b. SUPERIO	Dua to (or as a DR MESEN Dua to (or as a SCLEROT) Due to (or as a	NTERIC AR' consequence of):  IC PERIPH consequence of):	TERY ERAL	THROMB VASCUL	OSIS  AR DISEAS		Y Y	Oays (ears	
be detached for use es the burial-trensit	by Physician/Medical	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immadiate cause. Entar Underlying Cause (Disease or injury that initiated events resulting in death) Last	b. SUPERIO	Dua to (or as a DR MESEN Dua to (or as a SCLEROT) Due to (or as a	NTERIC AR' consequence of):  IC PERIPH consequence of):	TERY ERAL	THROMB VASCUL	OSIS  AR DISEAS  23b. Did to	obacco use co ∕ee 2□ No	ntribute to	Oays Cears o the cause of deat obebly 如Unkno	
be detached for use es the burial-trensit	by Physician/Medical	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immadiate cause. Entar Underlying Cause (Disease or injury that initiated events resulting in death) Last	b. SUPERIO	Dua to (or as a DR MESEN Dua to (or as a SCLEROT) Due to (or as a	NTERIC AR' consequence of):  IC PERIPH consequence of):	TERY ERAL	THROMB VASCUL	OSIS  AR DISEAS  23b. Did to	obacco use co ∕ee 2□ No	ntribute to 3 Pro	Oays  Cears  o the cause of death bebly 1 Unkno	
be detached for use as the burial-trensit	by Physician/Medical	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immadiate cause. Entar Underlying Cause (Disease or injury that initiated events resulting in death) Last	b. SUPERIO	Dua to (or as a DR MESEN Dua to (or as a SCLEROT) Due to (or as a	NTERIC AR' consequence of):  IC PERIPH consequence of):	TERY ERAL	THROMB VASCUL	OSIS  AR DISEAS  23b. Did to	obacco use co fee 2□ No an autopsy	ntribute to 3 Pro	Oays Cears o the cause of deat	
be detached for use es the burial-trensit	by Physician/Medical	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immadiate cause. Entar Underlying Cause (Disease or injury that initiated events resulting in death) Last	b. SUPERIO	Dua to (or as a DR MESEN Dua to (or as a SCLEROT) Due to (or as a	NTERIC AR' consequence of):  IC PERIPH consequence of):	TERY ERAL	THROMB VASCUL	OSIS  AR DISEAS  23b. Did to 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	obacco use co	ntribute to 3 Pro	Oays  Cears  o the cause of deat  bebly Munkno  Vere autopsy findinger  valiable prior to  mpletion of causa  daath?	
page 2 should be detached for use es the burial-trensit	Completed by Physician/Medical	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immadiata cause. Enter Underlying Cause (Disease or injury that initiated events rasulting in death) Last  Part It. Other eignificant condition	b. SUPERIO	Dua to (or as a DR MESEN Dua to (or as a SCLEROT) Due to (or as a	NTERIC AR' consequence of):  IC PERIPH consequence of):	TERY ERAL	THROMB VASCUL	OSIS  AR DISEAS  23b. Did to 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	obacco use co fee 2 No an autopsy med?	ntribute to 3 Pro	Oays  Cears  o the cause of death bebly 1 Unkno	
octor, page 2 should be detached for use as the burial-transit	Be Completed by Physician/Medical	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immadiate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last  Part It. Other significant conditions.	b. SUPERIO  c. ATHEROS  d	Due to (or as a OR MESEN Due to (or as a SCLEROT) Due to (or as a Due to (or a) Due to (or	NTERIC AR' consequence of): IC PERIPH consequence of): In the underlying ca	TERY ERAL use given I	THROMB  VASCUL  n Part I.	OSIS  23b. Did to 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	obacco use co	ntribute to 3 Pro	Oays  Cears  To the cause of death  Cobably 1 Unknow  The cause of death  Cobably 1 Unknow  The cause of death  Cobable prior to  Death  The cause of death  The cause of death  The cause of death  The cause of death	
il director, page 2 should be detached for use as me buna-trensit	To Be Completed by Physician/Medical	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immadiate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last  Part It. Other significant condition  25. Was case referred to medical exeminer?  1  Yas 2 No	b. SUPERIOS  d. ATHEROS  d. Hospital: 1 Mapatia	Due to (or as a DR MESEN Due to (or as a SCLEROT) Due to (or as a Due to (or a) Due to	NTERIC AR' consequence of): IC PERIPHI consequence of): In the underlying ca	TERY ERAL use given I	THROMB  VASCUL  n Part I.	OSIS  AR DISEAS  23b. Did to 1   1   1   1   1   1   1   1   1   1	obacco use co	ntribute to 3 Pro	Oays  Cears  To the cause of deat  Cobably Valunkno  Core autopsy findings  Aliable prior to  Description of causa  death?  Yes 2 No	
il director, page 2 should be detached for use es the burial-Irensif	To Be Completed by Physician/Medical	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immadiate cause. Enter Underlying Cause (Disease or injury that initiated events rasulting in death) Last  Part It. Other significant condition  25. Was case referred to medical examiner?  1 Yas 2 No  27. Manner of Death	b. SUPERIO  c. ATHEROS  d. Hospital: 1 Mnpatit	Due to (or as a OR MESEN Due to (or as a SCLEROT) Due to (or as a Due to (or a)	NTERIC AR' consequence of): IC PERIPHI consequence of): In the underlying ca	TERY ERAL use given I	THROMB  VASCUL  n Part I.	OSIS  23b. Did to 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	obacco use co	ntribute to 3 Pro	Cears  o the cause of deat beatly Unknown to mplation of causa death?  Yas 2 No	
il director, page 2 should be detached for use as the burial-trensit	To Be Completed by Physician/Medical	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events rasulting in death) Last  Part It. Other significant condition  25. Was case referred to medical examiner?  1	b. SUPERIO  c. ATHEROS  d. Hospital: 1 Anpath  28a. Date of inju  (Month, Da	Due to (or as a OR MESEN Due to (or as a SCLEROT) Due to (or as a Due to (or a)	NTERIC AR' consequence of): IC PERIPHI consequence of): In the underlying ca	ERAL  Let a Content a Cont	THROMB  VASCUL  n Part I.	OSIS  AR DISEAS  23b. Did to 1   1   1   1   1   1   1   1   1   1	obacco use co	ntribute to 3 Pro	Oays  Cears  To the cause of death  Cobably Valunkno  Core autopsy findings  valiable prior to  mplation of causa  death?  Yas 2 No	
il director, page 4 siredio de detecido in dee es una Duranterist.	To Be Completed by Physician/Medical	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immadiate cause. Enter Underlying Cause (Disease or injury that initiated events rasulting in death) Last  Part It. Other significant conditions are summar?  1	Hospital: 1 Anpatition of be 28e. Piace of Injury	Due to (or as a DR MESEN Due to (or as a SCLEROT) Due to (or as a Due to (or a) Due to (	NTERIC AR' consequence of):  IC PERIPHI consequence of):  In the underlying ca	ERAL  use given I	THROMB  VASCUL  n Part I.  S. Place of De	23b. Did to 1 D Y 24a. Was a perior 1 D Y 24a. Was a perior 28d. Describe h	obacco use co	ntribute to 3 Pro	Oays  Cears  To the cause of death  Cobably 1 Unknow  The cause of death  Cobably 1 Unknow  The cause of death  Cobable prior to  Death  The cause of death  The cause of death  The cause of death  The cause of death	
יו מיניסיניי ליפול פי פי פי מיניסיני מי מיניסיניי ליפול פי מיניסיני ליפול פי מיניסיניי ליפול פי מיניסיניי ליפול פי מיניסיני ליפול פי מיני ליפול פי מיניסי ליפול פי מיניסי ליפול פי מיני מיניסי ליפול פי מיניסי ליפול פי מיני מיני מיניסי מיני מיני מיני מיני מ	To Be Completed by Physician/Medical	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immadiate cause. Enter Underlying Cause (Disease or injury that initiated events rasulting in death) Last  Part It. Other significant conditions are investigated in the conditions of the cond	Hospital: 1 Anpatition of be 28e. Piace of Injury	Due to (or as a OR MESEN Due to (or as a SCLEROT) Due to (or as a Due to (or a) Due to (	NTERIC AR' consequence of): CONSEQUENCE OF STATE	ERAL  use given I	THROMB  VASCUL  n Part I.  S. Place of De	23b. Did to 1 Describe h	obacco use co	ntribute to 3 Pro	Oays  Cears  o the cause of death bebly 10 Unknown fore autopsy findings valiable prior to ompletion of causa daath?  Yas 2 No	
and in by the funeral director, page 2 should be detached for use as the burial-fransit	Certification: 10 Be Completed by Physician/Medical	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immadiate cause. Enter Underlying Cause (Disease or injury that initiated events rasulting in death) Last  Part It. Other significant conditions are investing in death. It is a sequence of the investing in the investing in the investing investin	Hospital:    Contributing to death be contributing to death be contributing to death be contributing to death be contributing to death be contributed by the contribution of the contribut	Due to (or as a DR MESEN Due to (or as a SCLEROT) Due to (or as a Due to (or a) Due to (	In the underlying callutpatient 3 DO/Time of Injury M arm, street, factory,	CERY  ERAL  Use given I  Other: c. Injury at Work? 1   Yes	THROMB  VASCUL  n Part I.  S. Place of De 4 Nursing	23b. Did to 1 D Y Y Y Seath (Check only or Home 5 Resid 28d. Describe h	obacco use co	ntribute to 3 Pro	Cears  o the cause of death beatly Vunkno fore autopsy findings valiable prior to implation of causa death?  Vas 2 No  fy)	
and in by the funeral director, page 2 should be detached for use as the burial-fransit	Certification: 10 Be Completed by Physician/Medical	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events rasulting in death) Last  Part It. Other significant conditions are summer?  1	Hospital:  28a. Date of injunction of be ned 28e. Place of in building, et 28e. Place of installing to the best Examiner: On the basis of the part of the basis of the part of the basis of	Dua to (or as a DR MESEN Dua to (or as a SCLEROT) Due to (or as a Due to (or a) Due to (or a) Due to (or a) Due to (or a) Due to (or a) Due to (or a) Due to (	NTERIC AR' consequence of): CONTERIC AR' consequence of): CONTERIC AR' consequence of): CONTERICATION CONSEQUENCE OF CONSEQUEN	C. Injury at Work?	THROMB  VASCUL  n Part I.  5. Place of De  4 Nursing	23b. Did to 1 Describe h	obacco use co	ntribute to 3 Pro  24b. Wave coordinate (Special red)	Days  Cears  o the cause of death  bebly W Unkno  fere autopsy findings raliable prior to  mplation of causa daath?  Yas 2 No  No  Al Routa Number,	
premy men in the factor of the	ledical Certification: To Be Completed by Physician/Medical	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events rasulting in death) Last  Part It. Other significant conditions are summer?  1	Hospital:  28a. Date of Inju (Month, Da altion ned 28e. Place of Inju building, et	Dua to (or as a DR MESEN Dua to (or as a SCLEROT) Due to (or as a Due to (or a) Due to (or a) Due to (or a) Due to (or a) Due to (or a) Due to (or a) Due to (	tonsequence of):  NTERIC AR' consequence of):  IC PERIPHI consequence of):  In the underlying call total and a second and or invastigation, in the consequence of injury in the consequence of injury in the consequence of injury in the consequence of injury in the consequence of injury in the consequence of injury in the consequence of injury in the consequence of injury in the consequence of injury in the consequence of injury in the consequence of injury in the consequence of injury in the consequence of injury in the consequence of injury in the consequence of injury injury in the consequence of injury	C. Injury at Work?  1 Yes office	THROMB  VASCUL  n Part I.  6. Place of De  4 Nursing  2 No  date and place on, death occ	23b. Did to 1 24a. Was a performance of the control	obacco use co	ntribute to a series of the se	Oays  Cears  To the cause of death  Completion of causa death?  Yas 2 No  No  No  No  No  No  No  No  No  No	
present man and an arranged a silvature detached in use as the Duttarietist	ledical Certification: To Be Completed by Physician/Medical	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events rasulting in death) Last  Part It. Other significant conditions are summer?  1	Hospital:  28a. Date of injunction of be ned 28e. Place of in building, et 28e. Place of installing to the best Examiner: On the basis of the part of the basis of the part of the basis of	Dua to (or as a DR MESEN Dua to (or as a SCLEROT) Due to (or as a Due to (or a) Due to (or a) Due to (or a) Due to (or a) Due to (or a) Due to (or a) Due to (	tonsequence of):  NTERIC AR' consequence of):  IC PERIPHI consequence of):  In the underlying call total and a second and or invastigation, in the consequence of injury in the consequence of injury in the consequence of injury in the consequence of injury in the consequence of injury in the consequence of injury in the consequence of injury in the consequence of injury in the consequence of injury in the consequence of injury in the consequence of injury in the consequence of injury in the consequence of injury in the consequence of injury in the consequence of injury injury in the consequence of injury	C. Injury at Work?  1 Yes office	THROMB  VASCUL  In Part I.  S. Place of De  UNITED STATES	23b. Did to 1 24a. Was a performance of the control of the control of the coursed at the time, of the coursed at the coursed at the time, of the coursed at the time, of the coursed at the coursed at the coursed at the coursed at the time, of the coursed at the coursed at the coursed at the time, of the coursed at	obacco use confee 2 No an autopsymed?  Yes 2 No ana) Hence 6 Oth How injury occur  Street and Numb cause(s) and mu date and place,	ntribute to 3 Pro  24b. W av occord  of Tylendrift and the total anner as a sand due to de (Month,	Oays  Cears  To the cause of death  Completion of causa daath?  Yas 2 No  No  No  No  No  No  No  No  No  No	
	ledical Certification: To Be Completed by Physician/Medical	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events rasulting in death) Last  Part It. Other significant conditions are summer?  1	Hospital:  28a. Date of injunction of be ned 28e. Place of in building, et 28e. Place of installing to the best Examiner: On the basis of the part of the basis of the part of the basis of	Dua to (or as a DR MESEN Dua to (or as a SCLEROT) Due to (or as a Due to (or a) Due to (or a) Due to (or a) Due to (or a) Due to (or a) Due to (or a) Due to (	tonsequence of):  NTERIC AR' consequence of):  IC PERIPHI consequence of):  In the underlying call total and a second and or invastigation, in the consequence of injury in the consequence of injury in the consequence of injury in the consequence of injury in the consequence of injury in the consequence of injury in the consequence of injury in the consequence of injury in the consequence of injury in the consequence of injury in the consequence of injury in the consequence of injury in the consequence of injury in the consequence of injury in the consequence of injury injury in the consequence of injury	C. Injury at Work?  1 Yes office	THROMB  VASCUL  In Part I.  S. Place of De  UNITED STATES	23b. Did to 1 24a. Was a performance of the control of the control of the coursed at the time, of the coursed at the coursed at the time, of the coursed at the time, of the coursed at the coursed at the coursed at the coursed at the time, of the coursed at the coursed at the coursed at the time, of the coursed at	obacco use co	ntribute to 3 Pro  24b. W av occord  of Tylendrift and the total anner as a sand due to de (Month,	Oays  Cears  To the cause of death  Completion of causa daath?  Yas 2 No  No  No  No  No  No  No  No  No  No	
pletsky filled in by the funeral director, page 2 should be detached for use as the burishtransit	Medical Certification: 10 Be Completed by Physician/Medical	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events rasulting in death) Last  Part It. Other significant conditions are summer?  1	Hospital:  28a. Date of Injunction of be ned  28e. Piace of Inputiting, etc.  28e. Piace of Inputiting, etc.	Due to (or as a DR MESEN Due to (or as a SCLEROT) Due to (or as a Due to (or a) Due to (or a) Due to (or a) Due to (or a) Due to (or a) Due to (or a) Due to (or a) Due to (or	In the underlying call the	C. Injury at Work?  1 Yes office	THROMB  VASCUL  In Part I.  S. Place of De  UNITED STATES	23b. Did to 1 24a. Was a performance of the control of the control of the coursed at the time, of the coursed at the coursed at the time, of the coursed at the time, of the coursed at the coursed at the coursed at the coursed at the time, of the coursed at the coursed at the coursed at the time, of the coursed at	obacco use confee 2 No an autopsymed?  Yes 2 No ana) Hence 6 Oth How injury occur  Street and Numb cause(s) and mu date and place,	ntribute to 3 Pro  24b. W av occord  of Tylendrift and the total anner as a sand due to de (Month,	Oays  Cears  To the cause of death  Completion of causa daath?  Yas 2 No  No  No  No  No  No  No  No  No  No	
Compressy man an by the hundral director, page 2 should be detached for use as the bundar-frensit	Medical Certification: 10 Be Completed by Physician/Medical	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events rasulting in death) Last  Part It. Other significant conditions are summer?  1	Hospital:    Hospital:   Minpation	Due to (or as a OR MESEN Due to (or as a SCLEROT) Due to (or as a Due to (or a) Due to (or a) Due to (or a) Due to (or a) Due to (or a) Due to (or a) Due to (	In the underlying call the occurred a nd/or invastigation, in (Type, Print)	CERY  ERAL  Use given I  Other: c. Injury at Work? I   Yes office	THROMB  VASCUL  In Part I.  S. Place of De 4 Nursing  2 No  date and place on, death occurring the complete section of the com	23b. Did to 1 D Y Y Y Seath (Check only or 1 D Y 28d. Describe h 28d. Describe h 28d. Location (S City or Tow 2 Courred at the time, c	obacco use confee 2 No an autopsy med?  Tes 2 No ana) ence 6 Oth ow injury occur  Street and Numb ausse(s) and ma date and place, 29d. Data signe  September	ntribute to 3 Pro  24b. Wave occording to the state of th	Cears  To the cause of death obably Tunknow to the cause of death obably Tunknow to the cause of death?  Type 2 No  Type	

### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96

	cian	Decedent's Neme (First, Middle, La	E. AUSTII	1/	e of Death	2. Dete of De	Reg. No. eth Dey	3. Ti	me of Deeth
/Med		4e. Fecility Neme (If not institution, giv		V	th Oh. Taur	SEP	14 1	1996 1	123
Exam	iner	1 10	/	1. h.	0 11	Location of Deat	4c. County	of Deeth	
Funero		5. Sociel Security Number 6. S	pital-900 Cat ex 7. Age (In yrs. le		1 Year If Under 24 Hrs		th //	9. Birthplece (S.	tata as Famin
Funera Director	_			7 OYrs. Months	Deys Hours Min	8. Dete of Bir Month, De July 28	1926	Soutth C	Tarolin
yland		10a. Stete 10b. County	10c. City,	, Town or Location				10d. Insi	de City Limits
Ma T	to	Marland n/A	Ba	Himore				1.20	Yes 2 No
or 28	Director	10e. Street end Number		10f. Zip	Code		10g. Citizen of V	Whet Country?	
th wi	aic	2000 Odell	Avenue Ball	1, md. 2,	1237		US	A	
eme .	Funeral	11. Maritel Status	12. Was Decedent Ever in U,S Armed Forces?	i. 13. Wes Deced	dent of Hispenic Orlgin? (	Specify Yes or No	- 14. Rac	a - American Indie	en,
72 hours effer death with the Maryland "natural", or Itama 23a or 28a-f show of cal Examinal must be notified a	b	1 Never Married 2 M Married 3 Widowed 4 Divorced	Armed Forces?  1 Yes 2 No If Yes, Give Year or Dates:	1□Yes 2		10 7 110011, 010.7	Specify	- 1 11	
"natur	ted	15. Decedent's Ed		16e. Decedent's Usua	ol Occupetion	ideta a	16b. Kind of B	usiness/Industry	
d within jiena. r than "r	Completed	(Specify only highest gre Elementery/Secondery (0-12)	College (1-4or 5+)		rk done during most of wo se retired)	onking			
TO 12 A. SEC.	S	1200	n/A	Seamt	ress		Sewi	ng	
be filed ttal Hygi d other	Be	17. Father's Neme (First, Middle, Lest)	1 -		0	me (First, Middle,	Meiden Sumen	ne)	
should by the should by the should by the should be shou	2	Thomas Gib.	65		Koxa	nne to	arkor		
12 sho h and h is ma		19a. Informent's Neme/Relationship (1	- 1/	_	(Street end Number or R	~	er, City or Town,	Stete, Zip Code)	,
s 1 end if Health Itam 27 other tr		Barbara Parker  20a. Method of Disposition			ndawm;	nteve,	Baltin	nose, Ma	ryland
Pages nent of H nt: If its iry or of		1 Buriel 2 □ Cremetion 3 □		eca of Disposition (Nemmetery, cremetory or or		Septembra	20c. Location -	City or Town, Ste	m. D.
t. Pag tment tant: h		4 Donetion 5 Other (Specify	o Gar	risen fores	streterans	2011996			
permit. Pages 1 end 2 should be filed Department of Health and Mental Hyg Important: If Itam 27 is marked other any injury or other traumatic event, once.		21. Signeture of Funerel Senfice Lican	See A	22. Name en	d Address of Fecility Ca Ce_17017m 21217	ecullot	Stree	1 ass Fu.	neral
		23a. Pert1. Enter the disease, or comp shock, or heart feilure. List only	olicetions thet caused the deeth.	Do not enter the mod	e of dylng, such es cerdia	c or respiratory e	rest,	Approx	imete
Physician Physician		Shock, or neert reliure. List only (	me ceuse on eech ling					Interve Onset	i Between and Deeth
/Medical		Immediate Ceuse (Finel diseese or condition	HERATIC	FARED	HALOPATH	IV		16	eef_
Examiner		resulting in deeth)		es e consequence of):	11/10/11/11	/			-
D #	Iner	_							
tificete be axecuted g physician and as the buriel-transit	Examiner	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying	Due to (or a	as e consequence of):					
rtificete be axacuted ng physician and as the buriel-transit		Ceuse (Diseese or Injury	C						
phys the	edicai	thet Initiated events resulting in deeth) Last	Due to (or e	es e consequence of):					
	-								
	15		d						
	clan/	·	d						
	ysician/N	Part II. Other significant conditions co		ing In the underlying ca	tuse given in Pert I.	23b. Dld 1	obacco use co	ntribute to the ca	use of death?
	Physician/	Pert II. Other significant conditions co		ing In the underlying ca	iuse given in Pert I.			ntribute to the car	
	by Physician/N	Part fl. Other significant conditions co		ting In the underlying ca	ause given in Pert I.	10	Yes 2□ No	3 Probably	4 🗆 Unknow
	by Physician/N	Part II. Other significant conditions co		ting In the underlying ca	ause given in Pert I.	1 🗆		3 Probably  24b. Were auto evailable p completion	4 Unknow
w requiras that the death cer i been signed by the attendin should be detached for use	by Physician/N	Pert fl. Other significant conditions on		ting In the underlyIng ca	ause given in Pert I.	1 🗆	Yes 2□ No en eutopsy	3 ☐ Probably  24b. Were auto	4 Unknow
w requiras thet the death cer i been signed by the attendin should be detached for use	Completed by Physician/			ting In the underlying ca	ause given in Pert I.	1 🗆	Yes 2□ No en eutopsy rmed?	3 Probably  24b. Were auto evailable p completion	4 Unknow
w requires thet the death cer been signed by the attendin should be detached for use	Be Completed by Physician/	25. Was case referred to medical examiner?	ontributing to death but not result	ting In the underlying ca	26. Plece of De	1 24e. Wes	en eutopsyrmed?	3 Probably  24b. Were auto evailable p completior of death?	4 Unknow
hysician: The law requiras thet the death cer his certificate has been signed by the attendin al director, page 2 should be detached for use	To Be Completed by Physician/N	25. Was case referred to medicel examiner? 1 \( \text{Yes} \) 2 \( \text{No} \)	entributing to death but not result	R/Outpatienf 3□ DO.	26. Piece of De  A Other: 4 \( \text{ Nursing } \)	24e. Wes perfo	en eutopsyrmed?  'es 2 No ne) lence 6 □Oth	3 Probably  24b. Were autore valiable prompletion of death?  1 Yes	4 Unknow
hysician: The law requiras thet the death cer his certificate has been signed by the attendin al director, page 2 should be detached for use	To Be Completed by Physician/N	25. Was cese referred to medicel exeminer? 1  Yes 2 No  27. Menner of Deeth 1 Neturel 5 Pending	ontributing to death but not result	P/Outpatienf 3 DO.	26. Piece of De  A Other: 4 \sum Nursing F  Bc. Injury et  Work?	24e. Wes perfo	en eutopsyrmed?  Yes 2 No	3 Probably  24b. Were autore valiable prompletion of death?  1 Yes	4 Unknow
hysician: The law requiras thet the death cer his certificate has been signed by the attendin al director, page 2 should be detached for use	To Be Completed by Physician/N	25. Was cese referred to medicel exeminer?  1 Yes 2 No  27. Menner of Deeth  1 Neturel 5 Pending investigation 2 Accident investigation 3 Suicide 6 Could not be	Hospital: 11 Inpatient 2 E	R/Outpatienf 3 DO 28b. Time of Injury M	26. Plece of De  A Other: 4 \( \text{Nursing } \)  8c. Injury et Work?  1 \( \text{Yes} \) 2 \( \text{No} \) No	24e. Wes perfo	en eutopsyrmed?  'es 2 No ne)  lence 6 Otherwood Injury occurred.	3 Probably  24b. Were auto evaliable p completion of death?  1 Yes  er (Specify)	4 Unknow
* Attending Physician: The law requires thet the death certar death. fector: After this certificate has been signed by the attending by the funeral director, page 2 should be detached for use	To Be Completed by Physician/N	25. Was cese referred to medicel exeminer?  1 Yes 2 No  27. Menner of Deeth  1 Neturel 5 Pending investigation	Hospital: 11 Inpatient 2 El	R/Outpatienf 3 DO 28b. Time of Injury M	26. Plece of De  A Other: 4 \( \text{Nursing } \)  8c. Injury et Work?  1 \( \text{Yes} \) 2 \( \text{No} \) No	24e. Wes perfo	en eutopsyrmed?  Yes 2 No ne) lence 6 Oth- now Injury occurr	3 Probably  24b. Were autore valiable prompletion of death?  1 Yes	4 Unknow
* Attending Physician: The law requires thet the death certar death. fector: After this certificate has been signed by the attending by the funeral director, page 2 should be detached for use	Certification: To Be Completed by Physician/	25. Was cese referred to medicel exeminer?  1  Yes 2 No  27. Menner of Deeth 1 Neturel 5 Pending investigation 3 Suicide 6 Could not be determined  29a. Certifier Certifying Physical	Hospital: 12 Inpatient 2 El 28a. Dete of Injury (Month, Dey Year) 28e. Piece of Injury - At hom building, etc. (Specify)	R/Outpatienf 3 DO. 28b. Time of Injury M  ne, ferm, street, factory,	26. Plece of De  A Other: 4 Nursing &  Bc. Injury et Work? 1 Yes 2 No  office	24e. Wes perfo	en eutopsymed?  'es 2 No ne) lence 6 Otherwood Injury occurr  Street end Numb m, Stere)	3 Probably  24b. Were auto evaliable p completion of death?  1 Yes  er (Specify)  red	4 Unknow  psy findings rior to of cause  2 No  Number,
* Attending Physician: The law requires thet the death certar death. fector: After this certificate has been signed by the attending by the funeral director, page 2 should be detached for use	To Be Completed by Physician/N	25. Was cese referred to medicel exeminer?  1  Yes 2 No  27. Menner of Deeth 1 Neturel 5 Pending investigation 3 Suicide 6 Could not be determined  29a. Certifier Certifying Physical	Hospital: 11 Inpatient 2 El 28a. Dete of Injury (Month, Dey Year) 28e. Plece of Injury - At hom	R/Outpatienf 3 DO. 28b. Time of Injury M  ne, ferm, street, factory,	26. Plece of De  A Other: 4 Nursing &  Bc. Injury et Work? 1 Yes 2 No  office	24e. Wes perfo	en eutopsymed?  'es 2 No ne) lence 6 Otherwood North Common North Comm	3 Probably  24b. Were auto evaliable p completion of death?  1 Yes  er (Specify)  red	4 Unknow  psy findings rior to of cause  2 No  Number,
* Attending Physician: The law requires thet the death certar death. fector: After this certificate has been signed by the attending by the funeral director, page 2 should be detached for use	Certification: To Be Completed by Physician/	25. Was cese referred to medicel exeminer?  1  Yes 2 No  27. Menner of Deeth 1 Neturel 5 Pending investigation 3 Suicide 6 Could not be determined  4 Homicide determined  29a. Certifier (Check only one)  29b. Signeture end filte of certifier	Hospital: 12 Inpatient 2 El 28a. Dete of Injury (Month, Dey Year) 28e. Piece of Injury - At hombuilding, etc. (Specify)	R/Outpatienf 3 DO. 28b. Time of Injury M ne, ferm, street, factory, ledge, deeth occurred en end/or investigation,	26. Plece of De  A Other: 4 Nursing I Bc. Injury et Work? 1 Yes 2 No , office  at the time, dete end plece In my opinion, deeth occu	24e. Wes perfo	en eutopsymed?  'es 2 No ne) lence 6 Other low Injury occurr  Street end Numb m, Stere)  ceuse(s) end ma dete end place, s	3 Probably  24b. Were auto evaliable p completion of death?  1 Yes  er (Specify)  red	4 Unknow  psy findings rior to of cause  2 No  Number,
or Attending Physician: The law requiras thet the death cer first death.  Mrector: Aftar this certificete has been signed by the attendin in by the funeral director, page 2 should be detached for use	edical Certification: To Be Completed by Physician/	25. Was cese referred to medicel exeminer?  1  Yes 2 No  27. Menner of Deeth 1 Neturel 5 Pending investigation 3 Suicide 6 Could not be determined  29a. Certifier (Check only one)  25. Was cese referred to medicel medicel	Hospital: Inpatient 2 El 28a. Dete of Injury (Month, Dey Year) 28e. Piece of Injury - At hom building, etc. (Specify) refctan: To the best of my knowle	R/Outpatienf 3 DO. 28b. Time of Injury M ne, ferm, street, factory, ledge, deeth occurred en end/or investigation,	26. Plece of De  A Other: 4 Nursing I Bc. Injury et Work? 1 Yes 2 No , office  at the time, dete end plece In my opinion, deeth occu	24e. Wes perfo	en eutopsymed?  es 2 No ne) lence 6 Oth- low Injury occurr  Street end Numb m, Stete)  ceuse(s) end ma dete end place, se	3 Probably  24b. Were autorevaliable prompletion of death?  1 Yes  er (Specify)  red  er or Rural Route  nnner as steted, and due to the ceutid (Month, Dey, Ye.)	4 Unknow  psy findings rior to of cause  2 No  Number,  see(s)
* Attending Physician: The law requires thet the death certar death. fector: After this certificate has been signed by the attending by the funeral director, page 2 should be detached for use	edical Certification: To Be Completed by Physician/	25. Was cese referred to medicel exeminer?  1  Yes 2 No  27. Menner of Deeth 1 Neturel 5 Pending investigation 3 Suicide 6 Could not be determined  4 Homicide determined  29a. Certifier (Check only one)  29b. Signeture end filte of certifier	Hospital: Inpatient 2 El 28a. Dete of Injury (Month, Dey Year)  28e. Piece of Injury - At hom building, etc. (Specify)  refctan: To the best of my knowliner: On the bests of examination and menner stated.	P/Outpatienf 3 DO. 28b. Time of Injury M ne, ferm, street, factory, ledge, deeth occurred en end/or investigation,	26. Plece of De  A Other: 4 Nursing & Bc. Injury et Work? 1 Yes 2 No , office  at the time, dete end plece In my opinion, deeth occur	24e. Wes perfo	en eutopsy med?  es 2 No ne) lence 6 Oth- row Injury occurr  Street end Numb m, Stere)  ceuse(s) end ma dete end place, 4 29d. Date signed	3 Probably  24b. Were autorevaliable prompletion of death?  1 Yes  er (Specify)  red  er or Rural Route  nner as steted, and due to the ceuted (Month, Dey, Yes)	4 ☐ Unknow  psy findings rior to of cause  2 ☑ No  Number,  sse(s)



#### Please Type or Print in Black Indelible ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First Middle Lest) 2. Date of Death 3. Time of Death Month SE 6 4b. City, Town, or Location of Death 4a. Facility Name (If not institution, giva street and number) 4c. County of Death BACT IMORO If Undar 1 Yaar If Under 24 Hrs. Birthplaca (Stata or Foreign Country) 7. Aga (In yrs. last birthday) Months Days Hours 1 M 2□ F 87 Vrs 3,1908 NEW YORK OCT 10c. City, Town or Location 10d. Inside City Limits BALTIMORE BALTIMORE 1 ☐ Yas 2 X No 10f. Zip Code 10g. Citizen of What Country? 130 SLADE AVE., APT. 417 21208 USA 12. Was Decedant Ever in U,S. Armed Forcas? 13. Was Decedant of Hispanic Origin? (Specify Yes or No If Yes, specify Cuban, Mexican, Puarto Rican, atc.) 14. Race - American Indian, Biack, White, etc. 1 Yes 2X No If Yes, Give Yaar or Dates: 1 Yas 2 No Specify: WHITE Specify:

with the Maryland 28a-f show traumatic event, the Medical Examiner must be notified at ò Нота 23а nit. Pages 1 and 2 should be filed within 72 hours efter death administration to Heelth and Mental Hyglene. ortent: if New 77 Is marked other than "natural", or itema 23. Injury or other traumatic event, the Nedes Essen Department of Important: If any Injury or once.

Baltimore, Maryland 21215-0020

**Physician** 

/Medical

Examiner

**Funeral** 

Director

5. Social Security Number

Usual Residence of Decedent

1 Never Married 2 Married

3 ☐ Widowed 4 ☑ Divorced

10b. Count

058-03-0134

10e. Street and Numbe

10a State

Director

Funeral

þ

MARYLAND

**Physician** /Medical Examiner

buriel-trensit

the

physiclan

ed by the attending detached for use as

been signed by should be detac

has

this certificate

filled in by

I or Attending Physician: Tater death.
Director: After this certifica

The law requires that the death certificate be executed

Box 68760.

P.O.

Division of Vitai Records.

Examiner Physician/Medicai þ Completed funeral director, Be Certification: To To the Hospital within 24 hours a To the Funeral D completely filled

Completed 18a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 15. Decedent's Education (Specify only highast grada completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 12 SALESMAN MUSIC 17. Fathar's Nama (First, Middla, Last) 18. Mother's Neme (First, Middla, Maidan Sumama) Be **ABERBACH** MAX P TILLIE UNKNOWN 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) LINDA HANKIN - DAUGHTER 7923 WINTERSET AVE BALTIMORE, MD 21208 20b. Place of Disposition (Nama of cematary, crematory or othar place) 20a. Method of Disposition 20c. Location - City or Town, Stata 1 Burlai 2 ☐ Cremation 3 ☐ Removal from State 4 □ Donation 5 □ Other (Specify) CHIZUK AMUNO ARLINGTON 9/16/96 BALTIMORE, MD 22. Name and Address of Facility SOL LEVINSON & BROS., INC 21. Signature of Funaral Service Licensee 8900 Reisterstown Road Pikesville, MD 21208 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Between Onsat and Death Immediete Cause (Final CARCINOMA THE LUNG disaasa or condition resulting in death) Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseasa or injury that intiated events resulting in death) Last Due to (or as a consequence of): Due to (or as a consequance of) Part ff. Other significant conditions contributing to death but not resulting in the underlying causa given in Part f. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings available prior to completion of cause of death? 24a. Wes an autopsy performed? 21711 1 Yes 1 Yes 2 No 25. Was casa refarred to medical 26. Place of Death (Check only ona) 1 Yes 2 No Other: 4 Nursing Homa PResidence 6 Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28d. Dascribe how injury occurred 28b. Tima of 28c. Injury at Work? 5 Pending investigation Natural 1 Yes 2 No 2 Accident 8 Could not be determined 3 Suicide 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete and piece, end due to the ceuse(s) and manner as steted.

[2 Medicaf Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piaca, and due to the cause(s) and manner stated. 29a, Certifier Medicai 29b. Signature and title of certif 29c. License number 29d. Date aigned (Month, Day, Year) ause of death (item 23a) (Type, Print)

TREE RO

State Registrar

31. Date filed (Month, Day, Yaar) 7 1996 1

1838 GREENE 31 Registrar's Signature

SH 1

- ACCOUNTS ACCOUNTS ASSET TO SEE

#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

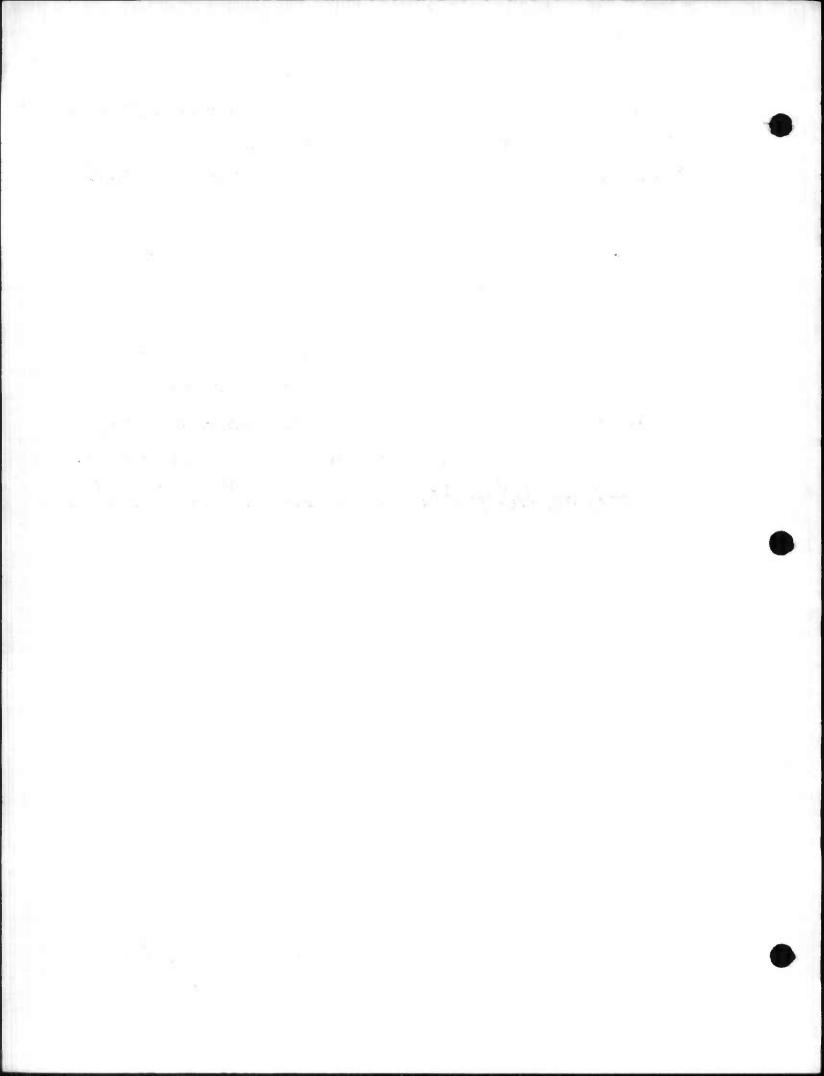
State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Data of Death Day **Physician** Month Year Juozas Austra 2:15 Pm September 10, 1996 /Medical 4e. Fecility Neme (If not Institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner Hollins Street Baltimore If Under 1 Year If Under 24 Hrs. Hours Min. 5. Social Security Number 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) **Funeral** 17€M 2□ F Deys Yrs Director 213-30-7552 3/19/1921 Lithuania Usuei Residence of Decedent Pages 1 and 2 should be filed within 72 hours aftar death with the Maryland nent of Health and Mental Hyglene.
Intel Health and Mental Hyglene.
Intel Health 27 Is marked other than "natural", or items 23a or 28a-4 show intry or other treumatic event, the Medical Experiment must be notified at 10a State 10b. Count 10c. City, Town or Location 10d. Inside City Limits Maryland N/A Baltimore 1X Yes 2 □ No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 7 is marked other than "natural", or items 23s or treumstic event, the Medical Examiner must be a 819 Hollins Street 21201 U.S.A. Funeral 12. Wes Decedent Ever in U.S. Armed Forces? 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11 Maritai Status 14. Rece - American Indien, Biack, White, etc. 1 Yes 27 No If Yes, Give Year or Dates: 1 Never Married 200 Married Baltimore, Maryland 21215-0020 Specify: White 1 ☐ Yes 2 🔀 No þ 3 ☐ Widowed 4 ☐ Divorcad Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use ratired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 12 Maintance Mechanic State 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middla, Maiden Sumame) Jurgis Austra Magdelena Cirvynskas 2 19a. Informant's Name/Raiationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, State, Zip Code) Genovaite Austra 819 Hollins St. Baltimore, Maryland 21201 Wife 20b. Placa of Disposition (Name of cametery, crematory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, Stete 1 ∑Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Department of Important: If any injury or once. Holy Redeemer Cemetery 9/14/96 Baltimore, Maryland 21. Signeture of Sanerei Service Licensee 22. Name and Address of Fecility David J. Weber Funeral Home 5311 Edmondson Ave. Baltimore, Maryland 21229 Intar the diseasa, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory arrest, or hear failure. List only one ceuse on each line. Physician /Medical Immediata Cause (Final disease or condition resulting in death) acute myxandeal Interction 0 **Examiner** theroselevilie Examiner physician and the burial-transit requires that the death certificate be executed Sequentially list conditions, if any, laading to Immediate cause. Enter Underlying Couse (Disease or injury that initiated events resulting in death) Last Division of Vitai Records, P.O. Box 68760, Physician/Medical Due to (or es e consequenca of) Usa as I for Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. the 23b. Did tobacco use contributa to the gause of death? signed by t 1 Yee 2 No 3 Probably 4 Unknown þ 24b. Were eutopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed peed has certificate 1 Yes 2 No 1 ☐ Yes 2 ☐ No Hospital or Attending Physician: 24 hours after death. Funeral Director: After this certifica director, 25. Was case referred to medical examiner? Be 28. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) ပ 1 Yes 2 100 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA funaral 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28b. Time of 28d. Describe how Injury occurred Certification: 28c. Injury at Work? 1 Matural 5 Pending 1 Yas 2 No investigation 2 Accident 6 Could not be determined 28e. Piaca of Injury - At home, farm, street, factory, office building, etc. (Specify) 3 ☐ Sulcide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide To the Hospital of within 24 hours a To the Funeral D 29a. Certifier 1 Certifying Physician: To the best of my knowledga, daath occurred at the time, date and place, and due to tha ceuse(s) and manner as stated. Medical (Check only one) completely 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred et the time, date end placa, and due to the cause(s) and manner steted. 29b. Signature and title of certifier 29d. Date signed (Month, Day, Year) 30. Nama and address of person who completed causa of death (item 23a) (Type, Print) 54 Scots ADAM Lel Cacheysially Md 21030 LAWRENCE BOASMIS

State Registrar 31. Date filed (Month, Day, Year)

SEP

171996

Julia Jamason Manus



ITEMS: 5. PER F'.H. F'ILM G-739

1. Decedent's Name (First, Middla, Last)

State of Maryland / Department of Health and Mental Hygiene

9/	17	1/	96	tt

Certificate of Death

2. Date of Death

P	hysici	an
	/Medic	al
E	xamir	ei

3. Time of Death 5:24 PM

Od. inside City Limits

1 Yas 2 No

**Funeral Director** 

placa (State or Foreign MD

> Code) 21208

21208 Approximete Interval Between Onset and Death

Funeral Director

by

Completed

Be

2

"natural", or items 23a or 28a-f show

Pages 1 and 2 should be filed within 72 hours after nent of Heelth and Mental Hygiene. Important: If item 27 is marked of any injury or other traumetic evonce.

Baltimore, Maryland 21215-0020

**Physician** /Medical **Examiner** 

Physician/Medical Examiner To the Hospital or Attending Physician: The lew requires that the death certificate be executed within 24 hours after death.

To the Funeral Director: After this certificate has been signed by the attending physician and use as the burial-tran by director, page 2 should be Be Completed Medical Certification: To filled in by the funeral

Division of Vital Records, P.O. Box 68760.

BERNA	RD		В	ERMAN					SEPT.	$13^{4}$ , 1	9 <sup>v</sup> 9°6	5:2
A			ımber)						ocation of Death	4c. County		N/A
-219-12-	1924	6. Sex 1 1 M 2 □ F	7. Age (In yrs. 72	last birthday) Yrs.	if Under Months	1 Year Days	if Under Hours		8. Date of Bir (Month, Da JUNE 1	y, Year)	9. Birth	placa (Stantry)
	1		Ψ									
10e. State			10c. Cit	y, Town or Lo		TIDO:						10d. inside
		TIMORE					VILLE					
		FARMS ROA	ND.		10f. Zip	Code	2120	8		10g. Citizen of V		ntry?
11. Maritai Status	riad <b>Ž(X</b> Mai	12. Was Dec Armed For ried 1XWas	edent Ever in U prces? 2 No NAV	Y	Was Deced It Yes, spec				ecify Yes or No Ricen, etc.)		e - Americk, White,	
(Spe				(Give	dent's Usua kind of wor	k done	durina mos	t of work	ing	16b. Kind of Bu	usiness/In	dustry
Elementery/Sec	ondary (0-12)	College (	1-4or 5+) 4		LOPER		3)			REAL	ESTA	ATE
17. Fathar's Name	(First, Middla,	Last)					18. Mothe	r's Nam	e (First, Middle,	Maiden Sumam	ie)	
JACK			BERMAN				ID	A		RICH	MAN	
19a. Informant's N	ame/Relation:	ship (Type, Print)		19b. Mailir	ng Address	(Street	and Numbe	er or Rur	al Route Numbe	er, City or Town,	State, Zip	Code)
BEVERLY	BERMAN	N - SPOUSE	3	3414	GARRI	SON	FARM	S RO	AD PIK	ESVILLE	, MD	212
MBurlal 2	Cremation		State	Place of Dispo emetery, crem IIZUK A	matory or of	her pla		N 9	Date /16/96	20c. Location -		own, Stata
21. Signature of Fi	nerai Sarvice	Licansee -	rettle				ss of Facilit		120/301	27122211	JE CE /	
•		/-	770	89	000 Re	ist	ersto	SO wn R	L LEVIN	SON & B	ROS.	INC 2120
23a. Part1. Enter I shock, or hea	he disaasa, o art taiiure. List	r complications that of only one cause on e	caused the deat each line.	h. Do not ent	er the mode	of dyir	ng, such as	cardiac	or respiratory a	rrest,		Approxin Interval E Onset ar
immediate Cause disease or condition resulting in death)		a	ultip	le	Inje	eri	28					
			Due to (o	r as a conseq	uenca of):							
Sequentially list co if any, leeding to in cause. Enter Unio Cause (Disease or	219-12-8/41 219-12-19-24 Sual Residence of Decedent  De. State 10b. County  MD BALT  De. Street and Number  3414 GARRISON FA  Marital Status  1 Nevar Marriad XXMarried  3 Widowed 4 Divorced  15. Decedent's E (Specify only highast gi  Elementery/Secondary (0-12)  Fathar's Name (First, Middla, Las  JACK  De. Informant's Name/Relationship  BEVERLY BERMAN  De. Method of Disposition  Marital 2 Cremation 3 II  4 Donation 5 Othar (Specilistics)  Ba. Part 1. Enter the disaasa, or conshock, or heart failure. List only  amediate Cause (Final sease or condition sulting in death)  Sequentially list conditions, any, leading to immediate use. Enter Underlying ause (Disease or injury at infilated events)	<b>5</b> b	Due to (o	r as a conseq	uence of):							
that initiated events resulting in death)	3	С	Due to (or	r as a conseq	uence of):							/5 }

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown

24a. Was an autopsy performed?

2 No

24b. Were autopsy findings available prior to completion of ceuse of death?

1 Yes 26. Place of Deeth (Check only one)

Reistorbun

1 Yas 2 No

and old (our Rds

25. Was case axaminer?		to	medical
1X Yes	2 No		

5 Pending Investigation 6 Could not be determined

Hospitel: 1 ☐ Inpatient 2 🖾 ER/Outpatient 3 ☐ DOA 28a. Date of Injury (Month, Day Year) -13-96 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Society)

28b. Time of injury
15 20 M

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28c. Injury et Work? 1 ☐ Yes 2 MNo

28d. Describe how injury occurred Driver - auto

-auso collision 28f. Location (Street and Number or Rural Route Number, City or Town, State)

29a. Certifier (Check only one)

27. Manner of Deeth

2 Accident

3 Suicida

4 Homicide

1 Natural

1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete and place, and due to the cause(s) and menner es steled.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner, stated.

29b. Signature and title of certifie

29c. License number O.C.M.E.

29d. Date signed (Month, Day, Year) SEPT. 14, 1996

30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Forler 111 Penn Street, Baltimore, Maryland 21201

Dowid 31. Date tiled (Month, Day, Yaar)

32. Registrar's Signature

Registrar



State

2021 H 1 437

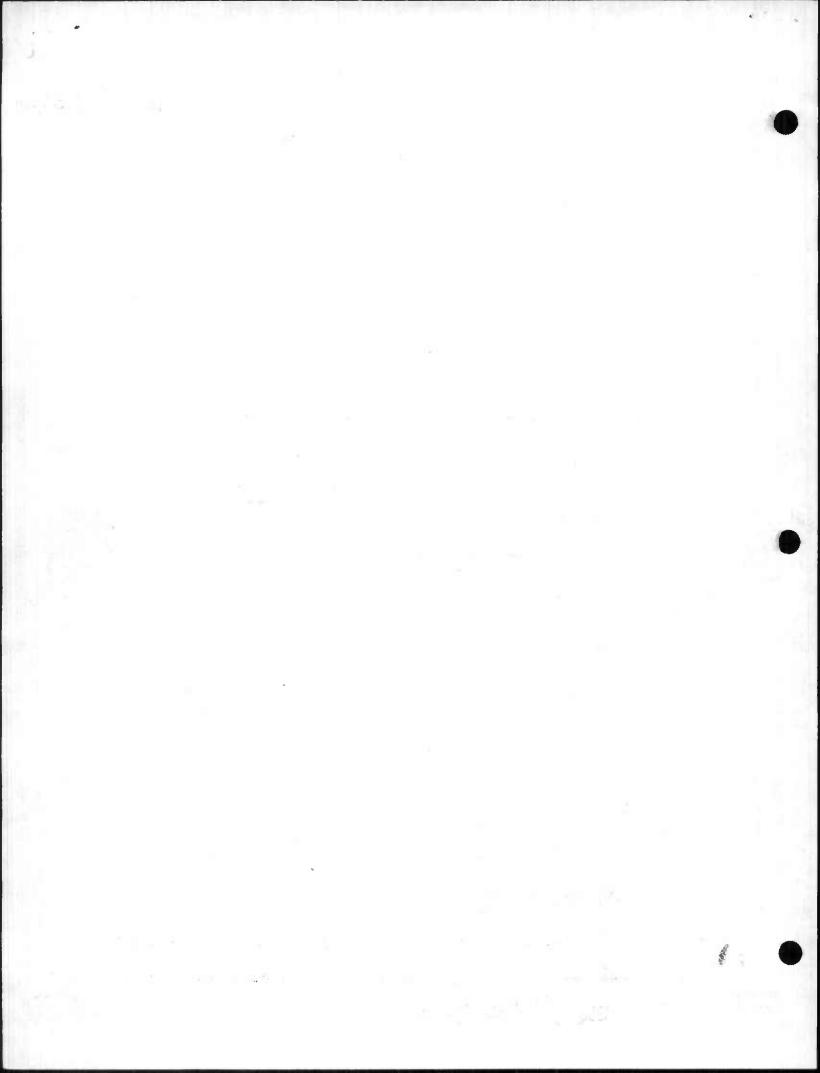
^

# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

State of Maryland / Department of Health and Mental Hygiene

O == 1	1000	
1 1 1 .	1 0	)
274	10	1
-		,

MACY A. Belt Monthly Programme of not infollution, plus sheet and number)  Mer's data of Caton Manor  Mer's data of Caton Manor  Mer's data of Caton Manor  Mer's data of Caton Manor  Mer's data of Caton Manor  Ma					Cer	titicate	OT I	Death			Reg. No.		
A Facility Name of not institution, your street on number)  Meridian Cation Manor  Meridian Cation Manor  Meridian Cation Manor  Meridian Cation Manor  I Ma	an Mary A.		.ast)							Month	Dev .	Yeer 199	3. Time of Deeth 6 / 0.55 p
Social Security Number 6. Sex 215-01-1737   Town Street Programs   T	4a Castibakiana (ti	f not institution, gi	ive street end nu	m <i>ber)</i>			4	b. City, To	wn, or Lo	cation of Deet	h 4c. Count	y of Deet	h
Social Security Number 215-01-1737    Use   Part   Value   Part   Value   Part   Value	Meridian	Caton N	Manor					Balti	more		N/A		
Description   Description	5. Sociel Security No	umber 6.	Sex	7. Age (In yrs. la	st birthday)			If Under	24 Hrs.			9. Birt	hplece (State or Foreig
Total Residence of Decodern   Total Country   Total Color   Total Colo	215-01-1	.737	1□ M 2LJF		77 Yrs.	Months	ays	Hours	MIII.				untry)
MD N/A Baltimore City  102 Spread and Number 102 West Decident For in U.S. 12 Light State 1 102 Spread of What Country? U.S.A. 11 Martins State 1 102 West Decident For in U.S. 12 Light State 1 103 Spread (American Spread Country) (Light State 1 103 Spread (American Spread Country) (Light State 1 103 Spread (American Spread Country) (Light State 1 103 Spread (American Spread Country) (Light State 1 103 Spread (American Spread Country) (Light State 1 103 Spread (American Spread Country) (Light State 1 103 Spread (American Spread Country) (Light State 1 103 Spread (American Spread				1									
10s. Street and Number 10s. Street and Number 10s. Street and Number 11s. More of States of What Country? 11s. Marined Status 11s. Was Deposited Ever in U.S.													10d. Inside City Limit
1. Marnia Selsus   1. Marnia S	e MD	N/A		Dal	LCIMOL	e city							1 ⊠Yes 2 □ N
13. Maries Salus   1. Maries	10e. Street end Num	nber				10f. Zip Co	de			10g. Citizen of Whet			untry?
Specify   Spec	3330 Wil:	kens Ave	enue			2122	9-				U.S.A.	S.A.	
Specify   Spec	11. Meritel Stetus					Vas Decadent	of H	ispenic Ori	gin? (Spe	clfy Yes or No			
19. Decader's Education (Specify only highest pred competed)  19. Decader's Education (Specify only highest pred competed)  19. Decader's Education (Specify only highest pred competed)  19. Decader's Education (Specify only highest pred competed)  19. College (1-4or 5+)  19. Fether's Name (First, Models, Last)  Thomas Flynn  19. Informan's Name (First, Models, Last)  Thomas Flynn  19. Informan's Name (First, Models, Last)  Thomas Flynn  19. Informan's Name (First, Models, Last)  Thomas Flynn  19. Melling Address (Street and Number or Furuir Route Number, City or Town, Stete, Zip Codel)  Steel La Prenger  13.07 Hull Street, Baltimore, MD 21230  20. Memod of Disposition (Type, Print)  20. Memod of Disposition (First, Models, Last)  13.07 Hull Street, Baltimore, MD 21230  20. Pleas of Disposition (First, Models, Last)  13.07 Hull Street, Baltimore, MD 21230  20. Pleas of Disposition (First, Models, Last)  21. Sephane of First, Models, Maleban Survey (First, Models, Maleban Survey)  22. Name and Address of Recitity  23. Pleas (Time the Elease, or complications that calced the death)  24. Decader Hill Cemetery  25. Part (First, Models, Maleban Survey)  26. Pleas of Disposition (First, Models, Maleban Survey)  27. Part (First, Models, Maleban Survey)  28. Part (First, Models, Maleban Survey)  29. Part (First, Models, Maleban Survey)  29. Part (First, Models, Maleban Survey)  20. Memod of Disposition (First, Models, Maleban Survey)  20. Memod of Disposition (First, Models, Maleban Survey)  20. Memod of Disposition (First, Models, Maleban Survey)  20. Part (First, Models, Maleban Survey)  20. Memod of Disposition (First, Models, Maleban Survey)  21. Fort A venue Baltimore, MD  22. Maleban Survey, Maleban	1 Never Marrie	ed 2 Married	1 Tyes	2 No					, 1 001(01	mount, etc.,			
19. Mother's Name (First, Middle, Lets)   19. Mother's Name (First, Middle, Meditur, Summers)   19. Mother's Name (First, Middle, Meditur, Name, Nam	3 ☑ Widowed	4 Divorced	Yeer or D	etes:			140	орвану.			Speci	ry: W	hite
19. Mother's Name (First, Middle, Lest)   19. Mother's Name (First, Middle, Mediture Summers)   19. Mother's Name (First, Mediture Summers)   19. Mother's	(Speci	15. Decedent's E	Education rede completed)		18a. Deced	ent's Usuel O	ccup	etion	t of worki	16b. Kind of Business/			ndustry
Thomas Flym 19. Nother's Name (First, Middle, Last) 19. Nother's Name (First, Middle, Last) 19. Informer's Name Reflectionship (Type, Print) 19. Informer's Name Reflection (Name Reflectionship (Type, Print) 19. Informer's Name Reflection (Name Reflectionship (Type, Print) 19. Informer's Name Reflection (Name Reflectionship (Type, Print) 19. Informer's Name Reflection (Name Reflectionship (Na	Elementary/Secon			1-4or 5+)			etirea	1)	or works	.9	Busine	ess	
Thomas Flynn  Thomas Th	9				Clerk								
Thomas Flynn  19e. Informent's Neme-Realentonish (Type, Print)  19e. Informent's Neme-Realentonish (Type, Print)  19e. Informent's Neme-Realentonish (Type, Print)  19e. Meiling Address (Streat and Number or Rural Route Number, City or Town, Stets, Zip Code)  1307 Hull Street, Baltimore, MD 21230  20e. Beach of Disposition (Neme of Disposition (Neme of Disposition (Neme of Disposition)  17e-informent's 2 Cicremation 3 Permoval from State ADDonation 5 Performent of Disposition (Neme of Disposition)  20e Delet Code (Neme of Disposition)  21. Supplies of Fishers Service Lisease  22. Name and Address of Facility  199 Baltimore, MD  23a. Part Letter the disease, or complications that called the death Donat enter the mode of dyling, such as cardiac or respiratory errest.  23a. Part Letter the disease, or complications that called the death Donat enter the mode of dyling, such as cardiac or respiratory errest.  23a. Part Letter the disease, or complications that called the death Donat enter the mode of dyling, such as cardiac or respiratory errest.  23a. Part Letter the disease, or complications that called the death Donat enter the mode of dyling, such as cardiac or respiratory errest.  23a. Part Letter the disease, or complications on each Number of the death Donate from the disease or condition in each of the death Donate from the disease or condition in each of the death Donate from the death Donate from the disease or conditions as a consequence of):  23a. Due to (or es a consequence of):  23b. Due to (or es a consequence of):  25c. Due to (or es a consequence of):  25c. Due to (or es a consequence of):  25c. Due to (or es a consequence of):  25c. Due to (or es a consequence of):  25c. Due to (or es a consequence of):  25c. Due to (or es a consequence of):  25c. Due to (or es a consequence of):  25c. Due to (or es a consequence of):  25c. Due to (or es a consequence of):  25c. Due to (or es a consequence of):  25c. Due to (or es a consequence of):  25c. Due to (or es a consequence of):  25c. Due to (or es a conseq	17. Fether's Neme (I	First, Middle, Last	it)					18. Mothe	r's Name	(First, Middle	, Meiden Sume	m <i>ø)</i>	
19e. Neling Address (Streat and Number or Pauel Route Number, City or Town, Stete, Zip Code)   Stella Prenger   1307 Hull Street, Baltimore, MD 21230     Stella Prenger   20. Membod of Disposition   (Lifeburia) 2 (Dormation 3   Demoval from State   20. Deleta of Disposition (Name of cemetary, crematory or other piece)   Sep 19   Codar Hill Cemetery   1996   Baltimore, MD	Thomas	Flynn						Anne	Mo	Hale			
200. Pleas of Disposition / Services   200. Pleas of Disposition / Services   200. Pleas of Disposition / Services   200. Pleas of Disposition / Services   200. Location - City or Town, Stete   200. Location - City or Location - City or Location - City or Location - City or Location - City or Location - City or Location - City or Location - City or Location - City or Location - City or Location - City or Lo		me/Reietlonshlp	(Type, Print)		19b. Meilin	g Address (Si	treet	and Numbe	or Or Rure	Route Numb	er, City or Town	, Stete, Z	ip Code)
Cedar Hill Cemetery   1996   Baltimore, MD	Stella P	renger			1307	Hull S							
22. Name and Address of Facility Charles 1. Stevens Funeral Home, Inc.   1301 E. Fort Avenue Baltimore, MD   23a. Pertl. Enter the disease. or complications that calmost the death Do not enter the mode of dying, such as cardiac or respiratory errest.   1301 E. Fort Avenue Baltimore, MD   23a. Pertl. Enter the disease or complications that calmost the death Do not enter the mode of dying, such as cardiac or respiratory errest.   1301 E. Fort Avenue Baltimore, MD   1301 E. Fort Avenue Baltimor		According to the contract of t						or place)				Town, Stete	
22. Name and Address of Facility Charles L. Stevens Funeral Home, Inc. D301 E. Fort Avenue Baltimore, MD  233. Pert I. Enter the disease, or complications that called the death shock, or heart felicit. List only one cease or each line.  Immediate Couse (Finel disease, or condition) a. BRONCHO GENIC CARCINOMA  3. Due to (or es a consequence of):  Due to (or es a consequence of):  Due to (or es e consequence of):	1 Grantation 3 Grantoval from State							Sep 19					MD
23a. Part I. Enter the disease, or complications that calsed the death Do not enter the mode of dying, such as cardiac or respiratory errest, interval B of the value of the disease, or complications that calsed the death Do not enter the mode of dying, such as cardiac or respiratory errest, interval B of the value o	21. Signature of Fun	Tayal Service Line	insee		22.	Name end A	ddres	s of Fecilit	V			-	
23. Pert I. Enter the disease, or complications thet called the death shock or heart feliure. Ust only one cause on each ins.  BRONCHS GENIC CARCINOMA  BRONCHS GENIC CARCINOMA  3. The state of the sta	Charles L. Stevens Funeral Home, In												2.
Sequentially list conditions, leavy beeding to immediate Cause (Finel disease or condition resulting in death)  Due to (or es e consequence of):  Due to (or es e consequence of):  Due to (or es e consequence of):  d.  Due to (or es e consequence of):  d.  Pert II. Other algrificant conditions contributing to death but not resulting in the underlying cause given in Pert I.  PATHOLOGICAL FRACTURES LIVITUREUS  PREUMONIA.  24e. Wes en eutopsy performed?  24b. Were autopsy performed?  24b. Were autopsy performed?  1   Yes   2   No   3   Probably   4    24e. Wes en eutopsy performed?  24b. Were autopsy performed?  24b. Were autopsy performed?  1   Yes   2   No   3   Probably   4    25b. Were case referred to medical examiner. One of death?  1   Yes   2   No   3   Probably   4    26b. Plece of Death (Check only one)  27b. Menor of Death   4   Norsing Home   5   Residence   8   Other (Specify)  27b. Menor of Death   4   Norsing Home   28b. Injury et Work?  28b. Injury et Work?  29c. Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, end due to the cause(s) end menore as stated. Chy or Town, Sizele)  29b. Signeture and Ritled of Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, end due to the cause (c) the cause end menore as stated.  29b. Signeture and Ritled of Certifier  29c. License number  29d. Deter signed (Morith, Dey, Year)  29d. Deter signed (Morith, Dey, Year)  29d. Deter signed (Morith, Dey, Year)  29d. Deter signed (Morith, Dey, Year)  29d. Deter signed (Morith, Dey, Year)  29d. Deter signed (Morith, Dey, Year)  29d. Deter signed (Morith, Dey, Year)  29d. Deter signed (Morith, Dey, Year)  29d. Deter signed (Morith, Dey, Year)  29d. Deter signed (Morith, Dey, Year)  29d. Deter signed (Morith, Dey, Year)  29d. Deter signed (Morith, Dey, Year)  29d. Deter signed (Morith, Dey, Year)  29d. Deter signed (Morith, Dey, Year)	23a. Pert 1. Enter the disease or complications that caused the mouth. Do not enter the mode of dylon, such as cardiac or respiratory except											MD	Av. of the
PNEUMONIA.  24e. Wes en eutopsy performed?  24b. Were autopsy performed?  24b. Were autopsy performed?  24b. Were autopsy performed?  24c. Wes en eutopsy performed?  25c. Wes case referred to medical exeminer?  1	Sequentieity list con if eny, leeding to imr cause. Enter Under Cause (Disease or it that initiated events resulting in deeth) Lo	iditions, mediete tying njury	Due to (or e	es e consequ	uenca of):								
Preumonia.  24e. Wes en eutopsy performed?  24b. Were autopsy evalible by a verible by performed?  24b. Were autopsy performed?  25c. Plece of Deeth (Check only one)  28c. Injury at Work? Injury M Injury at Describe how injury occurred work?  28d. Describe how injury occurred work?  28d. Describe how injury occurred at the time, date and plece, end due to the cause(s) end menner as stated. City or Town, State)  29a. Certifier (Check only one)  29a. Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and plece, end due to the cause(s) end menner as stated. City or Town, State)  29b. Signeture and fittle of certifier  29c. License number  29d. Dete signed (Month, Dey, Year)  29d. Dete signed (Month, Dey, Year)  29d. Dete signed (Month, Dey, Year)  29d. Dete signed (Month, Dey, Year)  29d. Dete signed (Month, Dey, Year)  29d. Dete signed (Month, Dey, Year)  29d. Dete signed (Month, Dey, Year)  29d. Dete signed (Month, Dey, Year)  29d. Dete signed (Month, Dey, Year)  29d. Dete signed (Month, Dey, Year)	Port II Other elgoitte	cent conditions	contribution to do	nath hut not social	les le the ce	da di da casa		anda Danii		Anh Did			
PNEUMONIA.  24e. Wes en eutopsy performed?  24b. Were autopsy evelleble prior completion of death?  1 Yes 2 No 2 No 2 No 2 No 2 No 2 No 2 No 2 N	E DA												
PNEUMONIA.  25. Wes case referred to medical exeminer?    1		OGICAL	L FR	HETURI	=3	Cr. H	ru	mari	LS	12	THE ZLINO	3 L Pr	ODEDIY 4 UNKNOW
25. Wes case referred to medical exeminer?    1						Lr. I	11	NAR	. >	24e. Wes	en eutopsy	24b. V	Vere autopsy findings
25. Wes case referred to medical exeminer?    1	LUFAW	ONIA.								perfo	ormed?	0	ompletion of cause
25. Wes case referred to medical exeminer?    1	i iii										Maria and an		
Hospitel: 1   Inpatient 2   ER/Outpetient 3   DOA   Other: 4   Nursing Home 5   Residence 8   Other (Specify)		ad to medical	I				_	00 5	-45			1	☐ Yes 2版*No
27. Menner of Death 1 Set Level 1 Signature 28c. Deteo finjury 48 Nursing Home 5 Residence 8 Other (Specify)  28c. Injury Work? 1 Yes 2 No  28d. Describe how injury occurred  28d. Describe ho			Hospitel:		210		Othe						
Month   Mont			1 1 1					4 KN NU					elfy)
29a. Certiflier (Check only one)  29b. Signeture and fitte of certifler  29c. License number  29c. License number  29d. Dete signed (Month, Dey, Year)  30. Name and address of person who completed cause of death (item 23e) (Type, Print)	1 Neturel		(Mont	h, Dey Year)							now injury occur	100	
29a. Certifler (Check only one)  29b. Signeture and fitte of certifler  29c. License number  29c. License number  29d. Dete signed (Month, Dey, Year)  30. Name and address of person who completed cause of death (item 23e) (Type, Print)	2 ☐ Accident 3 ☐ Sulcide	6 ☐ Could not b	99 Bloom	of laiun. At ham	o form etro			165 24,11		Of Location (	Street and Num.	hoses Du	sal Pauta Mumbas
29a. Certifler (Check only one)  29b. Signeture and fitte of certifler  29c. License number  29c. License number  29d. Dete signed (Month, Dey, Year)  30. Name and address of person who completed cause of death (item 23e) (Type, Print)	4 Homlcide	determined	buildir	ng, etc. (Specify)	ie, iaiiii, siie	et, tectory, on	ILO			City or To	wn, Stete)	ber or Hu	rar ribute ryumber,
29b. Signeture and fitte of certifler  29c. License number  29d. Dete signed (Month, Dey, Year)  9.17.56  30. Name and address of person who completed cause of death (item 23e) (Type, Print)		Certifying Ph	hysician: To the	best of my knowle	edge, deeth	occurred at th	e tim	e, date and	plece, e	nd due to the	cause(s) end m	enner as	stated.
30. Name and address of person who completed cause of death (item 23e) (Type, Print)		medical Exam	end menn	er steted.	iii endor iiive	estigetion, in i	пу ор	omion, deet	n occurre	d et the time,	dete end piece,	ena aue	to the cause(s)
30. Name and address of person who completed cause of death (item 23e) (Type, Print)	29b. Signeture and fi	M											
30. Name and address of person who completed cause of death (item 23e) (Type, Print)	1 /	( Love	mue 7	mo		DI	7	75	3		9.1	7.5	6
	30. Name and address	ss of person who	completed cause	e of death (item 2	(3e) (Type. P	rint)	_						
R.S. DIHARMASENA, M.D. 710 CHURCH ST. BALTIMORE MD 2122	R.S. DI+1	ARMASE	NA MI	0 710	CHU	RCH	25	. 1	3 THL	TIMO	LE N	0	11221



Certificate of Death

Reg. No.

**Physician** /Medical Examiner

JAMES MICHAEL

1. Decedant's Nama (First, Middla, Last)

BARRETTO

2. Data of Daath 3. Time of Death SEPTEMBER 13, 1996 2:12AM

4a. Facility Nama (If not institution, giva street and number) 8207 NORTH BOUNDRY ROAD 4b. City, Town, or Location of Death DUNDALK

If Undar 24 Hrs. Hours Min.

4c. County of Death BALTIMORE

**Director** 

2

filed within 72 hours after

Baltimore, Maryland 21215-0020

i Hygiene. other than "satural", or lients 23s or 28s-f show vent, the Medical Examiner must be notified at

parmit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: if Nem 27 is marked ofte any Jollary or other traumatic event page.

**Physician** /Medical

Examiner

physician

ned by the at a detached for

sign.

peen page 2 : certificate

this

After

Director: /

o the Hospital co. Ithin 24 hours after o the Funeral Director of the Funeral Director of the Control of the Co

death.

Physician/Medical

þ

Completed

Be

2

Certification:

Medical

or Attending Physician: The law requires that the death certificate be executed

Box 68760.

Division of Vital Records, P.O.

Funeral

à

Completed

Be

2

10a. Stata Md.

Usual Rasidanca of Decedent

10c. City, Town or Location

Yrs.

8. Data of Birth (Month, Day, 12 03 49  Birthplaca (Stata or Foraign Country) Maryland

10d. Insida City Limits

1 Yas 2 □ No

5. Social Sacurity Number

218 54 4112

N/A

Baltimore

10g. Citizan of What Country?

USA

Director 10e. Street end Number

1608 Eastern Avenue

3 ☐ Widowed 4 ☐ Divorced

1 Navar Marriad 2 Marriad

1 M 2 F

12. Was Decedanf Evar in U,S. Armed Forcas? 1√ Yas 2□ No If Yas, Giva Yaar or Datas:Vietnam

7. Aga (In yrs. last birthday)

46

Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.)

14. Race - Amarican Indian, Black, Whita, atc. Specify: White

1 ☐ Yas 2 ☑ No Specify:

15. Decedant's Education (Spacify only highast grada complated) Elementery/Secondary (0-12) College (1-4or 5+) 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT use retired) Electrical Technician

If Undar 1 Yaar

10f. Zip Coda

Days

21231

Months

16b. Kind of Businass/Industry

Hospital

12

17. Fathar's Nama (First, Middla, Last) James N. Barretto 18. Mothar's Nama (First, Middla, Maidan Sumema)

Anne M. Mulcahy

19a. Informent's Name/Ralationship (Typa, Print) Anne M.Barretto, Mother

9

19b. Malling Addrass (Streat and Number or Rural Route Number, City or Town, Stete, Zip Code) 5082 E. Federal Street Baltimore, Md. 21205

20a. Mathod of Disposition

1 Burial 2 Cramation 3 Ramoval from Stata 4 ☐ Donetion 5 ☐ Othar (Specify)

20b. Placa of Disposition (Nama of camatary, crematory or other place) Maryland Veterans Cem.

20c. Location - City or Town, Stata Data Garrison Forest, Md 9-18-96

21. Signatura of Funaral Sarvica Licensaa

23a. Part1. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart failure. List only one cause on each line.

22. Nama and Addrass of Facility Charles S. Zeiler & Son Inc. 6224 Eastern Ave. Balto., Md.

Immediata Causa (Final disaasa or condition rasulting in death)

a. CARDIAC TAMPONADE

Dua to (or as a consequence of):

RUPTURED MYOCARDIAL INFARCT.

Sequantially list conditions, if eny, leeding to immediata cause. Enter Undarlying Ceusa (Disaase or Injury that initieted avants rasulting in daath) Last

Dua to (or as a consequence of)

Dua to (or as a consequence of)

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

23b. Did tobacco use contributa to the cause of death? 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 ☐ Unknown

24a. Was an autopsy

24b. Wara autopsy findings available prior fo completion of cause of death?

Approximata Interval Batween Onsat and Death

XXYas 2 No

MYes 2□ No

25. Was casa rafarred to medical axaminar?

XX Yes 2 No 27. Manner of Death

XX Natural

2 Accidant

3 Suicida

28a. Data of Injury (Month, Day Year)

1 ☐ Inpatiant 2 ☐ ER/Outpetient 3 ☐ DOA 28b. Time of

28c. Injury at Work? 1 □ Yas 2 □ No

Othar: 4 ☐ Nursing Home XX Residence 8 ☐ Othar (Specify) 28d. Dascribe how Injury occurred

26. Placa of Daath (Check only ona)

6 Could not be 28a. Placa of Injury - At homa, farm, streat, factory, offica building, etc. (Specify) 4 Homicide

28f. Location (Streat and Number or Rural Route Number, City or Town, Steta)

29a. Cartifier (Check only one) 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(s) and manner as stated.

XX Medical Examinar: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) and menner stated.

29b. Signatura and titla of certifian

29c. Licansa number

29d. Data signed (Month, Day, Year)

Mond 30. Nama and address of person who complated causa of daeth(litam 23a) (Type, Print)

5 Panding

Invastigation

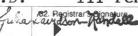
4 Aug. C.M.E.

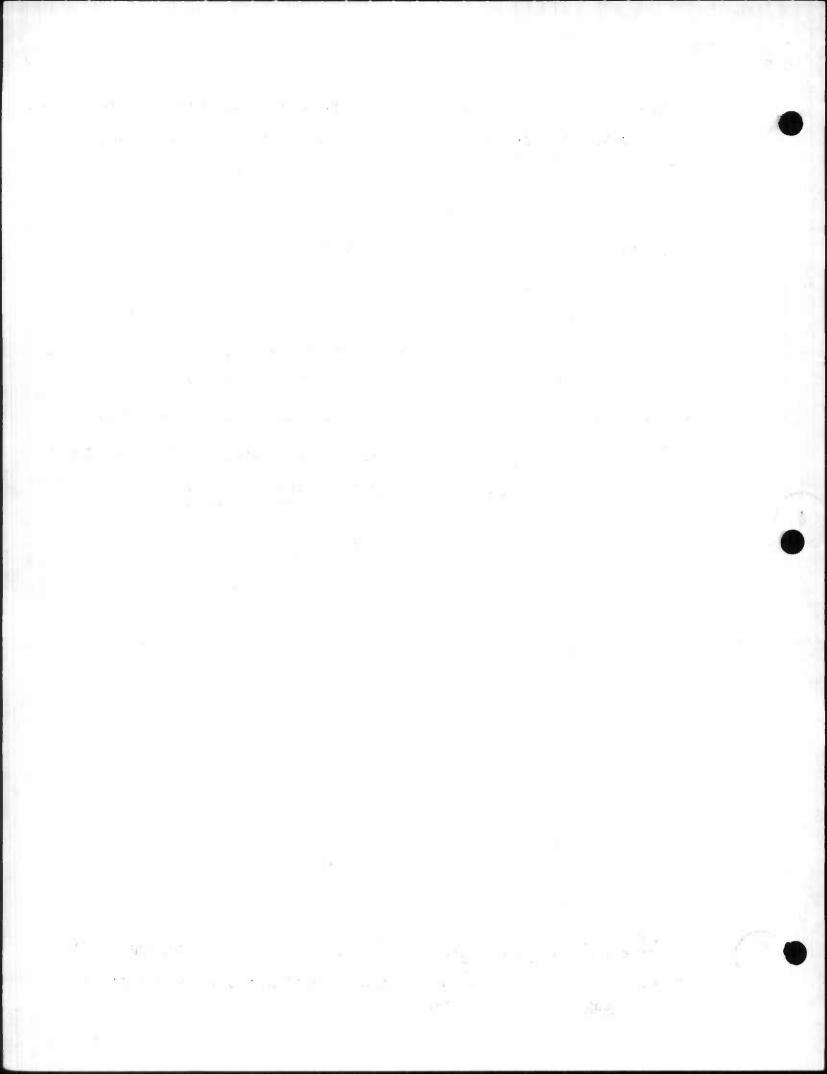
SEPTEMBER 16, 1996

ANN M. DIXON M.D.

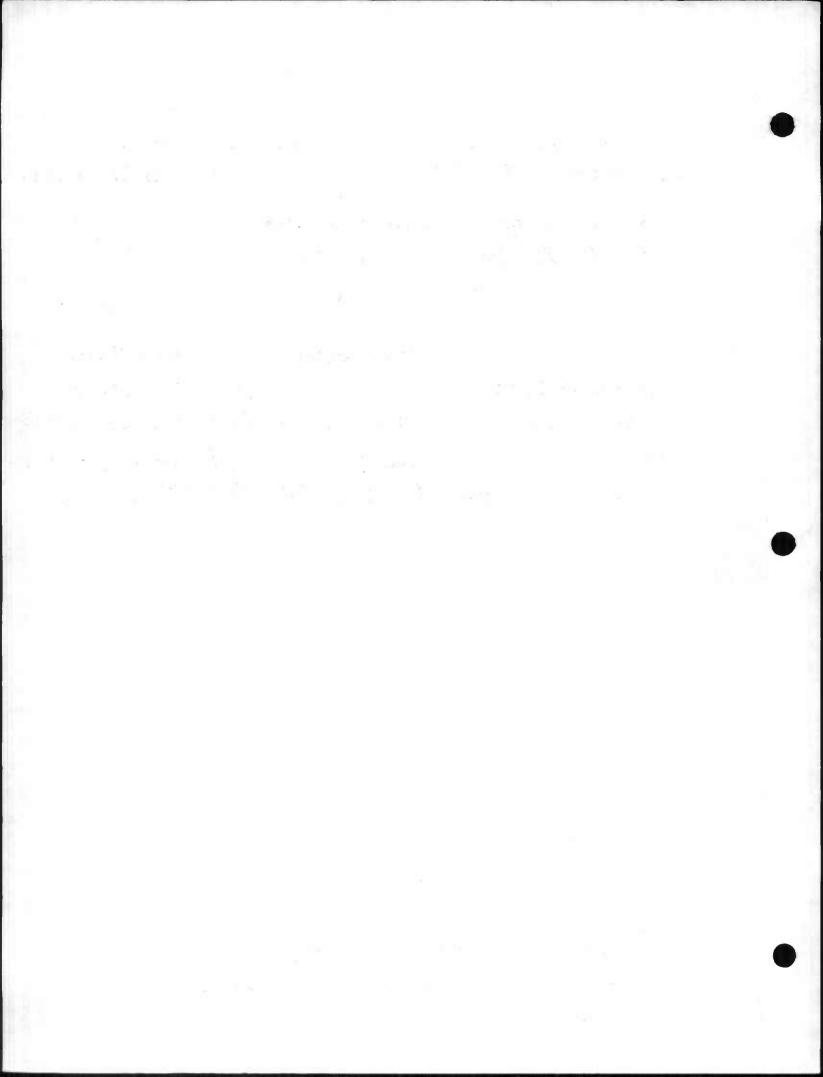
111 Penn Street, Baltimore, Maryland 21201

State Registrar 31. Data filed (Month, Day, Year) SEP 1 7 1996





	Certificate	of Death	-	. No.	
Physician	Decedent's Name (First, Middle, Last)     2		2. Dete of Deeth Month	Dey Yeer	3. Time of Death
edical	RUTH BAUER  4a. Fecility Neme (If not institution, giva street and number)	4b. City, Town, or L	SEPTEMBE	CR 6, 199	
iner	ST. MARY'S HOSDITAL	20 10 10 10 10			
	5. Social Security Number 6. Sex 7. Aga (In yrs. last birthdey) If Under 1			ST. MAR	Y S inhpleca (Stata or Foreign Country)
	086-10-2023 1 M 2 F 78 Yrs. Months	Deys Hours Min.	FEB. 20		ROUX N.V.
	Usuel Residence of Decedant         10c. City, Town or Location           10a. Stete         10b. County         10c. City, Town or Location				
o	MAN - MAN ( )	Dook			10d. Insida City Limits 10 Yas 2 □ No
Director	10e. Street and Number 10f. Zip C		100	. Citizan of What C	
	3212 HILTON DR. 20	653		11.5.	A·
Funeral		nt of Hispenic Orlgin? (Sp Cuban, Mexican, Puarto	pecify Yas or No-	14. Race - Am Black, Wh	
	1 Nevar Married 2 Married 1 Yes 2 No		, , ,	Specify: /	041.7
ed Dy	3 Widowed 4 □ Divorced Yeer or Detes:  15. Decedent's Education 18e. Decedent's Usuel	Documation	10	b. Kind of Busines	OFFI/E
plet	(Specify only highest grada completed) (Give kind of work	done during most of work retired)	king	D. KIIIQ OI BUSIII es	Silidustry
Completed	Elementary/Secondery (0-12) Coilege (1-4or 5+)	AKER		OWN H	OME
Be	17. Fathar's Nama (First, Middle, Last)		ne (First, Middle, Me	iden Sumama)	,
P	KICHALD GLESS	hilli	AN 57	EINK.	AMP
	19e. Informent's Neme/Reletionship (Type, Print)  19b. Meiling Address (	Street end Number or Ru	1		Zip Cotie) 20553
	20a. Method of Disposition 20b. Plece of Disposition (Nema	of Of		c. Location - City o	r Jown State
	1 Sourial 2 Crametion 3 Removel from Steta 4 Donetion 5 Other (Specify)	ar place)	SEPT 9	a larra =	MAT 11 T
		Address of Fecility	7996	VEWE	GYPT. N. V
	I homas I. Akarda h. SKAR	DAFH.	3218 H	- 11h	57
	23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode shock, or heart failure. List they one cause on each line.	of dying, such es cardiec	or respiratory erres	1190	Approximete
	SHOOK, OF HOOK FOILURE. LIST WHIT O'NE CAUSE ON EACH INTO.				Intarvei Between Onsat and Death
	Immediate Cause (Final disease or condition Cardiac Arrest				Seconds
70	rasulting In deeth)  Due to (or as e consequenca of):				
Examiner	b. CHF				yens
Exa	Sequentially list conditions, if eny, leading to immadiate cause. Enter Underlying				esser (
cal	Cause (Disease or Injury thet Initiated avents				weeks
Physician/Medic	resulting in death) Lest				weeks
lan	0. 0.00				
ysic	Part it. Other significant conditions contributing to death but not resulting in the underlying cal	sa given in Pert I.	23b. Did toba	icco usa contribu	te to the cause of death?
			1 🗆 Yes	2 1 No 3 □	Probably 4 Unknown
ed by			24a. Wes en	outopsy 24b	. Were eutopsy findings
Completed			performe	d?	evaliable prior to completion of causa of death?
E O			1 ☐ Yes	2 PNo	1 ☐ Yes 2 ☐ No
Be	25. Wes casa referred to medical examiner?	26. Plece of Dee	th (Check only one)		
10	1 ☐ Yes 2 ☐ No Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA		ome 5 Residence		ecify)
Certification:	, mindred of the state of the s	. Injury at Work?	28d. Describe how	Injury occurred	
licat	2 Accident Investigation 3 Suicide 6 Could not be determined determined	1 ☐ Yes 2 ☐ No	28f Location (Street	et and Number or I	Rural Route Number,
en	4 Homicide determined determined 286. Plece of injury - At nome, ferm, straat, factory, obuilding, etc. (Specify)	, ince	City or Town,		Tores riouto reambor,
	29a. Certifier 11 Certifying Physician: To the best of my knowledge, death occurred at	the time, date end placa,	end due to the caus	se(s) and manner s	es stated.
edical	(Check only one) 2 Medicat Examinar: On the besis of examination and/or investigation, in and manner steted.	my opinion, death occur	rred at the time, date	and plece, and du	ue to the cause(s)
Σ	29b. Signature and title of certifier 29c. I	icense number		. Dete signed (Mor	nth, Day, Year)
	Man Mo	D42597	9	-7-96	
	30. Name and address of person who completed cause of death (Item 23a) (Type, Print)	,	1		
	Deffrey C Brown, mo 662 monkey St. Svi	te 101 Lev.	mad four	and	
State	31. Dete filed (Month, Dey, Year) 1. AZ Repistrar's Papatient	7	10000		

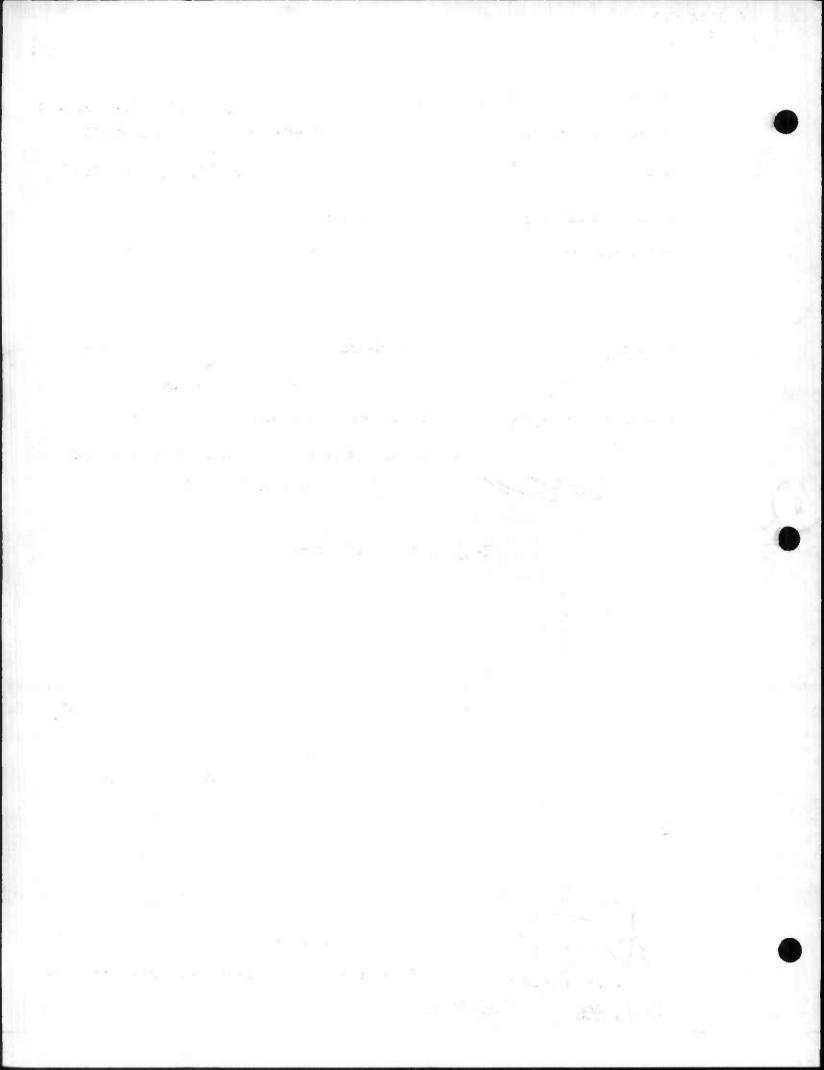


## Please Type or Print In Black Indelible Ink. Assure Ali Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

State of Maryland / Department of Health and Mental Hygiene

C	ortific	ato.	of F	booth	

										Reg	,		
Physicia /Medic		1. Decedent's Nem		SCC	TT	BOI	RAM		Mo	te of Deeth onth PT •	Dey 13, 1	Yeer 996	3. Time of Death
Examin		4e. Fecility Nema (/ 8 PAWI	f not Institution, LEYS C		um <i>ber)</i>			4b. City, Tow PARKV	m, or Location	of Death	4c. County BAL	of Deeth	RE
Funeral Director		5. Social Security N 213-32-55 Usuel Residence of	521	6. Sex 1 □ M 2 🂢 F	7. Aga (li	n yrs. lest birtho 2 Yr	Months Da		Min. 8. De	ta of Birth onth, Day, Y	<sup>(ear)</sup> 933	9. Birthp Cour Mary	place (Stete or Fore otry)  Land
ž=		10a. Stata	10b. County		10	c. City, Town o	or Location					1	Od. Inside City Lim
or 28a-f show be notflied at	P	Maryland	Balt	imore	-		Baltimo,	70					1 □ Yes 2 🖔
128a	rec	10e. Street end Nur		4.10-50			10f. Zip Coo			100	. Citizen of \	What Cour	ntry?
23a or		8 Pawle	eys Cow	rt				21236			u.s	.A.	
or items		11. Marital Status  1 Nevar Marri  3 Widowed		12. Was De Armed F ed 1  Yes if Yes, G Yaar or	2 🔼 No Sive	r in U,S.	13. Was Decadent if Yes, specify (		in? (Specify Ye Puerto Rican,	es or No- atc.)	Bia	ce - Americ ck, White, y: Whi	
atura cal E	Ped		15. Decedent's	s Education		16a. D	ecedent's Usuei Oc	cupetion		16	ib. Kind of B	ustness/In-	dustry
Important: If Item 27 is marked other than "natural", any injury or other traumatic event, the Medical Eas once.	ompie	(Space Space 12th grad	t grade completed	(1-4or 5+)		Give kind of work do ife. DO NOT use re BOOKKEEPE		nost of working			aler		
ent, i		17. Father's Name (		.est)					's Neme (First,				
rked tic ev	To Be	William	S	cott				Amo	anda	Weigh	gel		
e ma		19e. Informent's Ne	eme/Reletionsh	ip (Type, Print)		19b. N	Meiling Address (Str	reet end Number	or Rural Route	e Number, C	City or Town,	Stete, Zip	Code)
er tra	1	Dawn Ame	ent (	daughter	)	46	Woodview	Drive,	Fawn G	rove,	PA 1	7321	
net le		20e. Method of Disp		3 □Removei from	2	20b. Piaca of D	Disposition (Neme of crematory or other	f plece)	Dete	20	c. Location -	City or To	own, Stata
ury o		4 Donetion			n Steta	Green 1	Mount Cre	matory	9/17	196 1	Baltin	nore,	Maryland
any inj		21. Signature of Fu	nerei Servica L	icansee	/		22. Nama and Ac Schimun 9705 Bei	ek Fune	ral Hom	es, I	nc.	0102	
	-	23a. Pert1. Enter the shock, or hear	ne diseese, or o	complications that	caused the	deeth. Do not	t enter the mode of	dvina, such es c	ardiec or respt	ratory arrest	_ M <i>V</i>	21236	Approximete
sician edical iminer	ner	immediete Ceuse ( diseesa or condition resulting in deeth)	Finei n	e	8	ZWZ	2 Bo	200					Intervat Between Onset end Deeth
edical miner tisuzzi tisuz tisuzi tisu tisuzi tisuzi tisuzi tisu tisu tisuzi tisu tisu tisuzi tisuzi tisuzi tisu ti	Medical Examiner	immediete Ceuse (i	n	e	Due	zwe	nsequence of):						Onset end Deeth
edical buriel-transit and se as the buriel-transit		immediete Ceuse (i diseesa or condition resulting in deeth)  Sequentially list con if any, leading to im- cause. Enter Unde Ceuse (Disease or thet initiated events resulting in death) L	n nditions, mediate rlying injury est	6 b c	Due Due	e to (or es e con	nsequence of): nsequence of):	200				ntributs to	Onset end Deeth
edical buriel-transit and se as the buriel-transit	Physiclan/Medical	immediate Ceuse ( diseasa or condition resulting in death)	n nditions, mediate rlying injury est	6 b c	Due Due	e to (or es e con	nsequence of): nsequence of):	200		3b. Did tobe		ntribute to	Onset end Deeth
igned by the ettending physician and more pool of the physician and pool of the physician and pool of the physician and pool of the physician and pool of the physician and pool of the physician and pool of the physician and pool of the physician and pool of the physician and pool of the physician and pool of the physician and pool of the physician and pool of the physician and physician and pool of the physician and pool of the physician and pool of the physician and pool of the physician and physicia	by Physiclan/Medical	immediete Ceuse (i diseesa or condition resulting in deeth)  Sequentially list con if any, leading to im- cause. Enter Unde Ceuse (Disease or thet initiated events resulting in death) L	n nditions, mediate rlying injury est	6 b c	Due Due	e to (or es e con	nsequence of): nsequence of):	200	23	3b. Did tobe	acco use co 2□ No	3 Prof	Onset end Deeth
ate has been signed by the ettending physician and more page 2 should be detached for use as the buriel-transit on page 2.	Completed by Physician/Medical	immediete Ceuse ( diseesa or condition resulting in deeth)  Sequentially list con if any, leading to im cause. Enter Unde Ceuse (Disease or thet initiated events resulting in death) L	nditions, mediate rhying injury .est	6 b c	Due Due	e to (or es e con	nsequence of): nsequence of):	200	23	3b. Did toba 1 □ Yas	acco use co 2□ No	3 Prof	o the cause of deal bebty 42 Unknown to the multiple prior to mpletion of cause
oerincale has been signed by the ettending physician and rector, page 2 should be detached for use as the buriel-transit units and transit units and the physician and transit units and the physician and transit units and the physician and the phy	Be Completed by Physician/Medical	immediete Ceuse ( diseasa or condition resulting in deeth)  Sequentially list con if any, leading to im cause. Enter Unde Ceuse (Disease or thet initiated events resulting in death) L  Pert ii. Other signifit  25. Wes case referr exeminer?	nditions, mediate rhying injury .est	bd	Due Due death but no	e to (or es e con	nsequence of):  nsequence of):  nsequence of):  he underlying cause	26. Piece o	23 24 of Deeth (Check	3b. Did tobe 1 □ Yss ie. Was an a performe 12 Yes ck only one)	acco use co 2 No sutopsy d?	3 Prof	o the cause of dealebebly 42 Unknown to the management of the mana
in structure in as been signed by the estending physician and sidnector, page 2 should be detached for use as the buriel-transit unit in the control of the	To Be Completed by Physiclan/Medical	immediate Cause (idiseasa or condition resulting in death)  Sequentially list conif any, leading to imcause. Enter Under Cause (Disease or that initiated events resulting in death) L  Pert II. Other significations.	nditions, mediate rhying injuryest	e b d de contributing to de con	Due Due Due death but no	e to (or es e con to (or es e	nsequence of):  Insequence 6. Piece o	24  of Deeth (Checking Home X	3b. Did toba 1 □ Yas ie. Was an a performe 120 Yes ck only one)	acco use con 2 No sutopsy d?	3 Prof	o the cause of dealebebly 42 Unknown to the management of the mana	
ineral director, page 2 should be detached for use as the buriel-transit	To Be Completed by Physiclan/Medical	immediete Ceuse ( diseesa or condition resulting in deeth)  Sequentially list con if any, leading to im cause. Enter Unde Ceuse (Disease or thet initieted events resulting in death) L  Pert ii. Other signifi  25. Wes case referencements Yes 2 1  27. Menner of Deeth Neturel	nditions, mediate rhying injuryest	e b d d ha contributing to define the contributing to define the contributing to define the contribution of the contribu	Due Due death but no	e to (or es e con to (or es e	nsequence of):  nsequence of):  nsequence of):  ne underlying cause  atient 3□ DOA  ne of 28c. I	26. Piece o	of Deeth (Checking Home X) 28d. De	3b. Did toba 1 □ Yas ie. Was an a performe 120 Yes ck only one)	acco use co 2 No sutopsy d?	3 Prof	o the cause of dealebebly 42 Unknown to the management of the mana
rief this certificate has been signed by the ettending physician and inner inferior page 2 should be detached for use as the burief-transit in inner in the burief-transit in inner in the burief-transit in inner in the burief-transit in inner in the burief-transit in inner in the burief in the bu	To Be Completed by Physiclan/Medical	immediete Ceuse ( diseasa or condition resulting in deeth)  Sequentially list con if any, leading to im cause. Enter Unde Ceuse (Disease or thet initieted events resulting in death) L  Pert ii. Other signifi  25. Wes case referr exeminer? Yes 2	nditions, mediate rying injuryest	e	Due Due Due death but no dinjury rath, Dey Ye	e to (or es e con to (or es e	nsequence of):  nsequence of):  nsequence of):  ne underlying cause  atient 3□ DOA  ne of 28c. I	26. Piece of Other: 4 Nursinjury et Work?	of Deeth (Checking Home X 28d. De	3b. Did tobe 1  Yes  de. Was an a performe  12 Yes ck only one)  12 Rasidence secribe how	acco use con 2 No sutopsy d?  2 No No see 6 Oth injury occurrent end Number e	3 Prol	o the cause of dealebebly 42 Unknown to the management of the mana
ineral director, page 2 should be detached for use as the buriel-transit union in the control of	Certification: To Be Completed by Physiclan/Medical	immediete Ceuse (idiseess or condition resulting in deeth)  Sequentially list confit and course. Enter Under Ceuse (Disease or thet initieted events resulting in death) L  Pert ii. Other signification of the course of the cour	nditions, mediate rhying injuryest	b	Due  Due  Due  Due  Due  death but not  death but not  death but not  death for injury -  ding, atc. (S	e to (or es e con to (or es e	nsequence of):  nsequence of):  nsequence of):  ne underlying cause  atient 3 □ DOA  ne of 28c. I	26. Piece of Other: 4 Nurs njury et Work? 1 Yes 2 N	24  of Deeth (Checking Home X) 28d. Deeth (City) plece, and due	3b. Did tobe  1  Yes  de. Was an a performe  12 Yes  ck only one)  2 Rasidence escribe how cation (Streety or Town, See to the cause	acco use con 2 No sutopsy d?  2 No See 6 Oth injury occur. Stete)	3 Prof	Onset end Deeth  Oths causs of dea bebly 42 Unknown  ere autopsy finding eilable prior to mpletion of cause death?  Yes 2 No  No  No  No  No  No  No  No  No  No
ineral director, page 2 should be detached for use as the buriel-transit union in the control of	edical Certification: To Be Completed by Physiclan/Medical	immediete Ceuse (idiseesa or condition resulting in deeth)  Sequentially list confirmed in the course (Disease or the tindeceuse (Disease or the tiniteted events resulting in death) L  Pert ii. Other signification of the course (Disease or the tiniteted events resulting in death) L  Pert ii. Other signification of the course of the cour	nditions, mediate flying injuryest	b	Due  Due  Due  Due  Due  death but not of Injury rath, Day Ye  de of Injury - ding, atc. (S)  e best of my	e to (or es e con to (or es e	nsequence of):  nsequence of):	26. Plece Other: 4 Nurs njury et Work? 1 Yes 2 N	24  of Deeth (Checking Home X) 28d. Deeth (City) plece, and due	3b. Did toba  1  Yes  de. Was an a performe  1  Yes  ck only one)  M Rasidence ascribe how  cation (Streety or Town, See to the cause time, dete	acco use con 2 No sutopsy d?  2 No No se 6 Oth injury occur steed Number Stete)  se(s) end me o end pieca,	24b. Way co of of see (Specify red	o the cause of deal bebly 42 Unknown to the cause of deal bebly 42 Unknown to make the cause death?  Yes 2 No  No Route Number,
The Fundral Director: After this certificate has been signed by the ettending physician and plately filled in by the funeral director, page 2 should be detached for use as the buriel-transit of plately filled in by the funeral director, page 2 should be detached for use as the buriel-transit of plately filled in by the funeral director, page 2 should be detached for use as the buriel-transit of plately filled in by the funeral director.	edical Certification: To Be Completed by Physiclan/Medical	immediete Ceuse (idiseesa or condition resulting in deeth)  Sequentially list confirmed in deeth)  Sequentially list confirmed in deeth)  Sequentially list confirmed in deeth)  Learning list confirmed in deeth)  Pert ii. Other signification of the deeth in deeth list confirmed in deeth list co	nditions, mediate rhying injuryest	b	Due  Due  Due  Due  Due  death but not  death but not  death but not  death for injury -  ding, atc. (S	e to (or es e con to (or es e	nsequence of):  nsequence of):	26. Piece of Other: 4 Nurs njury et Work? 1 Yes 2 N	24  24  25  26  27  28  28  20  28  20  28  20  20  20  20	3b. Did tobe  1  Yes  de. Was an a performe  1  Yes  ck only one)  Rasidence ascribe how cation (Streety or Town, \$ 20 to the cause time, dete	acco use con 2 No seutopsy d?  2 No See 6 Oth injury occur of the end Number of the end pieca,	3 Prof	o the cause of deal bebly 42 Unknown to the cause of deal bebly 42 Unknown to make the cause death?  Yes 2 No  No Route Number,



## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

2300 DULANEY VALLEY RD., Towson, MD.

27482

A STATE OF		Decedent's Name (First, Middle, L	ast)		Ce	rtificate d	л реа	1/1	2. Date of De	Reg. No.		2 Time of Death		
Physiciar /Medica		MOYSE			BRA	VER				BER <sup>a</sup> 10,1	996	3. Time of Death 11:20pm		
Examine	r	4a. Facility Name (If not institution, g STELLA MARIS HOS		m <i>ber)</i>				Town, or L WSON	ocation of Deat		of Death SALTIM	ORE		
Funeral Director		214-94-1090	Sex 1⊑xM 2□ F	7. Age (In yrs. 84	last birthday) Yrs.	If Under 1 Ye Months Da		der 24 Hrs. 's Min.	8. Date of Bir	15,1912	9. Birthple	ce (Stete or Foreign RUSSIA		
pug *	-	Usual Residence of Decedent  10a. State 10b. County		10c Cit	y, Town or Lo	cation					10	d Incide Oh I imite		
H sho	0	MARYLAND N/A			BALTI						100	d. Inside City Limits 1 □ Ves 2 □ No		
or 28s	GC	10e. Street and Number 5715 PARK HEIGHTS	3 3300	ADUL EO		10f. Zip Cod	1215			10g. Citizen of V	What Countr	y?		
234	200													
1	2	11. Marital Status  1 □ Never Married 2 □ Married  3 □ Widowed 4 □ Divorced	12. Was Deci	2☐No		Was Decedent f Yes, specify C 1 □ Yes 2 □			ecify Yes or No Rican, etc.)	Specify	a - Americar k, White, et			
ale ale	De le	15. Decedent's E (Specify only highest g	ducation		16a. Deced	dent's Usuai Oc	cupation	ost of work	dna	16b. Kind of Bu	isiness/Indu	stry		
than the Mon	duo	Elementery/Secondary (0-12)	College (1	l-4or 5+)	life.	kind of work do DO NOT use re MACH	tired) INIST		urg	PRINTIN	īG			
d out	0	17. Father's Name <i>(First, Middle, Las</i> SHMU	*	BRAVER			18. Mo		e (First, Middle, HENDL	, Meiden Sumem	e) MARGO	VSKY		
th end Men 7 is marke traumatic		19a. Informant's Name/Relationship	(Type, Print)		19b. Meilir	ng Address (Str	eet end Nur	n <i>ber</i> or Ru	ral Route Numb	er, City or Town,	State, Zip C	code) 21215		
Health tam 27 other tr	- 1-	MRS. POLINA BRAVE	ER (WIFE					S AVE		503 BAI				
nt: If ital	1	20a. Method of Disposition  1 □XBuriat 2 □ Cremation 3 [ 4 □ Donation 5 □ Other (Speci		0	emetery, crer	sition (Name of netary or other ALTIMOR	plece)	REW	Date 9/12/96	20c. Location -		n, State		
Department of Juportant: If I any injury or once.		21. Signature of Fugeral Service Llo	rigoe PH	40.	22	. Name and Ad Sol			Bros.,	Inc.				
hysician /Med.cal Examiner		23a. Part. Enter the disease, or conshock, or heart failure. List only Immediate Cause (Finat disease or condition resulting in death)	0 - 0	EBROV		UAR				11031,		Approximete Interval Between Donset and Death		
e attending physician end of for use es the burial-transit is clariffed to the control of the co		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury	b	Due to (or	as a conseq	uence of):								
00	Medic	Medic	that initiated events resulting in death) Last  Due to (or as a consequenca of):  d.											
e attendir		Part II. Other significant conditions	contributing to de	ath but not resu	ilting in the ur	nderlylno cause	given in Pa	rt I	23h Did	tohecco use cor	stribute to ti	he cause of death?		
igned by the attendir be detached for use by Physician/		ESOPHAGEA					givoriiii				3 ☐ Proba			
sete has been sign page 2 should be	pleted	pleted	pleted									24e. Was an autopsy performed? 24b. Were autopsy find available prior to completion of cau of death?		able prior to pletion of cause
page page									10	Yes No	10	Yes 2□ No		
this certifice		25. Was case referred to medical examiner?						ace of Deat	h (Check only o	one)				
T die		1 ☐ Yes 2 No 27. Magner of Death	-		ER/Outpatien	1 3 DOA		Nursing Ho	me 5 Resid		or (Specify)	HOSPICE		
rs after death.  al Director: After t led in by the funers  Certification:		1 Natural 5 Pending Investigation	n	of Injury h, Dey Year)	28b. Time of Injury	28c. ir V M 1	liury at Vork? ☐ Yes 2	□No	28d. Describe i	now Injury occurr	ed			
al Director: led in by the Certifica		3 ☐ Suicide 6 ☐ Could not be determined	288. Place	of Injury - At ho ng, etc. (Specify	me, farm, stre	eet, factory, offic	<b>&gt;</b> 8		28f. Location (S City or Tox	Street end Numbern, Stete)	er or Rural F	loute Number,		
within 24 hours after death.  To the Funeral Director: After completely filled in by the fune Medical Certification		29e. Certifier (Check only one) Certifying Pt	nysician: To the miner: On the be and mann	sis of examinati	viedge, death on end/or inv	occurred at the estigation, in m	time, date y opinion, d	and piece, eath occuri	end due to the red at the time,	cause(s) and ma dete and place, e	nner as state	ed. ne ceuse(s)		
Vithir comp		29b. Signature and title of cartifier	-			-	ense numbe			29d. Date signed	(Month, De	y, Year)		
		Kendale	Value	I ball	w	D	256	43		92/W/	96			

State Registrar

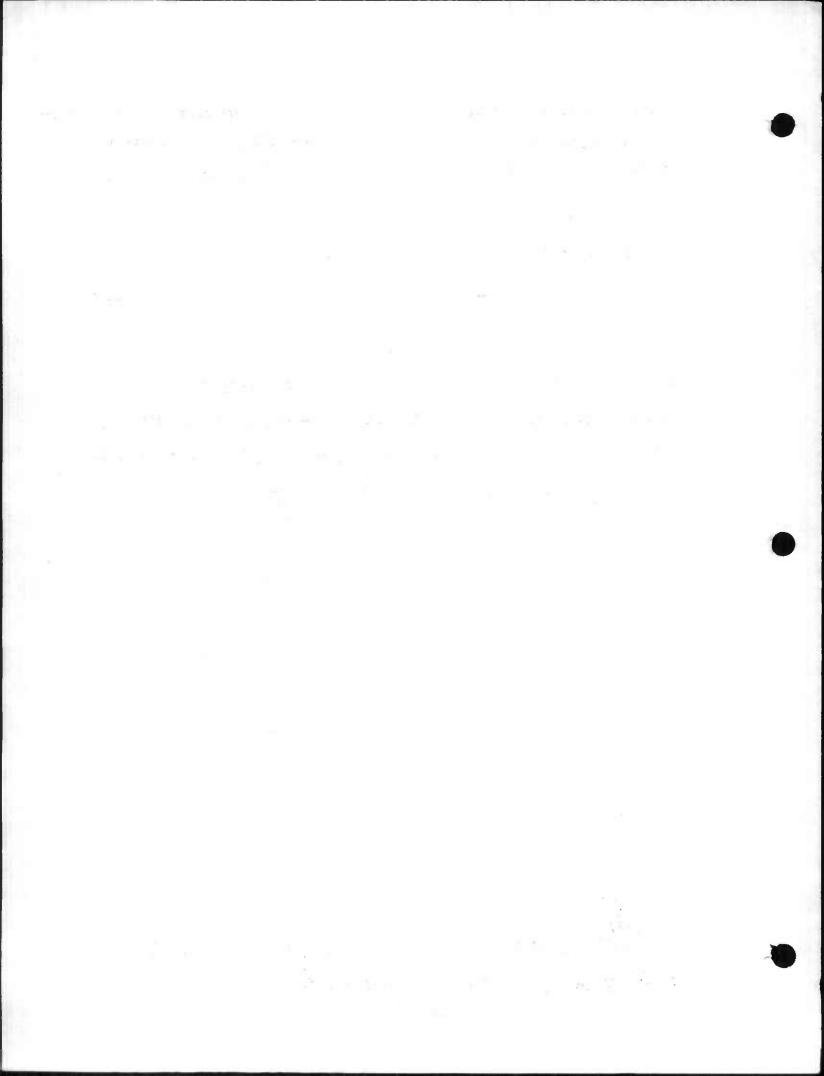
30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

ngià sa

#### Please Type or Print in Black Indelible ink. Assure All Copies Are Legible.

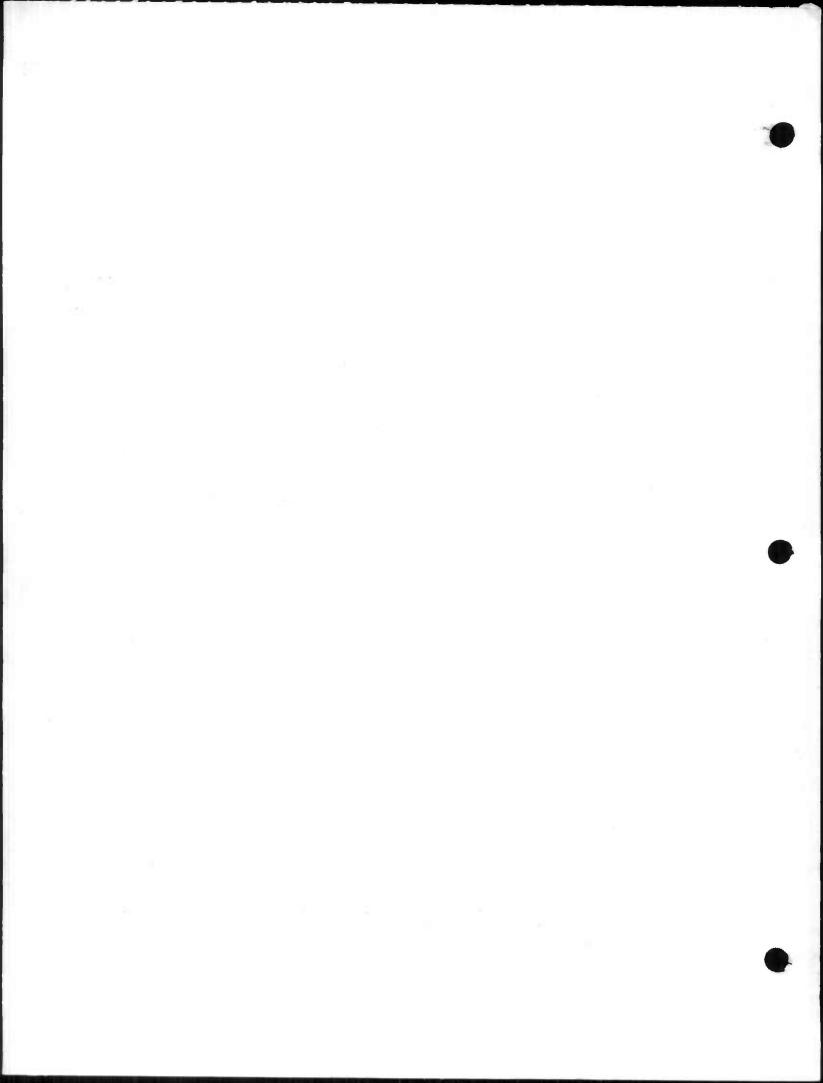
State of Maryland / Department of Health and Mental Hygiene 96

						Certifi	cate of	Death		Re	g. No.				
	Dhamis		Decedent's Name (First, Middla, L.	nst)					2.	Dete of Deeth Month		Veer	3. Time of D	Deeth	
	Physic /Medi		Regina JOANN	IA CITE	RANO				Se	ptembe	Day	Yeer 1996	7:48 p	erro.	
F	Exami		4a. Facility Nama (If not Institution, gi					4b. City, To		ion of Deeth	4c. County	of Death	r-an-h		
			Franklin Square	Hospital				Rossv	ille		Baltí	more			
	Funeral Director				e (In yrs. lest b		Under 1 Year Onths Deys	If Undar	Min.	Data of Birth (Month, Dey, 1 02 18	Year)	9. Birthple Count Mary	lece (Steta or lry) Land	Foreign	
Т	pu .		Usuel Residence of Decedent  10a. Stete 10b. County		10- City To		_								
	e Maryla Sa-f ehov	ctor	Md. Baltim	ore	10c. City, Tov Ess		n					10	od. Inside City		
	23a or 24	<b>Funeral Director</b>	10e. Street and Number 500 Almond Ave	nue 10f. Zip Cod				ı		10	g. Citizen of USA		lry?		
020	De filed within 72 hours after death with the Maryland nat Hygiene.  do other than "natural", or items 23a or 28a-f show event, the Medical Examinar must be noticed at	by	11. Meritel Status  1 Never Married 2 Merried  3 Widowed 4 Divorced	12. Wes Decedent Armed Forces?  1 Yes 25 h If Yas, Giva Yaer or Detas:			Decedent of H s, specify Cube (as 2 DKNo	lispanic Origen, Mexican Specify:	gin? (Specify , Puarto Ric	y Yas or No- an, etc.)	Bia	ce - America ck, White, e y:White			
215-0	hin 72 h n natu	Completed	15. Decedent's E (Specify only highest gr Elementery/Secondery (0-12)			Decedent's (Giva kind iife. DO N	Usuel Occup of work done IOT use retired	ation during most d)	of working	1	6b. Kind of B				
2	d with	E	8	College (1-401 5	A	ssemb]	ly Line	e Work	er		Elect	trical	L		
Maryland 21215-0020	S at b	To Be C	17. Fether's Neme (First, Middle, Las Michael Piaseck	,						irst, Middla, M zynska	alden Sumen	ne)			
Mary	1 and 2 should Health end Mer Iom 27 ie marke		19e. tnforment's Neme/Rejetionship Dennis C.Citrano							oute Number, Sun, Md.		Stete, Zip	Code)		
Baltimore,	Pages 1 and ent of Health H: If Item 27 ry or other tr		20e. Method of Disposition  1X Burial 2 Cremetion 3 [ 4 Donetion 5 Other (Special Content of the		cemate	of Disposition by, cremator d Hear	v or other ole	ce) Jesus		Date 2 -16-96	Oc. Location Dunda				
Balti	permit. Pages 1 Department of I- Important: If its eny injury or ot		21. Signature of Funerel Sarvice Lice			22. Nei Char	ne end Addra	ss of Facility Zeil	er & S	Son Inc					
	_		23a Part Enter the disease or con	rolination that caused	the death De	6224	Easte	rn Av	e. Ba	lto.,Mc	l		A		
	District Control	1	23a. Pert1. Enter the diseese, or con shock, or heart feilura. List only	ona causa on each lir	10.	TION BINGS (IN	o mode or dyn	ig, such es	cardiec or re	sspiretory erre	51,		Approximate tnterval Betwo Onset and De	reen	
1	Physician /Medical	ш	tmmediete Ceuse (Finei	-								1	Origot and De	0007	
	Examiner		diseesa or condition resulting in death)	e. Pneumon			y embol	Lism				J	17 days	5	
		ē			Due to (or es a										
	uted ansit	Examiner		b. Chronic				nary c	liseas	e					
Ć.	exec in an	Exa	Sequantielly list conditions, if eny, leading to immediate cause. Enter Underlying								i				
19/	icate be executed physician and s the burial-transit	Cal	Cause (Disease or injury the initiated events												
ox 68760,	certif ding	<b>VMedical</b>	resulting in death) Last  d  d												
ŏ	deeth e atter	Physician	Contil Cabon design on the second												
o	the the	hys	Pert II. Other significant conditions	contributing to death bu	It not rasulting	in the undart	ving cause giv	en in Pert I.					the cause of		
S, D		by P								1 L Y	8 2□ No	3 Prob	ably 4419	Inknown	
Records	requir been s should	Completed t								24e. Was an autopsy performed?		com	re sutopsy fin ilable prior to apletion of car leath?		
	0 - 6	E								1□ Yes	2CXNo		Yes 2□N	de	
Ö		Be C	25. Wes case referred to medical					20 Diago	of Dooth (C	heck only one		10	1198 ZLIN	10	
of Vital	Physician: this certific ral director,	ToB	examiner?	Hospitei:	nt 2 ER/O	utnationt 3	DOA Oth	or		5 ☐ Resider		or (Specific	d		
ou o	After After		27. Menner of Deeth  1 DNeturai 5 Pending 2 Accidant investigation	y. 28b.	Time of Injury	28c. tnjur Wor		28d	. Describe how			/			
Division	2442	Certification:	3 Suicide 6 Could not be determined	ectory, offica		28f.	Location (Stre City or Town,		per or Rurel	Routa Numbi	er,				
)	he Hospital n 24 hours a ne Funerei D	edical C	29e. Certifier (Check only one)  Certifying Pt  Medical Example:	nysician: To the best of miner: On the basis of end menner sta	examinetion er	e, deeth occu nd/or investig	urred at the tin lation, in my o	ne, date and pinion, deet	d place, and th occurred e	due to the cer at tha time, de	use(s) end mi te and piace,	annar as sta and due to	ated. the cause(s)		
1	100	Me	29b. Signeture and ettle of certifier				29c. Licans	e number		29	d. Date signe	d (Month, E	Day, Year)		
1	1		▶ 1 MUMMIX	ann			Din	10/2			-12-				
-	(E	)	30. Name and address of person who		ash (lea- oc )	mal ne	010	610		19	-14-	NO			
			30. Name and address of person who	completed cause of de	o OU	(Type, Brint)	PET 10	U_							
	Sta Registr	_	SEP 1 7 1996	82 Registra	de Signatura-										



-BAUTIMORE, MARYLAND 21215-0020	14 Inc. and Community of the May be retained by the hospital or attending physician.	FINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1,	le medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 6876	HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 may are may be retained by the hospital or attending physician.	FILESPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directions of second many the funeral directions of common or	TANT: If from 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR		STATE OF M		DEPAR ERTIF					MENTA	L HYGIEN				
1. DECEDENT'S NAME (FILE)		C.	4RTE	R					MONI	OF DEATH	MY/4	YEAR 96	8:14 A M	
4. SOCIAL SECURITY NUI		5. SEX 1 M 2 F	6. AGE (In yrs. Ia	st birthday)	IF UNDER	1 YEAR DAYS	IF UNDE	R 24 HRS.	7. DATE Ma <del>Jul</del>	ог яняты У 10, <b>у 14</b>	1926 1924	Country	PLACE (State or Foreign	
9e. FACILITY NAME (If no	institution, give s							ION OF DI	EATH		9c. COU	NTY OF O	EATN	
Deaton Medinesidence of Di 100. STATE	ical Ce	nter					imor	e			1	n/a		
10e. STATE	10b. COUNTY			10c. CIT	Y, TOWN (	timo							10d. INSIDE CITY LIMITS? 14 YES 2 NO	
	n/	d			Dal	-	ZIP COD	)E			10a, CIT	IZEN OF W	HAT COUNTRY?	
1534 North	Gilmor	e Street					21	217			11141	USA		
10e. STREET AND NUMBE 1534 North 11. MARITAL STATUS 1 Never Married 2 2 3 Widowed 4 D	Merried	12. WAS DECEOEN FORCES? 1 IF YES, GIVE W WORLD W	T EVER IN U.S. AI X YES 2 T MR OR DATES	RMED NO	- 1 3	If yes, sp	ecity Cub		n, Puerto	Y? (Specify Ye Ricen, etc.)	e or No—	Black	RACE — American Indian, Black, White, etc. Specify:	
	ECEDENT'S EDU	CATION	16e. D	ECEOENT'S	USUAL O	CCUPATIO	N NC		168	. KIND OF BU	ISINESS/INI	DUSTRY	black	
(Specify of Elementary/Secondary	only highest grade (0-12)	completed) College (1-4 or 5 +	MA.	Give kind of a e. Do NOT us	work done se retired.)	during mo	st of work	ing	17.50					
Elementary/Secondary High school 17. FATNER'S NAME (First,				Longs	hore	man			St	teamsh	ip Tr	rade-	ILA-STA	
17. FATNER'S NAME (First,	Middle, Last)									Middle, Meider	Surneme)			
Royster Ca		wife								arner	0	0.11		
Elizabeth	C. Cart			1534							altin	nore,		
20e. METNOD OF DISPOS	tion 3 🗆 Rem	oval from State		and DATE					CON		OCATION -		.ls, MD	
4 Donation 6 Ott		CENSEE	ע שאַן ע	etera	22.	NAME A	O ADORI	SOIT	sep	Jutter	Fune	ral	Homes Tro	
> Herbe	est E	hut	tus			250° Balt	Gw	ynns re, l	Fal. Mary	ls Par land	kway 21216	5	Homes, Inc.	
23. PART I. Enter the shock, Di IMMEDIATE CAUSE ( disease or condition resulting in death)	heart fallure.	SEPS	ise on each iin	ie.		r the mo	de of dy	ying, aud	ch aa cer	diec or res	olratory sr	rest,	Approximate interval Between Onset and Daath	
Sequentially liet con- if any, leading to im- cause. Enter UNDER CAUSE (Disease or is that initiated eventa resulting in death) L	nediate LYING njury	b. DEC DUE TO	OR AS A CONSI	US EQUENCE O	uk P:	ER			- 1 - 1 +					
PART II. Other eignif	Icent condition	ne contributing to	deeth but not	resulting	In the u	nderiyin	g cause	given in	Part I.	24a. WAS A PERFO	RMED?	246	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
DID TOBACCO	USE CONT	RIBUTE TO CA	USE OF DE	ATH YI	ES 🗆	NO Z	UN	CERTAI	N 🗆				1 - YES 2 - NO	
DID TOBACCO  25. WAS CASE REFERRE EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	TO MEDICAL	HOS ITAL:		3 DOA	OTHE	R:	ne 5 🗆 F	Residence	8 🗆 Oth	er (Specify)				
	Pending Investigation	26a. DATE OF (Month, D		26b. TIR	ME OF JURY M	W				DESCRIBE NOW INJURY OCCURED				
2 Accident 3 Suicide 6 4 Nomicide	Could not be determined		OF INJURY — At I	home, farm,	street, tec	ctory, offic	20			CATION (Street or Town, Stet		er or Rural I	Route Number,	
(Check only		ER: On the best of a											a) and manner as stated.	
296. SIGNATURE AND THE	TLE OF CERTIFIE	W.					29c. LI	26	MBER 25	6	29d. DA	TE SIGNES	14 196	
30. NAME AND ADDRESS BICH D	OF PERSON WI	700 V	SE OF DEATH (IT	15 En	e, Print) 1 B	Vd	B	Bali	tîni	re /	uo:	212	36	



south

32. Registrar's Signatura

John Newalson Rordall

Greene Street, Baltimore, MD21201

**DHMH 16 Rev 6/95** 

State

Registrar

Tamang 31. Data filed (Month, Day,

21215-0020

altimore, Maryland

Ť

Records, P.O. Box 68760,

Division of Vital or Attending Physician:

Hospital

To the

and the second of the second of the second Protester, and the real case, it was the content of the state of the s LA House year has

#### Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

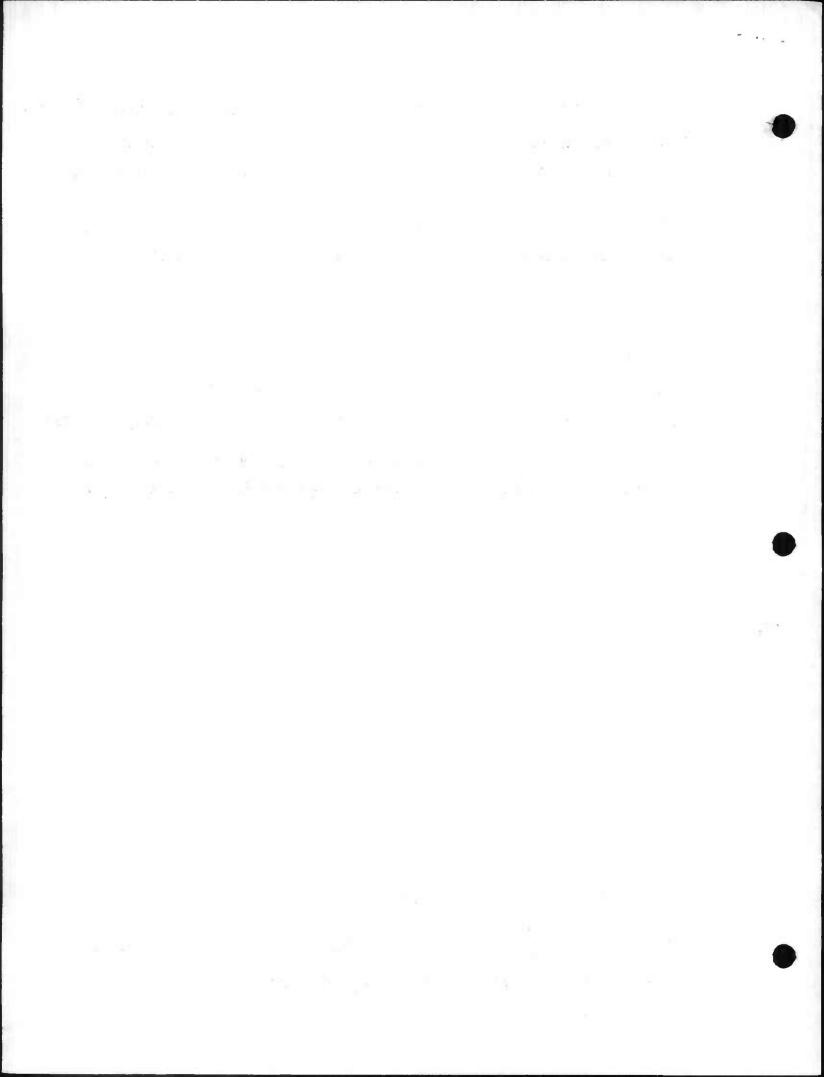
State of Maryland / Department of Health and Mental Hygiene 27486 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death CARISON SEPTEMBER **Physician** ERNST 5:30 AM LEONARD /Medical 4e. Fecility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Fallston General Hospital FALLSton Harford If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month Dev Year) April 14, 1921 9. Birthplece (State or Foreign Country) NEW YORK 5. Social Security Number 7. Aga (In yrs. last birthday) **Funeral** Months 10 M 2□ F Davs Hours Yrs. 75 Director 064-16-7590 Usual Residence of Decedent the Maryland 10e. State 10c. City, Town or Location 10b, County 10d. Inside City Limits 7 is marked other than "naturel", or items 23s or 28s-f show traumstic event, the Medical Examinar must be notified at 1 X Yes 2 □ No Directo Maryland Harford Bel Air 10e. Street and Number 10f. Zio Code 10g. Citizen of Whet Country? 1005-F Jessica's Court 21014 U.S.A. death Funeral 12. Wes Decedent Ever in U,S. Armed Forcas? 13. Was Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puarto Rican, etc.) 14. Race - Amarican Indian, Bleck, White, etc. 72 hours after 1 ☑ Yes 2 ☐ No If Yes, Giva Yeer or Detes: 1942-45 1 Navar Married 2 Merried Baltimore, Maryland 21215-0020 \*naturel\*, or 1 ☐ Yas 2 No þ Specify: White 3 X Widowed 4 □ Divorcad Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed within in Department of Health and Mental Hygiena. Important: if Item 27 is marked other than "n. any Injury or other traumation. Elamantary/Sacondery (0-12) College (1-4or 5+) 12th grade In-freight Manager Steamship Company 17. Fether's Neme (First, Middla, Last) 18. Mothar's Neme (First, Middle, Meiden Surneme) Ernst L. Carlson Sr. Addie Wheeler 2 19e. Informent's Neme/Reletionship (Type, Print) 19b. Malling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Eric Carlson (Son) 10 Silent Meadow Court, Cockeysville, Md. 21030 20a. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, cremetory or other place) Date 20c. Location - City or Town, Stata 1 ☑ Buriel 2 ☐ Cremation 3 ☐ Removel from State Owings Mills, MD. 4 ☐ Donation 5 ☐ Other (Specify) VA Cem. at Garrison Forest 9/16/96 22. Name and Address of Facility
Schimunek Funeral Home of Bel Air, Inc.
610 W. MacPhail Road, Bel Air, Md. 21014 21. Signature of Funeral Service Licerus 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart feilure. List only one cause on each line. Approximate Intervel Batween Onset end Death **Physician** /Medical Immediate Cause (Final · Esophageal CARCINOMA 2mos diseese or condition rasulting in deeth) Examiner Examiner sician and burial-transit Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in deeth) Last Due to (or es e consequenca of): physician s the burial P.O. Box 68760. Physician/Medical Due to (or es e conseguence of) attanding Part II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records. by 24b. Were eutopsy findings evallable prior to completion of cause of deeth? 24a. Wes en eutopsy periormed? Completed peed 2 No 1 □ Yes 2 No cartificata To the Hospital or Attanding Physician: within 24 hours after death.

To the Funeral Director: After this cardifica completaly filled in by the Iuneral director, i. 25. Wes casa referred to medical Be 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No To 1 Depatient 2 ER/Outpetlent 3 DOA 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred Medical Certification: 5 Pending Neturel 1 ☐ Yes 2 ☐ No investigation 2 Accident 3 Suicide 6 Could not be determined 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homleide the certifying Physicians To the best of my knowledge deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.

| Medical Examiner: On the less of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier 29b. Signetur 29c. Licansa number 29d. Data signed (Month, Day, Year) SEPTEMBER 14, 1996 30. Nema and address of person who con leted cause of deeth (Item 23e) (Type, Print) YUIGWHEEL KOAD BELAIR Md 21015 -indA FREilich

State Registrar

**DHMH 16 Rev 6/95** 



State of Maryland / Department of Health and Mental Hygiene 27487 Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Date of Death 3. Time of Death harlotte **Physician** Month Day Von rman L. September 12 1996 1:30a.m /Medical 4a. Facility Name (If not institution, give straat and numbar) 4b. City, Town, or Location of Death 4c. County of Death Examiner N/A Butimore
If Under 1 Year If Under 24 Hrs. 8. Date o
Months Days Hours Min. (Month umms 5. Social Sacurity Number 6. Sex 7. Age (In yrs. last birthday) **Funeral**  Birthplace (Stata or Foreign Country) 1 M XX 212-05-6197 Director 80 Yrs 12-24-1915 MARYLAND Usual Residence of Dacadent 10a State 10b. County 10c. City, Town or Location 28a-f show 10d. Inside Cltv Limits the Medical Examiner must be notified at MD. N/A BALTIMORE CITY Director Wes 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? ò 927 NORTH CALVERT STREET 21202 U.S.A. or itema 23a Funeral 11 Marital Status 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Orlgln? (Specify Yas or No-lf Yes, specify Cuban, Mexicen, Puarto Ricen, etc.) 14. Race - Amarican Indian, Black, White, etc. X Never Married 2□ Married 1 ☐ Yes XX No If Yes, Give Year or Dates: Balfimore, Maryland 21215-0020 1 ☐ Yas XX No Specify. WHITE þ Specify. 3 ☐ Widowed 4 ☐ Divorced "natural", Completed 15. Decedent's Education 16a. Decedant's Usual Occupation (Give kind of work done during most of working lifa. DO NOT use ratired) 16b. Kind of Business/Industry (Specify only highest grade completed) Peges 1 and 2 should be filed within nent of Health and Mental Hygiene. Int: If Item 27 Is marked other than Iry or other traumatic event, ins Me Elementary/Secondary (0-12) College (1-4or 5+) CO-OWNER PLUMBING COMPANY 12 YEARS 17. Father's Nama (First, Middle, Last) 18. Mother's Nama (First, Middle, Maiden Surname) Be RAYMOND **EHRMAN** (UNK.) ADA 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 21042 19a. Informant's Name/Relationship (Type, Print) STEVEN ALMS (ATTORNEY) 5094 DORSEY PAUL DRIVE, ELLICOTT CITY, MD. 20b. Place of Disposition (Nama of cematary, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐ Burlai XX Cremation 3 ☐ Removal from State Important: If any injury o once. 4 ☐ Donation 5 ☐ Other (Specify) GREEN MOUNT CREMATORY 9-13 BALTO., MD., 21202 21. Signature of Funaral Service Licensee 22. Name and Address of Facility HENRY W. JENKINS AND SONS COMPANY 4905 YORK ROAD, BALTIMORE, MARYLAND, 21212 23a. Part1. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrast, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Physician Cardiac Arrest Immediata Cause (Final 5 min diseasa or condition resulting In death) Examiner Examiner eriosclerotic Cardiovascular Disease sician and bunel-transit law requires that the death certificete be executed Sequentially list conditions, if any, leading to Immediate ceuse. Enter Underlying Cause (Disease or injury that Initiated events resulting in death) Last physician s the buriel Box 68760. Physician/Medical Due to (or as a consequence of) TERMETICATION APPROVED BY MEDICA P.O. 1 Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? Subdural Hematoma 1 Yes 2 No 3 Probably 4 Unknown Records, Completed 24a. Was an autopsy performed? 24b. Were autopsy findings available prior to Cerebral Contrision completion of causa of death? pege 2 The 1 Yes 2 No 1 ☐ Yes 2 ☐ No of Vital Physician: 25. Was cesa rafarred to medicel examiner? Be 28. Place of Death (Check only one) Other: 4 Nursing Home 5 Rasidence 6 Other (Specify) Hospitai: 1 Inpatient 2 □ ER/Outpatient 3 □ DOA 10 1 Yes 2 No 28b. Tima of Injury 8:30A M 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? 27. Manner of Death Certification: 28d. Dascribe how injury occurred After Division or Attending 5 Pending Investigation 1 Naturat s efter death. If Director: Aff ad in by the fu 111196 2 Accident 6 Could not be datermined 3 ☐ Suicide Location (Street and Number or Rural Route Number, City or Town, Stata) 927 N Cal Ver + St. 28e. Place of Injury - At homa, farm, street, factory, office building, etc. (Specify) 4 Homicide Balt. MD Sidewalk within 24 hours e To the Funeral C completely filled Hospital 29a. Certifier 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the ceuse(s) and manner stated. Medicai (Check only onel the th 29b. Signature and title of certifier 29c. License number 29d. Data signed (Month, Day, Year) 30. Name and address of person who completed ceusa of death (Itam 23a) (Type, Print) J Greene Street, Balt. MD 21201 Britte 22 South

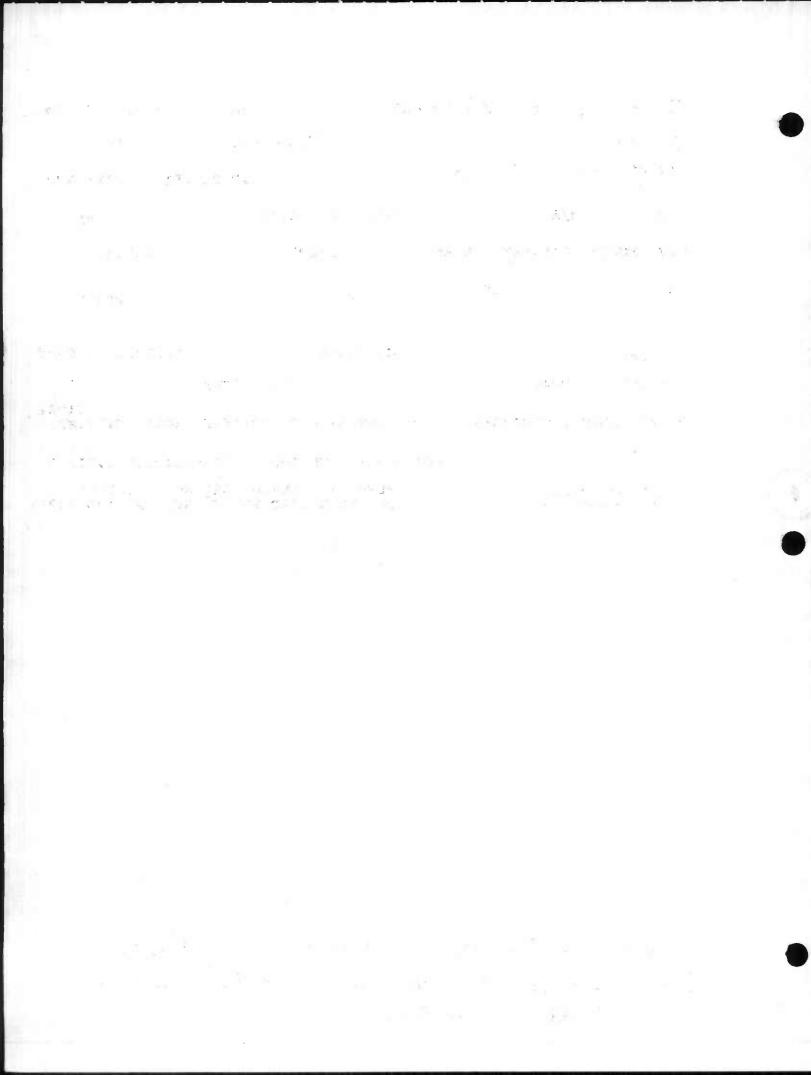
State

Registrar

31. Date filed (Month, Day, Year)

320Registrar's Signature

Julia Davidson



permit. Pages 1, 2, 3 should

use as the burial-transit

once.

76 notified

3

must

medical the event. and corr o burial, traumatic 9 the attending physician I Mental Hygiene prior to other t 0 Injury, and any n signed t OR ATTENDING PHYSICIAN: The law requires shows t, of H has be Dept. 23 certificate to the State I, or item this co marked, DIRECTOR: After the hours after death v 69 28 Hem FUNERAL C within 72 h HOSPITAL TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR Nelson 9 Celio Estruch, M.D. 96 5:10 P. 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, Year) 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 216-44-0518 6-1-1899 Dominican Republic 9e. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 1319 Providence Road Towson Baltimore 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland 1 YES 2 NO Baltimore Towson FUNERAL 10a, STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1319 Providence Road 21286-1564 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, Whits, stc. FORCES? 1 YES 2 NO 1 Never Married 2 Merried 1 YES 2 NO Specify: Specify: BY 3 ₩ Widowed 4 Divorced Spanish ETED. 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high ntary/Secondary (0-12) College (1-4 or 5+) COMPL Physician Medical 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Celio Estruch Isabel Sosa 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Sonia Estruch, M.D. same as #10a - #10f 20e. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State 1 Buriel 2 XCremetion 3 4 Donation 5 Other (Specify) 9-13-96 22. NAME AND ADDRESS OF FACILITY Towson, Maryland Ruck Towson Funeral Home , Inc. AII L Ernest 1050 York Rd. Towson, Md. 21204 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or ahock, or haart fellure. List only one ceuse on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Finel disease or condition 3 day reaulting in death) DUE TO (OR AS A CONSEQUENCE OF CERTIFICATION Sequentially liet conditiona, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): thet initieted eventa reaulting in death) LAST PART II. Other eignificant conditions contributing to death, but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 DAG OF DEATH? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES IN 10 MINISTRAIN I PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: 1 ☐ Inpetient 2 ☐ ER/Outpetient 3 ☐ DOA 4 Nursing Home 5 Recidence 6 Other (Specify) 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 3 Sulcide 8 Could not be determined 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) ETED. 4 Homicide 29e. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated. COMPL MEDICAL EXAMINER: On the basis of exemination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(e) end manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER LICENSE NUMBER BE Muran 10613 D 9

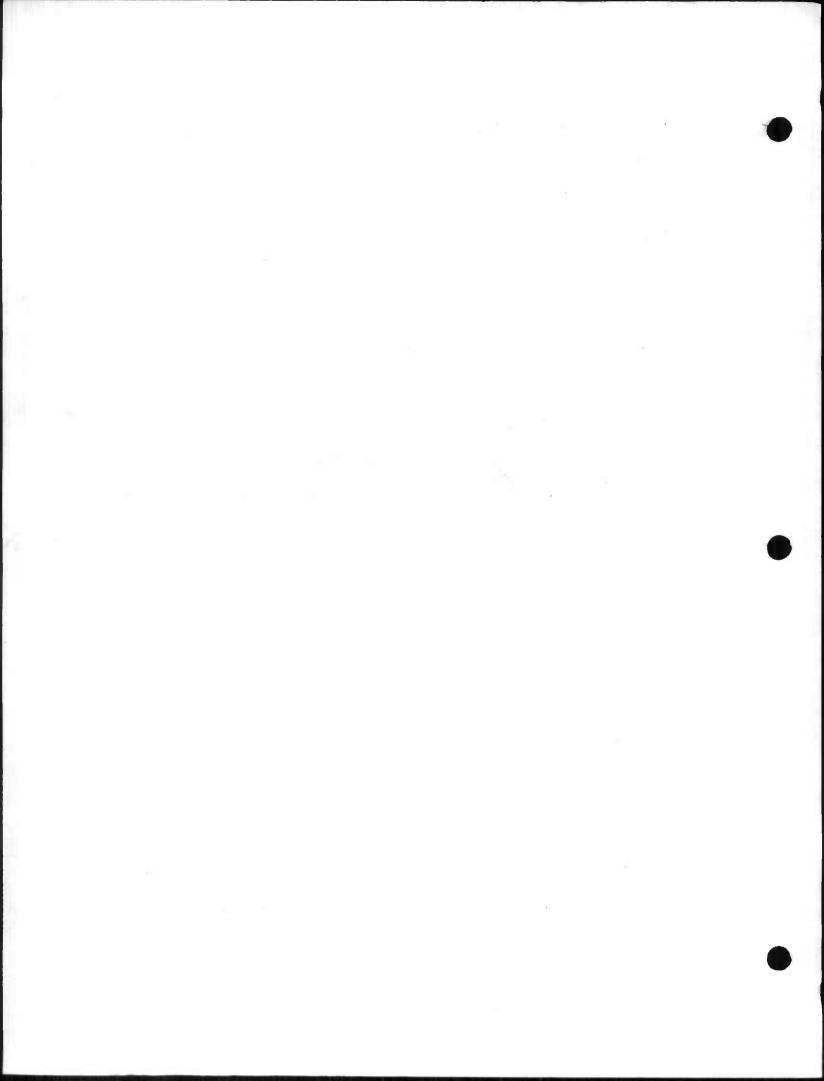
SON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

REGISTRAR'S SIGNATURE Win Novidsor

5400

2

DHMH-18 Rev 1/89



State of Maryland / Department of Health and Mental Hygiene 96 27489

Dhysisi		Decedent's Name (F  TOCHDUTE			D-18-0	Cei	rtiticate	ot	Death		2. Date of D		Voor	3. Time of Death
Physicia /Medic Examin	ai	JOSEPHII  4a. Facility Name (If no			BRIZIO Imber)				4b. City, To		Septem	ber 12	, 1996 unty of Death	8:03 AM
				uare Ho	spital				Ross				altimo	re
Funeral Director		5. Social Security Number 164 26 388  Usual Residence of De	0	Sex I□M 2□xF	7. Age (In yrs 66	. last birthday) Yrs.	If Under 1 Months	Year Days	Hours	24 Hrs. Min.	8. Date of B (Month, D		9. Birth Con Penr	nplace (State or Foreign Intry) ISYLVania
Maryland Hahow Hed at	tor	10a. Stete 10	b. County Baltimo	ore	-	ity, Town or Lo	ocation							10d. Inside City Limits 1   Yes 2 No
with the	I Direc	10e. Street and Number 1052 Foo		Road			10f. Zip 0	ode 221				10g. Citizen US	of What Cor A	untry?
ire, Maryland 21215-0020  3.1 and 2 should be filed within 72 hours after death with the Maryland f Heath and Mental Hygiena. Item 27 is marked other than "natural", or items 23s or 28s-f show other traumatic event, the Magnesi Exercines man be inclined at	by Funeral Director	11. Marital Status 1 Never Married 3 Widowed 4		12. Was Dec Armed Fo 1  Yes If Yes, Gi Year or D	2 No		Was Decede f Yes, specif		dispanto Originan, Mexican Specify:	gin? (Sp , Puerto	ecify Yes or N Ricen, etc.)		Race - Amer Black, White ecify: Wh	
72 ho	eted	15. (Specify o	Decedent's Ed	ducetion ade completed)		16a. Deced	dent's Usual kind of work DO NOT use	Occup done	ation during most	of work	ing	16b. Kind	of Business/I	ndustry
id 21215-0020 filed within 72 hours af Hygiena. Hygiena. then "netural", or ent, me Medical Extern	Completed	Elementary/Seconda Unknown	ry (0-12)	College (			JSEWOY	-					Home	
Maryland d 2 should be file th and Mental Hy 7 is merked othe traumatic event	To Be	17. Father's Name (Firs Unknown		ihas					18. Mothe		e (First, Middle nknown	e, Maiden Sur	name)	
re, Mar 1 and 2 sho Health and Nem 27 is me		19a Informent's Name Carmen Fair	Relationship (	Type, Print) Husband	l						ex, Md.		wn, State, Z	ip Code)
		20a. Method of Disposit 1 ☐ Burial 2 ☐ CI 4 ☐ Donation 5 ☐	remation 3 [		State	Place of Dispo cemetery, crem cen Mo	natory or oth	er plac			Date 9-16-9		on - City or T	
Baltimo		21. Signature of Funera		·			Name and				& Son			
0 - 6 -	v/Medical Examiner	Immediate Cause (Final disease or condition resulting in death)  Sequentially list condition if any, leeding to Immediate. Enter Underlyin Cause (Disease or Injurted Initiated events resulting in death) Last		a b	Due to (	or as a consequence as a consequence or a consequence or a con	uence of):	<i>b</i>	for	*	•	<u>t</u>		
P.O. Bo	by Physician	Part II. Other significan	t conditions o		eath but not res	sulting In the ur	nderlying ceu	ise giv	en in Part I.					to the causs of death?
of Vital Records, Physician: The law requires the this cartificate has been signed relidirector, page 2 should be a	Completed			/	HBP.					_	24e. Wa: perf	s an autopsy ormed?	a	Vere autopsy findings vailable prior to ompletion of ceuse f death?
Tha in	S				CRI						10	Yes 2 H	5 1	☐Yes 2☐No
of Vital   Physician: Th this cartificata ral director, pag	o Be	25. Was cese referred to examiner?	o medical	Hospital:				Oth	or:		(Check only			
Vision of Attending Phys r daath. ector: After this by the funeral di	-	1 Yes 2 No  27. Manne of Death 1 Natural 5 2 Accident	Pending Investigation	28a. Date (Moni		ER/Outpatien 28b. Time of Injury		injun Wor	4 LI NUI		me 5 🗆 Res 28d. Describe			ify)
Division of or Attending s after death. It Director: After od in by the fune	Certification:	3 Sulcide 6	Could not be determined	289. Piece	of Injury - At h		eet, fectory,	office		1		(Street and Ni wn, State)	imber or Rui	ral Routa Number,
	edicai	29a. Certifier 1 (Check only one)	Certifying Phy Medical Exam	ysician: To the hiner: On the be and man	best of my kno asis of examina ner stated.	wledge, deeth tion end/or Inv	occurred at estigetion, in	the tin	ne, date end pinion, deat	d place, a	and due to the ed at the time	cause(s) and date and pla	manner as ce, and due	steted. to the cause(s)
		29b. Signature and title	of certifier  C	Wero	نم	MO			e number	09-	7	29d. Date sl	gned (Month	Day, Year)
0		30. Name and address of	of person who		e of death (Iter	n 23a) (Type, I								

Registrar

31. Date filed (Month, Day, Year) SEP 171996



The title with the first and the second the second the The in the first to the earlier with the

State of Maryland / Department of Health and Mental Hygiene 96

27490

					Cert	ificate of	Death		Reg. No.		
Dhania	1	1. Decedent's Nama (First, Middla, L						2. Data of E		Yaar	3. Tima of Deeth
Physic /Medi		MARY JA	NE FR	RANK	_			Sep	13	76	12:15PM
Exami		4a. Facility Nama (If not Institution, gi	va streat and number)					n, or Location of Dea	ath 4c. Count		
		Good Samaritan Ho	spital					imore		N/A	
uneral irector			Sax 7. Age	48	birthday) Yrs.	If Under 1 Yea Months Days		4 Hrs. 8. Data of E Min. (Month, I	irth Day, Year) .4,1947	9. Birthpla Country Maryla	
111		10a. Stata 10b. County		10c. City, To	own or Loc	ation				100	d. Insida City Limits
Ped	to	Marvland Balt	imore Co.	η.	imoni	ımı					1 ☐ Yas 2 ☑ No
noti	9	10e. Street and Number	2.020 00.			10f. Zip Coda			10g. Citizan of	What Countr	y?
Till Till Till Till Till Till Till Till	0	109 Croftley Road				210	93		United	d State	es
Examiner must be notified at	by Funeral Director	11. Marital Status  1 Nevar Married 2 Married  3 Widowed 4 Divorced	12. Was Dacedent E Armed Forcas? 1  Yas 2 XN If Yas, Giva Yaar or Datas:		l lf	as Dacedant of Yas, specify Cu	ban, Maxicen,	in? (Specify Yas or N Puarto Rican, atc.)		ce - Amarican ick, Whita, at fy: Whit	c.
edical Exp	etec	15. Decedant's E (Specify only highast gi	ducetion	10	Sa. Deceda	nt's Usual Occi	pation	of working	16b. Kind of B	usinass/indu	stry
Man	Completed	Elamentary/Secondary (0-12)	Collaga (1-4or 5	+)	lifa. D	O NOT usa retir	ed)	or working			
, <u>1</u>	ပိ	12	02		H	ome Mak		_		wn Home	9
event,	Be	17. Fathar's Nama (First, Middla, Las	*					'a Nama (First, Midd	la, Maiden Sumai	na)	
Medic	2	Francis James Spi						en Connor			
any injury or other traumatic a- once.		19a. Informant's Name/Ralationship Jerome Frank (Hus				Addrass (Stree roftlev		or Rural Routa Num	-		
other			oana,	_			Noau	Timonium,			
5		20a. Mathod of Disposition 1X Burial 2 ☐ Cremation 3 (	Ramoval from Stata	ceme	tary, cram	ition (Nama of atory or other pi	*	Data	20c. Location		
		4 □ Donation 5 □ Othar (Spec	**					1.09/17/96		m, Mary	yland
any injury once.		21. Signature of Funaral Sarvice Lice	nsee Jeffrey	L. Ga	1 22 R	Nama and Add UCK TOW 050 Yor	rass of Facility SON Fut k Road	neral Home Towson,	, Inc. Maryland	1 2120	4
		23a. Pert. Enjer the disease or conshock, or haart failure, vist only	polications thet ceused	the daath. D						. A	Approximata ntarval Batween
cian											Onsat and Death
lical		Immediate Cause (Finel disaasa or condition	. Meta.	sta.Li	c ·	Brias.	+ Cur	Cinoma			Sylans.
iner		rasulting in daath)		Due to (or as							7
ii.	E E		h							į	
s the burial-transit	Examiner	Sequentially list conditions,	0.	Due to (or as	e consequ	ance of):					
		if any, laading to immadiata ceusa. Entar Undarlying Cause (Disaase or Injury	C							- !	
	edical	that initieted evants rasulting in death) Last	0.	Dua to (or as	a consequ	ance of):					
00 00	2		d								
for use es t	lan		<b>G.</b>								
hed	Physician	Part II. Other significant conditions	contributing to death bu	t not rasulting	in the und	darlying ceusa g	ivan In Part I.	23b. DI	d tobacco use co	entribute to the	he cause of death?
deteched								10	Yes 2 No	3 Proba	bly 4 🔯 Unknown
8	by	-							The state of the s	T	
should	Completed							24a. Wa	s an autopsy formed?	availe	a autopsy findings able prior to pletion of causa
CV	du									of de	eath?
pa	ပိ							12	Yas 2□No	10	Yaa 2 No
rector,	Be	25. Wes casa rafarred to medical axaminar?					28. Placa	of Death (Check only	one)		
O	ို	1 ☐ Yas 2 No	Hospital:		Outpatient	3□ DOA O	thar: 4 Nur	sing Homa 5 □ Ra	sidence 8 Oti	har (Specify)	
funeral di	Ë	27. Manner of Death 1 Natural 5 ☐ Pending	28a. Data of Injury (Month, Dey	Year) 28t	. Tima of Injury	28c. Inj	ury at ork?	28d. Dascribe	how injury occu	rred	
the fr	atl	2 ☐ Accidant Invastigation	n				Yas 2□N	0			
5	Certification:	3 ☐ Suicida 6 ☐ Could not to detarmined	28a. Place of Inju building, atc	ry - At homa,	farm, stree	et, factory, office		28f. Location City or T	(Street and Num. own, Stata)	ber or Rural F	Routa Number,
D0	Ce			(opcomy)					,		
letery rail	edical	29a. Certifiar (Check only one) 1 Certifying Pl	nysician: To the best of miner: On the bests of and manner state	axamination	ga, daath o and/or inva	occurred et that stigation, in my	tima, data and opinion, daati	place, and due to the occurred at the time	e cause(s) and m a, data and place,	annar as stat and dua to th	led. ha cause(s)
completely filled in by the fu	Me	29b. Signatura and titla of certifiar				29c. Licar	sa number		29d. Data signe	ed (Month, De	ay, Year)
-		Donie	n 1. 1		_	1	. 57	01	Seal	12	01
		20 Nome and address of	Marade	ml	)	P	1001		-10/1+	13	76
		30. Nema and addrass of person who		etn (Itam 23	t) (Type, P			12 - 11	0010	212	36
-01		31. Data filed (Month, Dey, Year)	16 d 56 1	C Signature	JUN '	COUR	U an Cl	, Balt	(IVIV)	212	57
Sta	te		The state of	griatura	-						

DHMH 16 Rev 6/95

Registrar

. 20 6 

State of Maryland / Department of Health and Mental Hygiene

96

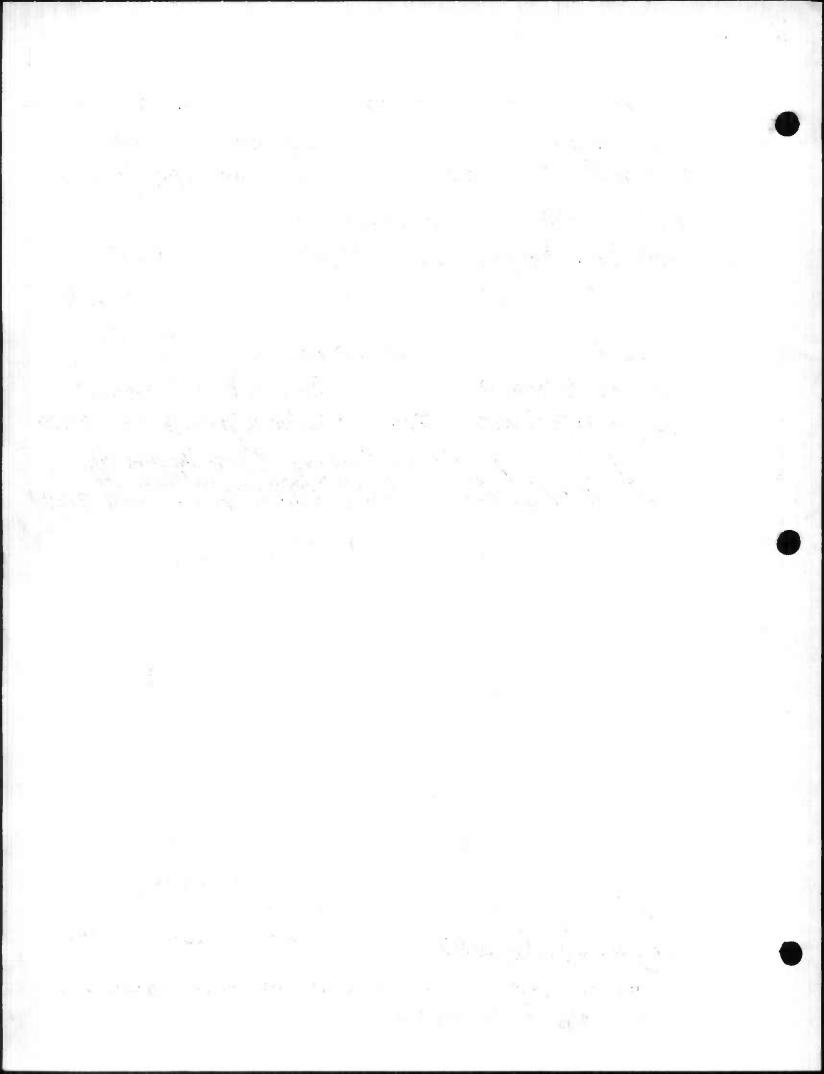
27491

1. Decedent's Name (First, Middle, Leaf)   JUNIOUS   LEE FITZGERALD   JR.   2. Days of Death   JUNIOUS   LEE FITZGERALD   JR.   2. Days of Death   JUNIOUS   Color of Post   Junious   J							Certificate	of Death	•	Reg. No.	20	6143
Examinor    Power   Proceed and Processes   Security of Death   Se		Disc.	,	1. Decedent's Neme (First, Middle, Les	t)				2. Dete of De	eth		
Particular				JUNIOUS	LEE	FITZG	ERALD	JR.	SEPT	$12^{\text{Day}}_{1}199$	9 gen	6:30 PM
Second Second Number   Second Second Number   Second Second Number   Second Second Number   Second Second Number   Second Second Number   Second Second Number   Second Second Number   Second Second Number   Second Second Number   Second Second Number   Second Second Number   Second Second Number   Second Second Number   Second Second Number   Second Second Number   Second Second Number   Second S	7			4e. Fecility Name (If not institution, give	street end numbar	)		4b. City, Town, or	Location of Death	4c. County	of Deeth	
Director    Tip   Control						AL					NA	
100. Clarky Town on Location   100. Clarky Town on Location	L			218-10-5646		100	Months I		8. Dete of Bir Month, De	1954	9. Birth	place (State or Foreign htry), RGINIA
The principle of the property		land				10c. City, Town	or Location					10d. Inside City Limits
The principle of the property		Mary ri eh	ţŏ	mn NI	4	931	Tomas	25				1  Yes 2 No
The principle of the property		h the	rec	10e. Street and Numbar			10f. Zlp C	ode		10g. Citizen of V	Vhat Cour	ntry?
The principle of the property		th wit	al	1/015 HAREC	KGDN/1	LACE	1	1213		11.4	a. A	
The principle of the property		r dea	nec	11. Marital Stetus	12. Wes Decedent Armed Forces?	Evar in U,S.	13. Was Deceder	nt of Hispanic Origin? (	Specify Yes or No	14. Rec		
The principle of the property	20	s afte			It Yes, Give	No			110411, 410.7		an	an V
The principle of the property	9	tural'				160	Danadaet's Heuel (	Documetion			VI	ALL
The principle of the property	115	in 72	plet	(Specify only highest gree	de completed)		(Give kind of work life. DO NOT use	done during most of wo retired)	orking	A A	siness/in	dustry
19   19   19   19   19   19   19   19	212	yiene.	E O	Elementery/Secondary (0-12)	College (1-4or	5+)	1/MATABL	HOUSE MI	in I	CAN	10	7
20e. Manosci Disposition Name of Decision Of the Special State of Special	pu	al Hyy	3e C	17. Fether's Neme (First, Middle, Last)			V 7 70	18. Mother's Ne	me (First, Middle,	Meiden Surnem	e)	
20e. Manosci Disposition Name of Decision Of the Special State of Special	yla	Ment Ment arked	To	DENNY +1/26	BRALD			NAVIN	15 Ri	1/2G	5124	LD
20e. Manosci Disposition Name of Decision Of the Special State of Special	Mar	2 sho		19e. Informent's Name/Reletionship (7	ype, Print)	19b.	Meiling Address (5	Street end Number or F	Tural Route Number	or, City or Town,	State, Zip	Code)
Privision   Priv		CHNL		GURIA 11/2	GERALV	100h Bloom of	24 CH	TION YAP	X /BRI	3, DNIT	mi	2,21213
Physician Medical Examiner    Page	JOL			1 ■ Burial 2 □ Cremetion 3 □		20b. Piece of	, crentatory or othe	or plece)	plea / A	20c. Location -	City or To	wn, Stete
Physician Medical Examiner    Page	fin	rtant njury			-//	ATAM	1 y (50	76/EPM	7/18/94	1/2 CUTR	MI	12.
Physician Medical Examiner  Physician Medical Examiner  The ph	B	Depa Impo any I		21. Signature of Peneral Service Libert			CAN	ファイイヤント	HINSPA	a/Abont	10	7
Physician (Medical Examiner)  The property of the property of	1			1004/1/	fores	distriction Box	2707	PEDAILA	n tos	BNIT	117	7,21229
Medical Examiner    Medical Examiner   Medical Exam		Dhamisian		shock, or heart etilure. List only o	ne ceuse on eech li	na.	at enter the mode (	or dying, such es cardie	ic of raspiretory ar	rast,	1	Intarval Between
The contribution of the co				Immediet euse (Finel	( =	11	-60	0 200	). +	0 0		Ondot and Dodg
Due to (or es e consequence of):    Due to (or es e consequence of):		Examiner		disaasa or condition resulting in death)	· OU	J rev		209	es la	MAN	1	
Cause (Clisease or Influty The part of the cause of death The part of the cause of the cause of death The part of the cause of death The part of the cause of death The part of the cause of death The part of the cause of death The part of the cause of death The part of the cause of death The part of the cause of death The part of the cause of death The part of the cause of death The part of the cause of death The part of the cause of death The part of the cause	_	D ==	ner			Due to (or es e c	orisaquence or):					
Cause (Clisease or Influty The part of the cause of death The part of the cause of the cause of death The part of the cause of death The part of the cause of death The part of the cause of death The part of the cause of death The part of the cause of death The part of the cause of death The part of the cause of death The part of the cause of death The part of the cause of death The part of the cause of death The part of the cause of death The part of the cause		and trans	aml	Sequentially list conditions,	b	Due to (or es e c	onsequence of):				1	
Perf II. Other algnificant conditions contributing to deeth but not resulting in the underlying cause given in Perf I.    1	90,	se exe		if any, leading to immediate cause. Enter Underlying	•						1	
Perf II. Other algnificant conditions contributing to deeth but not resulting in the underlying cause given in Perf I.    1	876	ohysic the b	dica	thet initiated events resulting in deeth) Lest	C	Due to (or es e co	onsequence of):					
Perf II. Other algnificant conditions contributing to deeth but not resulting in the underlying cause given in Perf I.    1	×	ding p			d							
Perf II. Other algnificant conditions contributing to deeth but not resulting in the underlying cause given in Perf I.    1	Bo	attend for us	clan									
24e. Was an autopsy performed?  24e. Was an autopsy performed?  24e. Was an autopsy performed?  25e. Wes case referred to medical savailable prior to completion of cause of death?  25e. Wes case referred to medical savailable prior to completion of cause of death?  25e. Wes case referred to medical savailable prior to completion of cause of death?  25e. Wes case referred to medical savailable prior to completion of cause of death?  25e. Wes case referred to medical savailable prior to completion of cause of death?  25e. Plece of Death (Check only one)  27e. Menner of Death  27e. Menner of Death  28e. Death of Injury  28e. Death of Injury  28e. Plece of	0	y the chiched	ysk	Pert II. Other aignificant conditions co	ntributing to deeth b	ut not resulting in	the underlying caus	se given in Pert I.				
24e. Was an autopsy performed?   24b. Were eutopsy findings available prior to completion of cause of deeth?   12x yes 2   No   12x yes 2	σ.	that hed b							10,	res 2X No	3 Prol	bably 4 Unknow
25. Wes case referred to medical exeminer?	rds	n sign							24e. Was	an autopsy	24b. W	ere eutopsy findings
25. Wes case referred to medical exeminer?	000	- LO 10	lete						perfo	med?	avi	ailable prior to mpletion of causa
25. Wes case referred to medical exeminer?	Re	0 - 0	шо						100	(a. 0   Na		
The continue of the continue	ta	an: T tificat tor, p						26 Plece of De			n.	JVas 2LINO
1   Netural   2   Accident   3   Suicide   4   Month, Day Year)   2   Accident   3   Suicide   4   Month, Day Year)   2   Accident   3   Suicide   4   Month, Day Year)   2   Accident   3   Suicide   4   Month, Day Year)   2   Month, Day Year)   3   M	>	yslcie is cer direc	0		lospitel:	ent 2 X ER/Out	petlent 3□ DOA	Other:			er (Specifi	vl
29u. Cettifler (Check and 2) Certifying Phyelcian: To the best of my knowledge, deeth occurred at the time, date end piece, end due to the ceuse(s) end menner es steted.  29u. Cettifler (Check and 2) Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date end piece, and due to the ceuse(s) and menner stated.  29u. Cettifler (Check and 2) Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date end piece, and due to the ceuse(s) and menner stated.  29u. Cettifler (Check and 2) Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date end piece, and due to the ceuse(s) and menner stated.  29u. Cettifler (Check and 2) Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date end piece, and due to the ceuse(s) and menner stated.  29u. Cettifler (Check and 2) Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date end piece, and due to the ceuse(s) and menner stated.  29u. Cettifler (Check and 2) Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date end piece, end due to the ceuse(s) end menner examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date end piece, end due to the ceuse(s) end menner examiner: On the basis of examiner:		g Ph ter th neral			28e. Dete of Inju	ry 28b. Ti	me of 28c.					.,
29u. Cettifler (Check and 2) Certifying Phyelcian: To the best of my knowledge, deeth occurred at the time, date end piece, end due to the ceuse(s) end menner es steted.  29u. Cettifler (Check and 2) Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date end piece, and due to the ceuse(s) and menner stated.  29u. Cettifler (Check and 2) Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date end piece, and due to the ceuse(s) and menner stated.  29u. Cettifler (Check and 2) Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date end piece, and due to the ceuse(s) and menner stated.  29u. Cettifler (Check and 2) Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date end piece, and due to the ceuse(s) and menner stated.  29u. Cettifler (Check and 2) Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date end piece, and due to the ceuse(s) and menner stated.  29u. Cettifler (Check and 2) Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date end piece, end due to the ceuse(s) end menner examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date end piece, end due to the ceuse(s) end menner examiner: On the basis of examiner:	Sio	endin eath. or: Af he fu	atic	2 Accident Investigation	9-12-	CII I-			5051	ectsl	est	
29u. Cettifler (Check and 2) Certifying Phyelcian: To the best of my knowledge, deeth occurred at the time, date end piece, end due to the ceuse(s) end menner es steted.  29u. Cettifler (Check and 2) Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date end piece, and due to the ceuse(s) and menner stated.  29u. Cettifler (Check and 2) Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date end piece, and due to the ceuse(s) and menner stated.  29u. Cettifler (Check and 2) Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date end piece, and due to the ceuse(s) and menner stated.  29u. Cettifler (Check and 2) Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date end piece, and due to the ceuse(s) and menner stated.  29u. Cettifler (Check and 2) Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date end piece, and due to the ceuse(s) and menner stated.  29u. Cettifler (Check and 2) Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date end piece, end due to the ceuse(s) end menner examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date end piece, end due to the ceuse(s) end menner examiner: On the basis of examiner:	Ž	r Att	Ě	and an analysis of	28e. Piece of Injubuilding, etc.	ury - At home, fer	n, street, fectory, o	ffice	28f. Location (S City or Tow	treet and Numb	or Rura	I Route Number,
Molule and O.C.M.E. SEPT. 13, 1996		ours all		201 2011111		7	THEET		1400 1	31K Cay	rye	He ST.
Molule and O.C.M.E. SEPT. 13, 1996		Host 24 ho Fune yiely f	dica	(Cheek only 25 Medical Exam)	ner: On the basis of	examinetion end	deeth occurred et t or investigetion, in	he time, dete end plece my opinion, deeth occ	e, end due to the durred et the time, d	euse(s) end me date end piece, a	nne es st	eted. the ceuse(s)
Molule and O.C.M.E. SEPT. 13, 1996		ithin o the		X/ /	and menner sta	ited.						
30. Native and didness of person who completed cause of death (from 32a) (Type Print)		F ≥ F 8		1/1/	0	15	200. 2					
		1(1)	-	30 John March	NOW	noth (Hom Ode) (7	ime Drint'					

J. Laron Locke M.D. 111 Penn Street, Baltimore, Maryland 21201
31. Dete filed (Month, Day, Year) 32. Registrar's Signeture

Registrar

State



9/17/96	t.		Oldic of Mar		ertificate				Reg. No.	20	2149
Physicia /Medic		Decedent's Neme (First, Middle, SAMU	EL ALVIN	GOI	LDSTEIN			2. Dete of Month SEPT		Yeer 1996	3. Time of Death 10:42pm
Examin	er	4e. Fecility Neme (If not institution, SINAI HOSPITAL	give street end number)			4		or Location of D	Hara Carried	of Deeth	
Funeral Director		213-32-8227	5. Sex 7. Age (I 1 □ 7. Age (I	n yrs. lest birthday 8 <b>7</b> Yrs.	Months	Year Deys	If Under 24 H	lin. 8. Dete o (Month	of Birth 1, Dev, Year) 15,1909	9. Birthple Count MAF	ece (Stete or Foreig ry) RYLAND
with the Maryland a or 28a-f show Le notified at	tor	Usuel Residence of Decedent  10a. Stete 10b. County  MARYLAND	N/A	Oc. City, Town or L		LTI	MORE			10	od. Inside City Limit
th with the 23a or 28 int be not	Funeral Director	10e. Street end Number 4413 W. FOREST	PARK AVE.		10f. Zip C	ode	2120	07	10g. Citizen of V		ry?
nours enter death with the Maryland uref, or items 23s or 28s-f show at Exactiner must be notified at	þ	11. Maritel Stetus  1 Never Married 2 Married  3 Widowed 4 Divorced	12. Wes Decedent Eve Armed Forces? d 1  Yes 2  No if Yes, Give Yeer or Dales:	r in U,S. 13.	Wes Deceder If Yes, specify			(Specify Yes o lerto Rican, etc.	or No- 14. Rec Bled Specify	e - America k, White, e	etc.
ene. than "natural", ne Wed cal Ext	Completed	15. Decedent's (Specify only highest Elementery/Secondary (0-12)	Education grede completed) College (1-4or 5+)	16e. Dece (Give life.			etion during most of	working	16b. Kind of Bu	isiness/Indu	ustry
工表言	Be Co	17. Fether's Neme (First, Middle, La	2 (st)		PH	ARM	ACIST 18. Mother's P	Neme (First, Mic	DRUGS  ddle, Meiden Sumem	10)	
	ToB	ISAAC		GOLI	STEIN		E	BESSIE		UNKN	IOWN
alth end Mer 27 la marke r traumatic		19e. Informent's Neme/Reletionship MRS. SARAH G							umber, City or Town, ALTIMORE,		Code) 21207
nent of Heal int: if Item 2 iry or other		20e. Method of Disposition  1  Buriel 2  Cremetion 3 4  Donetion 5  Other (Spe	☐Removal from State		emetory or other	er plec		Dete EL 9-12-	20c. Location - -1996 - ROS		
Department		21. Signeture of Fureral Service Lie	ensee Cathle						s., Inc. Pikesville	, MD	21208
nysician Medical xaminer		23a. Pert1. Enter the disease, of conshock, or heert feilure. List or immediate Ceuse (Finel disease or condition resulting in death)	· Con		nter the mode		g, such es card	flac or respireto			Approximete Interval Between Onset end Deeth
physician and s the buriel-transit	edicai Examiner	Sequentielly ilst conditions, if eny, leeding to immediate ceuse. Enter Underlying Ceuse (Disease or injury that initiated events	b. Due	o to (or es e conse	equence of):						
Q1 00		Ceuse (Diseese or Injury that initiated events resulting in deeth) Lest		to (or es e conse	quence of):	1	evy	D. 60	2010		
signed by the attendin d be detached for use	Physician/M	Part II. Other significant conditions	contributing to death but n	ot resulting in the	underlying ceu	se give	en in Pert I.	23b.	Did tobacco use cor	ntribute to	the cause of death
gned by	by Ph							_	1 ☐ Yes 2 ☐ No	3 ☐ Probe	ably 4⊡Unknow
2 shoul	Completed							24e. V	Wes en eutopsy performed?	evei	re eutopsy findings ileble prior to pletion of cause eath?
s certificate he director, page								1	I□Yes 2⊠No	10	Yes 22No
certificate rector, pag	Be	25. Wes case referred to medical exeminer?	Hospital:	/		Othe	DF*	Deeth (Check or			
50	2	1 Yes 2 No  27. Menner of Deeth	1 ☐ Inpatient	2 ER/Outpetie			4   Nursing	_	Residence 6 Other		
or: After the fune	Certification:	1 Neturel 5 Pending 2 Accident Investiget 3 Suicide 6 Could not	ion (Month, Dey Ye	ar) Injury	М 200	. Injury Work 1 🗆 Y	(? Yes 2 □ No	200. Descr	noe now injury occur	60	
of Director: and Director: and In by the	Certif	4 Homicide determine	28e. Piece of Injury building, etc. (S	At home, farm, st pecify)	reet, fectory, o	office		28f. Location	on (Street end Numb Town, Stete)	er or Rural	Route Number,
Funer etely fill	edicai	29a. Certifier (Check only one) 1 ☐ Certifying I	Physician: To the best of maminer: On the basis of exe end menner steted.	minetion end/or in	th occurred et investigation, in	the tim my op	e, dale end ple pinion, deeth oc	ce, end due to courred et the tir	the ceuse(s) end me me, date end plece, e	nner as ste and due to t	ited. the ceuse(s)
To the comple	_	29b. Signeture and title of certifier	100-		29c. L	icense	number		29d. Date signed	(Month, D	ley, Year)

State

A

30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print)

Whom Halle 4000 Old Court Rd. Reltimore, MW 21208

041614

31. Dete filed (Month, Dey, Yeer)

32. Degistrer's Signature

MUS

Registrar DHMH 16 Rev 6/95

September 11,1996

27493 State of Maryland / Department of Health and Mental Hygiene

						Cer	tificate	of Dea	ath		Reg. No.		
	Physic /Medi		Decedeni's Name (First, Middle, L.	Jack	Gol	dsmith				2. Date of Dea Month Sept.	aih Day	Year	3. Time of Death  11:00 A
	Exami		4a. Facility Name (If not institution, gi							ocation of Death	_		
	LTT Y		1753 Drexel Roa						undalk			timo	re
	Funeral Director		404-09-3807	Sex 7. Ag	ge (In yrs. 76	last birthday) Yrs.	If Under 1 Months [		Inder 24 Hrs. ours Min.	8. Date of Birt (Month, Pa) March	22,1920	9. Birthp Coun Kel	place (State or Foraign htry) NTUCKY
	and w		Usual Residence of Dacadeni 10a. State 10b. County		10c. Ci	ty, Town or Loc	ation					1	0d. Inside City Limits
	Mery 1 sho	0	Maryland	Baltimore					1	Dundalk			1 ☐ Yes 2 XVo
	1 the	Director	10e. Street and Number	Successione			10f. Zip C	ode			10g. Citizen of	What Cour	nirv?
	h wit		1753 Drexel Road					2	1222		Unite	d Sto	ates
020	72 hours after death with the Menyland natural", or Hems 23a or 28a-f show diest Examinet must be recitled at	by Funeral	11. Marital Slatus  1 □ Never Married 2 □ Married 3 □ Widowed 4 □ Divorced	12. Was Decedent Armed Forces? 1 12 Yes 2 If Yas, Give Year or Dates:	No	lf 1	/as Deceder Yes, specify		lc Origin? (Spexican, Puerto	pecify Yes or No- Rican, etc.)	14. Rac	ca - Americ ck, White,	an Indian,
2-0	"natural",	ted	15. Decedent's E (Specify only highest gr	ducation		16a. Deced	ent's Usual (	occupation	most of work		16b. Kind of B		
2121	within ane. than	Completed	Elementary/Secondary (0-12)	Coilaga (1-4or	5+)	life. D	borer	retired)	THOSE OF WORK	ig	Stee	el Inc	dustry
nd	e filed el Hygi other vent, n	Be C	17. Fathar's Name (First, Middla, Las	*				18. [	Mother's Nam	e (First, Middle,			
yla	should be and Mentel in marked or umatic eve	To	Bennett A. Gold	smith				He	ester		Not Kn	lown	
Jar	2 sho		19a. Informant'a Name/Relationship William J. Klarmo		tep	19b. Mailing	g Address (S	itreet and N	lumber or Rui	al Route Numbe	r, City or Town,	State, Zip	Code)
Baltimore, Maryland 21215-0020	Pages 1 end 2 should nent of Health and Mer Int: If item 27 ia marke ury or other traumatic		20a. Method of Disposition 1 ☐ Burial 2 Ø Cremation 3 ☐	Removal from State		cometery, crain	aldry or othe	place)	i	dalk, Ma			
Ž	교본문중		4 Donation 5 Other (Special Signature of June 21 Signature of June 21 Service Lice			lltop S					Towson		
9	Depa impo any ir		Trega	2/2	J	7	uda-Ri 922 W	ick fi	ineral ve. Di	Home of indalk,	Dundal Marylan	k, II	1222
	Cate be executed by Science of the Control of the C	edical Examiner	Immediate Causa (Final disease or condition rasulting in death)  Sequantially list conditions, if any, leading to immediate cause. Einter Underlying	4	Due to (	VAS cultor as a consequence of as a consequence of the consequence of	iance oi):	EVEN	7				Onset and Death
$\circ$	ding ding	3	Cause (Disease or Injury that initiated events resulting in death) Last	d	Due to (c	r as a consequ	ence of):						
מ	death	sicis	Part II. Other significant conditions of	contributing to death b	ut not res	ulting In the un	derlying caus	e given In I	Pert I.	23b. Did to	obacco use co	ntribute to	the cause of death?
S, P.O.	es that the death igned by the atter be detached for u	by Physician								101	/es 2□ No	3 Prot	bably 4 Unknown
e	aw requir is been s 2 should	Completed b								24e. Was a perfor		cor	ere autopsy findings allable prior to mptetion of cause death?
	ate pag	ပ္ပ								1□ Y	es 2 No	10	Yes 2 No
N 1	certificate ha	Be	25. Was casa relarred to medical examiner?	Hospitel:					Place of Daat	h (Check only or	na)		
5	this craft dir	. To	1 ☐ Yes 2 No  27. Manner of Death	Hospital: 1 Inpatie		ER/Outpatient				me 5 Resid			)
Division of Vital	Attending Physician: or death. ector: After this certific by the funaral director.	cation	1 Natural 5 Pending investigatio		Y Year)	28b. Time of Injury	M 28c.	Injury at Work? 1 ☐ Yes	_	28d. Describe h	ow Injury occur	red	
		Certification:	3 Suicide 6 Could not b 4 Homicide determined		ury - Al hi c. (Specif	ome, larm, stra	ai, lactory, o	fice		28f. Location (S City or Tow		er or Rura	l Route Number,
	vithin 24 hours after To the Funeral Dir.	edical	29a. Cartifiar (Check only one) 1	ysician: To the best of niner: On the basis of and menner sta	examina	wledge, death tion end/or inve	occurrad at t estigation, in	he time, da my opinion	te and place, , death occurr	and due to tha cred at the lime, d	ause(s) and ma lata end piace,	nner as st and due to	ated. the causa(s)
1	within 2 To the comple	X	29b. Signature end title of certilier				29c. L	cense num	ber	2	9d. Date signe	d (Month, I	Dey, Year)
	20		MTo	t, MD			D	2185	59		9/11	5/26	

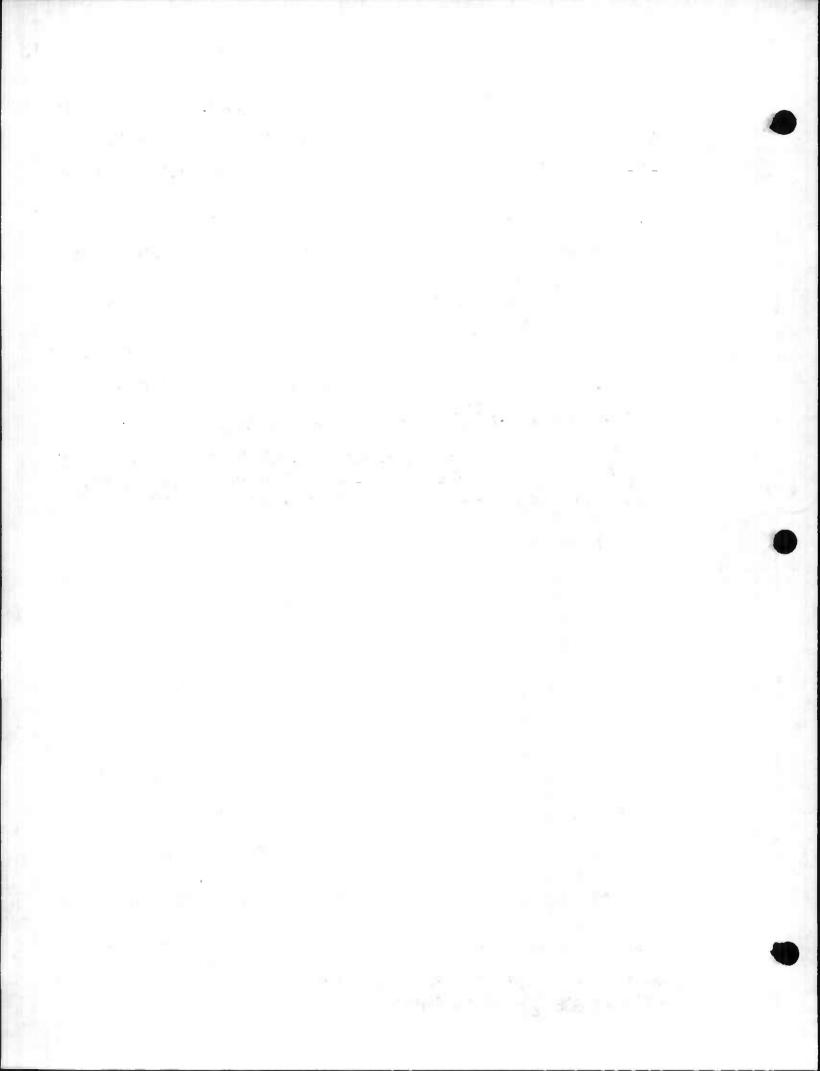
WA State

Registrar

MOHAMMAD TAQIMO

6710 Holalord Aver Bel MD 21222.

30. Name and address of person who completed causa of daath (Item 23a) (Type, Print)



# Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene

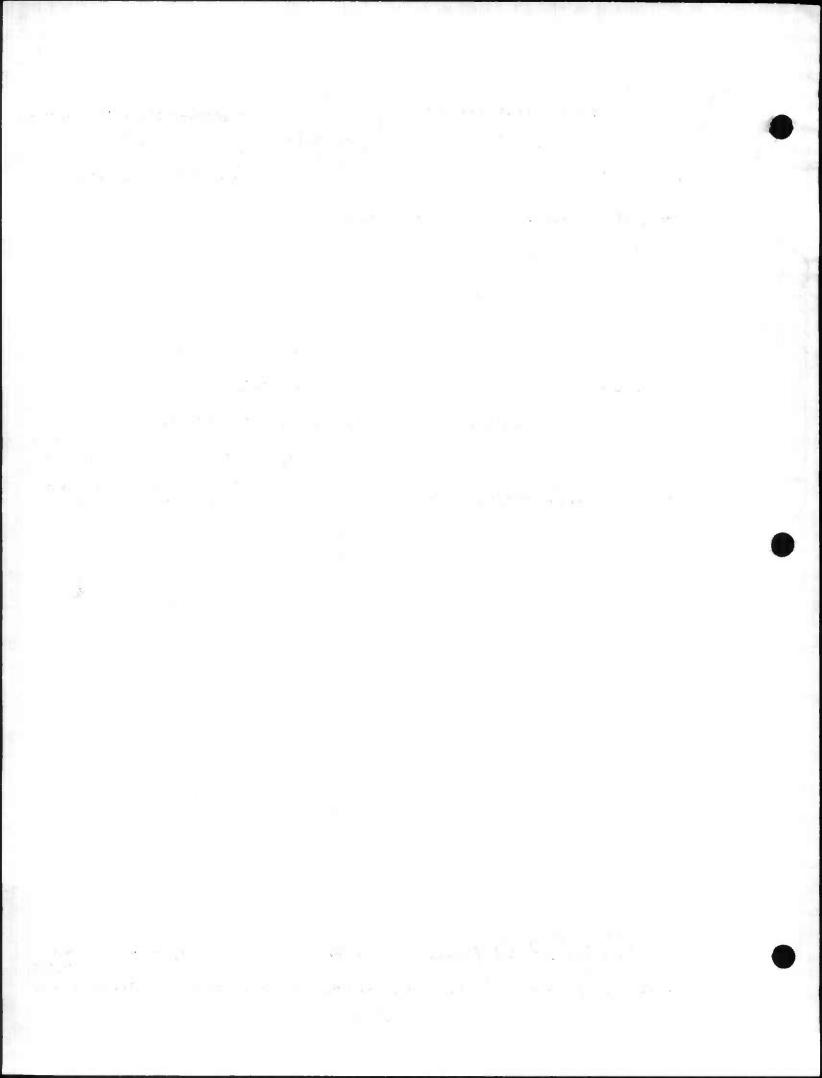
State of Maryland / Department of Health and Mental Hygiene

27494

							Cel	lilicate	UI L	Jeani			Reg. No.			
	Physic /Medi		Decedent's Name (Fig. 4)  A	irst, Middle, Le Agnes	Rena	Gelln	er					2. Date of D Month Septen	Day		Year	3. Time of Death 4:02 AM
	Exami		4a. Facility Name (If not			umber)			1 50	b.City,To Balti		cation of Dee		County o	f Death	
	Funeral Director	Г	5. Social Security Numb 213-30-2533	6. S	-	7. Age (In y)	s. last birthdey) Yrs.	if Under 1 Y Months De		If Under Hours		8. Date of B 3/3/19	irth lay, Year)	1.	9. Birthplac Country aryla	
	r 28a-f show	ō	10a. Stete 10 Maryland	b. County Balti	more	10c.	City, Town or Lo								10d	Inside City Limits  1 ☐ Yes > No
	with the land of the neutral	i Direct	10e. Street and Number		F			10f. Zip Co.					_	zen of Wi	nat Country	n
020	permit. Pages 1 end 2 should be filed within 72 hours after deeth with the Maryland Department of Heelth and Mental Hygiene. Important: if item 27 is marked other than "natural", or items 23a or 28a-f show any lojury or other traumatic event, the Medical Examinating must be incurred at once.	by Funeral Director	11. Meritel Status  1 Never Merried  3 Widowed 4	4 44 4	Armed F	2⊠ No ive		Was Decedent If Yes, specify (			gin? (Spe n, Puerto	ecify Yes or N Rican, etc.)		Black	- American White, etc Whit	3.
21215-0020	within 72 hound. The mature of the mature of	Completed	(Specify of Elementary/Secondary 12	Decedent's Econly highest gra	ide completed	) (1-4or 5+)		dent's Usuel On kind of work do NOT use re			t of worki	ing		nd of Bus	Iness/Indus	stry
Maryland 2	lid be filed viental Hygie ked other it ic event, it	To Be Co	17. Father's Name (Firs Ernest Ran)		)		rayic	AT ACC	T	18. Mothe		(First, Middle) Quinn				
-	end 2 should be selfth and No. 127 is mented or traumal		19a. Informant's Name John H. Gel		Type, Pnint) Husba	and	19b. Mailir 1127	ng Address (St Dlong 1	reet e	nd Numbe Apt	F (	A Route Numi Catons	ber, City of Ville	Town, S	tete, Zip Ci . 212	ode) (28
alimore	ment of He ment: If then fury or oth		20e. Method of Disposit 1 Burial 2 Cr 4 Donation 5	remetion 3 [		State	Place of Dispo cemetery, crer w Cathe	netory or other	place		9	Dete /14/96			e, Ma	ryland
Bal	Depart Import		21. Signature of Funera	es le	lele	LCF	SP	Name end A	mor	ndson	Ave		imore			
1	Physician		23a. Part . Enter the di shock, or heart fai	Iseese, or com ilure. List only	plications that one cause on	caused the de each line.	eth. Do not ent	er the mode of	dying	g, such es	cardiac c	or respiratory	arrest,		- In	pproximate aterval Between baset and Death
1	/Medical Examiner		Immediate Cause (Fina disease or condition resulting in death)	al	Acut		ardial		tio	n				-	3	hours
ox 68760,	n certificate be axecuted anding physician end use as the burlai-transit	n/Medical Examiner	Sequentially list conditor if any, leading to immediately cause. Enter Underlyin Cause (Disease or high that initiated events resulting in death) Last	ons, diate g	b	Due to	rotic c	oronary	у а	rtery	y dis	sease			10	years
P.O. B	es that the death igned by the atte be detached for	by Physicia	Part II. Other significan					nderlying ceus	e give	n in Part I						ne cause of death?
Records, 1	w requires that the death been signed by the atter should be detached for a		Obstructive										s an autop	esy	avalle	autopsy findings able prior to oletion of cause
I Rec	has by ye 2 s	Completed	Hypertensic	on								PC	Yes 2	□No	of de	
of Vital	Physicien: The this certificate ral director, page	To Be	25. Was case referred to examiner? 1 Yes 2 No	o medical	Hospital: 1 🗆	Inpatient 2	XER/Outpatien	t 3 DOA	Othe	Mer		n (Check only		3 DOther	(Specify)	
Division o	Attending or death. ector: After by the fune	Certification:	2 Accident	Pending Investigation Could not be determined	9 28e. Place	of Injury of th, Dey Year) e of Injury - At ling, etc. (Spec	28b. Time of Injury home, farm, str	М	1 🗆 Y	at ? /es 2 🗆	No	28f. Location City or To		d Number		doute Number,
_	To the Hospital or within 24 hours after To the Funeral Dir. completely filled in	edical Ce	29a. Certifler 1 (Check only one)	Certifying Ph Medical Exan	niner: On the b	e best of my ki basis of examin	nowledge, death nation and/or inv	occurred at the	ne tim	e, date an Inion, dea	d place, a th occurre	and due to the	cause(s) , date and	and man place, ar	ner as state	ed. ne ceuse(s)
	Withir Toth comp	Me	29b. Signeture end til	of contition /	20	hum	2	29c, Lie D434		number					(Month, De	y, Year) 1996
	Sta	to	30. Name and address of V. Dixon K. 31. Date filed (Month, D.	ing, Jr	., M.D	0	Agnes		Car	e -	900 (	Caton	Ave.,	Ba1	timor	21229 e, Md./

DHMH 16 Rev 6/95

State Registrar



			State of Mary		epartment of Certificate of		, ,	ene 9	6 2749
201 31		1. Decedent's Name (First, Middla, La	st)				2. Data of Death	. NO.	3. Time of Death
Physici		VERA M.	GALEA	N NT C		S	Month EPTEMBE		Year 1996 1:30
/Medi Examir		4a. Facility Nama (If not institution, giv		AINO		4b. City, Town, or Loc		4c. County o	
_xaiiii		SAINT JOSEPH	MEDICAL CE	סשייואי		MONICON		BA	LTIMORE
Funerai		5. Social Sacurity Number 6. S	Sax 7. Age (In	yrs. last birti	hday) If Undar 1 Yaa	TOWSON If Undar 24 Hrs.	MD 8. Date of Birth (Month, Day, Y		Birthplace (State or Fore Country)
Director		217-18-9828	<sup>□ M</sup> <sup>2</sup> X <sup>F</sup> 80	1	rs. Months Days	Hours Min.	March 14	, 1916	Pennsylvania
		Usual Residence of Decedent  10a. State 10b. County		011 -					
at at	-	110,000		c. City, Town					10d. Inside City Lim
28a-l	Director	Maryland Baltim	ore	N/A					1 🗆 Yas 2 🗒
or items 23s or 28s-f show miner must be notified at		10e. Street and Number			10f. Zip Code		100	. Citizen of Wi	hat Country?
0 23 man	Funeral	9432 Dawn Drive	40 W B4	10.00	2123			U.S.	
	Š	11. Marital Status  1 ☐ Navar Married 2 ☐ Married	12. Was Decedent Ever Armed Forces?	in U,S.	13. Was Decedent of It Yes, specify Cul	Hispanic Origin? (Spec ban, Mexican, Puerto P	city Yas or No- Rican, etc.)		- American Indian, , Whita, atc.
	by F	3 □ Widowed 4 □ Divorced	1 ☐ Yas 2 🔯 No If Yes, Giva Year or Datas:		1□Yes 2X No	Specify:		Specify:	White
natursi' dical Ex	Pe	15. Decedent's Ed		16e	Decedent's Usuai Occu	pation	16	b. Kind of Bus	iness/industry
- B	Completed	(Specify only highast gra Elementary/Secondary (0-12)	ida completed)		(Giva kind of work done lifa. DO NOT use retin	ipation a during most of working ed)	g F		re County
the page	mo	12 years	College (1-4or 5+)		feteria Mar			chool	
office of the	BeC	17. Father's Name (First, Middla, Last)				18. Mothar's Name			
Menta riosd fic er	To	Harvey Dunkle				Edna W	alker		
am a		19a. Informant's Name/Relationship (	Type, Print)	19b.	Mailing Addrass (Stree	at and Number or Rural	Routa Number, C	City or Town, S	Itata, Zip Code)
127 e		Edna Huff (Daugh	ter)	943	32 Dawn Dri	ve, Baltim	ore, Mar	yland	21236
t: If iten y or oth		20a. Method of Disposition  1 ☑ Burlai 2 ☐ Cramation 3 ☐  4 ☐ Donation 5 ☐ Other (Specify	menioval ironi State		Disposition (Nama of c, cramatory or other plants				city or Town, State
Department Important: any injury o		21. Signature of Funeral Service Licen		acred		Mary Cem. S rass of Facility Funeral H		altimor	e, Maryland
8518		Probat J. A	odarb D	h.		ms Lane, B		, Mary	land 21213
nysician		23a. Part1. Enter the disease, or comp shock, or heart failure. List only	plications that caused the one cause on each line.	bath. Do n	ot enter the mode of dy	Ing, such as cardiac or	raspiratory arres	•	Approximate Interval Between Onset and Death
Medical xaminer		Immediata Cause (Final disease or condition	CEREBROV	ASCUI	AR ACCID	ENT			UNKNOWN
Kanıner		resulting In death)	a.		onsequance of):				OWNINOWN
4	Ine		ACUTE RE	NAL E	PAILURE				UNKNOWN
physicien and s the burial-transit	Examiner	Sequentially list conditions, if any, leading to immediate			onsequence of): ERY DISEA	CF			
ysicie e bur	-	cause. Enter UndarlyIng Cause (Disease or Injury that initiated events	C		onsequence of):	<u> </u>			UNKNOWN
nding physuse es the	ian/Medica	resulting in death) Last	ARTERIO	R SCI	EROTIC C	ARDIOVASC	CULAR D	ISEASE	UNKNOWN
the atter	sicial	Part II. Other significant conditions co	ontributing to death but not	resulting in	the underlying cause o	iven in Part I	23b. Did tob	cco use cont	ribute to the cause of dea
gned by th be detache	by Physici	CHRONIC OBSTRUC							3 □ Probably 4 Unknown
s been si 2 should	Completed	PERIPHERAL VASO	CULAR DISE	ASE			24a. Was an a parforme		24b. Were autopsy tinding available prior to complation of cause of death?
page	Con						1 ☐ Yes	≥ No	1 □ Yes No
certificate rector, pa	Be	25. Was case reterred to medical axaminer?	av same			26. Place of Death	(Check only ona)		
this ce	2	1 ☐ Yes 2 No		2 ER/Out	patient 3LI DOA	ther: 4 Nursing Hom	e 5 Resident	a 6 □Other	(Specify)
After fune	Certification:	27. Manner of Death    Matural   5   Pending		28b. Ti	jury Wo	ury at 2 ork? ] Yes 2 □ No	8d. Describe how	Injury occurre	d
after deeth Director: d in by the	63	3 ☐ Suicide 6 ☐ Could not be							

State Registrar

EDUARDO P. LAYUG, 31. Date filed (Month, Day, Yaar)

30. Nama and address of parson who completed cause of death (Item 23a) (Typa, Print)

MD 7620 YORK ROAD 32. Registrar's Signature

TOWSON, MARYLAND

21204

29d. Date signed (Month, Day, Year)

SEPTEMBER 16, 1996

29c. Licensa number

D 24025

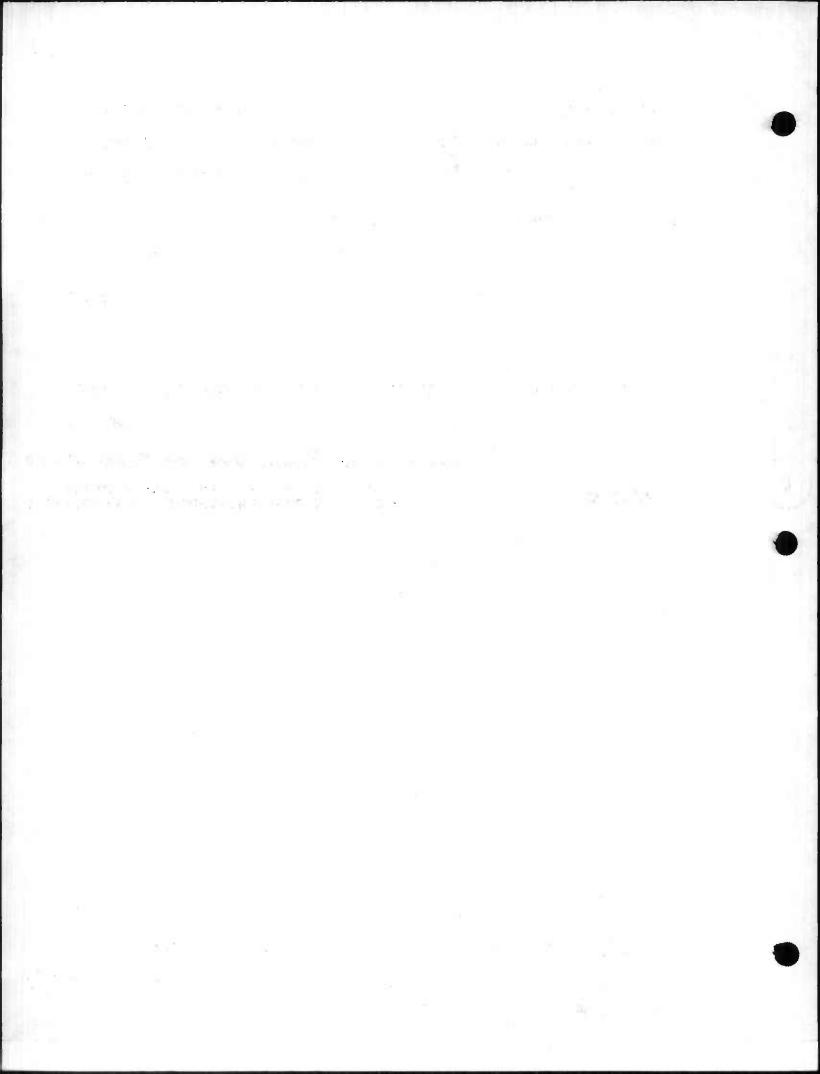
\$

State of Maryland / Department of Health and Mental Hygiene 96 27496

						Cer	tifica	te of	Death		Reg. No.			
Dhualai		1. Decedent'a Name		•						2. Dete of D		Year	3. Tir	me of Deeth
Physici /Medic		ANNE	GRANHOLI	1						SEPTEM			2	:28 a.m
Examir		4e. Fecility Name (If	not Institution, give	street end number)					4b. City, Town, or			unty of Death		a riii
		GREATE	R BALTIMO	RE MEDICA	L CEN	TER			TOWSON			BALTI	MORE	
Funeral		5. Sociel Security Nu		7. Age	e (In yrs. las		If Under	Devs	If Under 24 Hrs Hours Min		lirth Dey, Year)	9. Birth		tete or Foreign
Director		NONE		DIM ZWI	Q	Yrs.			1 20	9/10	/96		YLANI	D
pur *		Usuel Residence of 10a. Stete	10b. County		10c. City.	Town or Lo	cation						10d Inei	de City Limits
the Marylar 28a-f ehow notfried at	ÖN	And Talent	BALTIM	IODE	12	RKS-G		٥٦						Yes 2 No
10 M	ect	10e. Street and Num		IUKE	SPA	KK3-6	1	U E ip Code			10a Chinan	of March Co.		
filed within 72 hours aftar death with the Manyand Hygiene. ther than 'naturel', or Rems 23a or 28a-f ehow int, the Medical Examine must be notified at	ā										Tog. Citizen	of What Cou	muyr	
eath	Funeral	9F Windmi	II Unase	12. Was Decedent E	Ever in IIS	12 1		1152	Hispenic Origin? (	Specify Ves or h	USA	Rece - Ameri	icen Indi	•••
Her d	un_	1) Never Marrie	d 2 Married	Armed Forces?		13. 1	Yes, sp	ecify Cub	en, Mexican, Pue	rto Rican, etc.)	14.	Bleck, White,		p. 11,
rs af	by F	3 ☐ Widowed		If Yes, Give	40	1	☐ Yes	2 No	Specify:		Spe	ecity: WHI	TE	
hou	Pa		15. Decedent's Ed			16a. Deced	lent's Us	iel Occur	netion		18h Kind /	of Business/Ir	nduetry	
in 7	Completed	(Speci	fy only highest grad	de completed)		(Give	kind of w	ork done	during most of wa	orking	TOD. TWICK	JI DUSINOSAN	roustry	
iene.	E	Elementery/Secon		College (1-4or 5	+)		NON	1E				NON	E	
Hyge Hyge	Be C	17. Fether's Neme (/							18. Mother's Ne	me (First, Middl	le, Meiden Sur			
Mental   Mental   arked of atic eve	To B	ALBERT	(UNK	(NOWN)	GRANI	HOLM			JENNI	FER (UN	(KNOWN)	LYON	J	
2 should and Men is marks sumstice	-	19e. Informent's Ne	me/Reletionship (T	ype, Print)		19b. Meilin	g Addres	s (Street	and Number or F					
and 2 salth ar 27 le		G.B.M.C	(S	TAFF)		6701	N.(	CHAR	LES ST	. TOWS	ON, MAF	RYLANI	D. 2	1204
- 755		20e. Method of Disp		-	20b. Pled	e of Dispos	sition (Ne	me of		Dete	1	ion - City or T		
permit. Peges 1 and Department of Haelth Important: If Item 27 any Injury or other tr once.			Cremetion 3 1 5 Other (Specify	Removel from Stete		etery, crem			EMATOR	Y 9-14	96 BA	AT.TO.	MD.	.21202
artm ortan		21. Signeture of Fun							ess of Fecility		30 131	ILIO.	,	, , , ,
permit. Peges Department of Important: If Ite any injury or of			A. Rei				HEN	RY	W. JÉNF					
				4	the death	49	905	YOR	K ROAD,	BALTIN	ORE, M	JARYLA		
0	ji .	shock, or heer	feilure. List only o	licetions thet caused ne ceuse on each lin	10.	DO HOL SHIE	ei trie irio	de oi dyii	ng, such as cardia	ic or respiratory	errest,		Interva	ximete al Between and Death
Physician /Medical		Immediete Cause (F	inel	EVT	DEME I	DEMA	ELID X :	- > 4						
Examiner		disease or condition resulting in deeth)		eEXII	REME F	REMA	URI	Y					1H 2	20 Min
	<u>ا</u>			ļ.	Due to (or e	s a conseq	uence of	):						
pet nsit	Examiner			b			3							
requires mat the death certificate be assectled seen signed by the ettending physician and hould be detached for use as the buriel-transit	xar	Sequentially list con if any, leeding to im- cause. Enter Under Cause (Diseese or In	ditions, nediete		Due to (or e	s e conseq	uence of	:				į		
cate be asscuted physician and s the buriel-transit		Cause (Diseese or International Cause (Diseese or International Cause of International Caus	njury	с.								1		
phy s the	edicai	resulting in deeth) Lo	est	ı.	Due to (or as	s e consequ	uence of)	:				1		
anding p	3			d										
ettendi for us	Physician/	Doe II Other steelille												
ed by the detached	ys	Pert II. Other signific	ant conditions co	ntributing to death bu	it not resultii	ng in the ur	nderlying	cause gh	ven in Pert I.					use of death?
igned b										1	Yes app	10 3 Pro	bably	4 Unknown
in sign	d by									24e Wa	s en autopsy	24b. V	Vere auto	ppsy findings
been s	Completed										formed?	a\ cc	valiable p ompletio	orior to n of cause
S S C	dE.												f death?	
cata ha	- 1									10	Yes 2X N	10 1	Yes	2 No
Physician: Th this certificata ral director, pay	Be	25. Wes case referre examiner?		Hoepitel:				04		ath (Check only	one)			
his al di	2	1 Yes 2 X	lo		nt 2 EF			UA		Home 5□ Res			lfy)	
Attending Ph or death. ector: After th by the funaral	on	27. Menner of Deeth 1 2 Neturet	5 Pending	28a. Date of Injur (Month, Dey	Year) 28	3b. Time of Injury		28c. Inju		28d. Describe	how injury or	curred		
lend leath lor: /	cat	2 ☐ Accident 3 ☐ Suicide	Investigation 6 Could not be				М		Yes 2 □ No					
or Attending Pratter death.  I Director: After to in by the funant	Certification:	4 Homicide	determined	28e. Place of Inju building, etc	ry - At home . <i>(Specify)</i>	e, ferm, stre	et, fecto	ry, office			(Street end Nown, Stete)	um <i>ber</i> or Rur	ral Route	Number,
rai Delli		-												
within 24 hours after To the Funeral Direction	edical	(Check only	I⊠ Certifying Phy ☐ Medical Exami	alcian: To the best of ner: On the basis of	examinetion	dge, deeth	occurred	et the th	me, date end plec opinion, deeth occ	e, and due to the	e cause(s) and o, dete and pla	d manner as a	stated. to the ca	use(s)
the the	Med	one)		end menner ster	ted.									
1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	-	29b. Signeture end ti	nie of certifier	115000			-		se number			igned (Month,	, Day, Ye	sar)
ļ		•	10)	100 IV				2336	8		9/11,	/96		
ĺ		30. Neme and eddres	ss of person who	ompleted cause of de	eath (item 2	3e) (Type, I	Print)							I di maliferanza di m
		GBMC, 67	01 N. Cha	arles Stre	et, B	altim	ore.	MD	21204					
Sta	te	31. Date filed (Month	, Dey, Yeer)	32. Registre	r's Signetur	0								
Dogiote	21	CED 1 r	400C	To Name	70.1.	00								

## Please Type or Print in Black Indelible Ink Assure All Conies A

		1. Decedent's Neme (First, Middle, L	Last)		Certificate of	, Dou.,	2. Dete of Dee		3. Time of 0
sicia edica		ABIGAIL, GRANHO	LM				Month SEPTEM	BER, 10	) 1996 2:47
imine		4e. Fecility Neme (If not institution, g	ive street end number)			4b. City, Town, or		4c. County	
		GREATER BALTIMOR	E MEDICAL (	CENTER		TOWSON		BALTI	IMORE
erai tor		5. Sociel Security Number 6.  NONE  Usuel Residence of Decedent	. Sex 7. Age 1 ☐ M 2 ☐ XF	e (In Vis. lest b	Yrs. If Under 1 Ye  Months De			, Year)	9. Birthpiece (State or Country) MARYLAND
		10e. Stete 10b. County		10c. City, To	wn or Location				10d. Inside City
	Director	MARYLAND BAL	TIMORE	SPA	RKS-GLENCO	E			1 ☐ Yes
1	Dire	10e. Street end Numbar			10f. Zip Cod		1		Whet Country?
	era	9F WINDMILL CHA	12. Wes Decedent I	Ever in 11 S	2115	Z of Hispenic Origin? (S	Panifu Van as Na	USA	ce - American Indien,
	by Funeral	1 Never Merried 2 Married 3 Widowed 4 Divorcad	Armed Forces?		If Yes, specify C	Cuban, Mexican, Puer	to Rican, etc.)		ick, White, etc.
	ted	15. Dacedent's (Specify only highest g	Education	166	e. Decedant's Usuei Oc	cupetion one during most of wo	rkina	16b. Kind of B	Susiness/Industry
	Completed	Eiementery/Secondery (0-12)	Collega (1-4or 5	+)	life. DO NOT use re	tired)	, Kang		
		NONE  17. Fether's Neme (First, Middle, Las	et)		NON		me (First, Middle, I		NONE
	To Be		KNOWN)	CDA	NHOLM	JENNIFE			LYON
	-	19e. Informent's Neme/Reletionship			b. Mailing Address (Str.				
		G.B.M.C.	(STAFF)	6	701 N.CH	ARLES ST	., TOWSO	N, MAR	YLAND, 2120
		20e. Method of Disposition  1 Buriel XX Cremetion 3	□Romovai from State		of Disposition (Neme of				- City or Town, Stete
8500		4 Donetion 5 Other (Spec		GRAR	N MOUNT	CRAHARY	9-14	BALTO	1, MD 212
Sup		21. Signeture of Funerei Service Lice	ensae		22. Name end Ad		THE AND	CONC	COMPANY
an cal ner		23a. Part1. Enter the disease, or conshock, or heert feiture. List only Immediate Cause (Final disease or condition resulting in death)	e. EXTREME	PREMAT	URITY	dying, such es cardie	c or respiretory err	est,	Approximate Intervel Betwoen Onset and De
eal ner	Examiner	Immediate Cause (Final disease or condition resulting in death)	e. EXTREME	PREMAT	not entar the moda of	dying, such es cardie	C or respiretory err	est,	Approximete Intervel Betwo Onset end De
eal ner	Ca	Immediate Ceuse (Final disease or condition	e. EXTREME	PREMAT  Due to (or as e	URITY consequence of):	dying, such es cardie	C or respiretory err	est,	Approximete Intervel Betwo Onset end De
al er	ca	Immediate Cause (Final disease or condition rasulting in death)  Sequantially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting In death) Lest	e. EXTREME  b	PREMAT Due to (or as a	URITY consequence of): consequence of):	dying, such es cardie	c or respiretory err	est,	Approximete Intarvel Betwoonset end Dr.
cal	Physician/Medical	Immediate Cause (Final disease or condition rasulting in death)  Sequantially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or injury that initiated events	e. EXTREME  b	PREMAT Due to (or as a	URITY consequence of): consequence of):	dying, such es cardie	c or respiretory err	obacco usa co	Approximete Intervel Betwo Onset end De
eer	by Physician/Medical	Immediate Cause (Final disease or condition rasulting in death)  Sequantially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting In death) Lest	e. EXTREME  b	PREMAT Due to (or as a	URITY consequence of): consequence of):	dying, such es cardie	c or respiretory err	obacco usa co	Approximate Intarvel Betwo Onset and Dr. J. J. J. J. J. J. J. J. J. J. J. J. J.
al er	by Physician/Medical	Immediate Cause (Final disease or condition rasulting in death)  Sequantially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting In death) Lest	e. EXTREME  b	PREMAT Due to (or as a	URITY consequence of): consequence of):	dying, such es cardie	23b. Did to	obacco usa co es 2 No in autopsy med?	Approximete Intarvel Betwo Onset end Dr. S. I. S
eer	Be Completed by Physician/Medical	Immediate Cause (Final disease or condition rasulting in death)  Sequantially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest  Pert II. Other algnificent conditions  25. Was case referred to medical exeminer?	e. EXTREME  b	PREMAT Due to (or as a	URITY consequence of): consequence of): in the underlying cause	dying, such es cardie given in Pert t.  26. Pieca of Da	23b. Did to 1 U Y 24e. Wes a	obacco usa co es 2 No es 2 No	Approximete Intervel Betwoen Street Intervel Betwoen I
cal ser	To be Completed by Physician/Medical	Immediate Cause (Final disease or condition rasulting in death)  Sequantially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lest  Pert II. Other significent conditions	e. EXTREME  b	PREMAT Due to (or as a Due to (or as a Due to (or es e at not resulting	URITY consequence of): consequence of): in the underlying cause	ogiven in Pertit.  26. Pleca of Da.  Othar: 4 □ Nursing H	23b. Did to 1 Y  24e. Wes a perior 1 Y  ath (Check only on	obacco usa co es 2 1 No in autopsy med? es 2 No es 2 No	Approximete Intervel Betwo Onset end Dr. Ons
cal ser	To be Completed by Physician/Medical	Immediate Cause (Final disease or condition rasulting in death)  Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lest  Pert II. Other significant conditions  25. Was case referred to medical exeminer?  1   Yes 2   No    27. Menner of Deeth   Naturel   5   Panding	e. EXTREME  b	PREMAT Due to (or as a Due to (or as a Due to (or es e st not resulting	URITY consequence of): consequence of): consequence of): in the underlying cause utpetient 3□ DOA Time of Injury 28c. It	ogiven in Pert t.	23b. Did to 1 Vec 24e. Wes a perior	obacco usa co es 2 1 No in autopsy med? es 2 No es 2 No	Approximete Intervel Betwo Onset end Dr. Ons
cal ser	To be Completed by Physician/Medical	Immediate Cause (Final disease or condition rasulting in death)  Sequantially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or injury that inflieted events resulting in death) Lest  Pert II. Other algnificent conditions  25. Was case referred to medical exeminer?  1 Yes 2 No  27. Menner of Death  1 Maturel 5 Panding	e. EXTREME  b	PREMAT Due to (or as a Due to (or as a Due to (or es e  ut not resulting	URITY consequence of): consequence of): consequence of): in the underlying cause utpetient 3□ DOA Time of Injury 28c. It	dying, such es cardie  given in Pert t.  26. Pteca of Da.  Othar: 4 □ Nursing Horizon	23b. Did to 1 Ye 24e. Wes a perion 1 Ye ath (Check only on	obacco usa co es 2000 n autopsy med? s 2000 no autopsy med? once 6 Oth ow injury occur	Approximete Intervel Betwo Onset end Dr. Ons
cal ser	Certification: To Be Completed by Physician/Medical	Immediate Cause (Final disease or condition rasulting in death)  Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lest  Pert II. Other significent conditions  25. Was case referred to medical exeminer?  1 Yes 2 No  27. Menner of Death  1 Naturel 5 Panding investigating investiga	e. EXTREME  b	PREMAT Due to (or as a Due to (or as a Due to (or es e  ut not resulting  nt 2 = ER/O y Year) 28b.  ury - At home, f f my knowledg axeminetion ei	URITY consequence of): consequence of): consequence of): in the underlying cause utpetient 3□ DOA Time of Injury M erm, street, fectory, offi	26. Pteca of Da Othar: 4 Nursing H njury at Nork? 1 Yes 2 No ca	23b. Did to 1 Ye 24e. Wes a perion 1 Ye ath (Check only on tome 5 Reside 28d. Describe to	obacco usa co es 2 No es 3 No es 3 No es 3 No es 3 No es 3 No es 3 No es 3 No es 3 No es 3 No es 4 No es 4 No es 5 No es 5 No es 6 No	Approximete Intervel Betwo Onset end Dr. Ons
cal leading the state of the st	fedical Certification: To Be Completed by Physician/Medical	Immediate Cause (Final disease or condition rasulting in death)  Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that inflieted events resulting in death) Lest  Pert II. Other algnificent conditions  25. Was case referred to medical exeminer?  1  Yes 2	e. EXTREME  b	PREMAT Due to (or as a Due to (or as a Due to (or es e  ut not resulting  nt 2 = ER/O y Year) 28b.  ury - At home, f f my knowledg axeminetion ei	utpetient 3 DOA Time of Injury M 1 a, deeth occurred at the indor invastigation, in m	26. Pteca of Da Othar: 4 Nursing H njury at Nork? 1 Yes 2 No ca	23b. Did to 1 Ve 24e. Wes a perior  ath (Check only on the Check only on the Check only on the Check only on the Check only on the Check only on the Check only on the Check only on the Check only on the Check only on the Check only on the Check only on the Check only on the Check on the Che	obacco usa co es 2 No es 2 No es 2 No es 2 No es 6 Oth ow injury occur treet end Numb n, State) euse(s) end me ata and placa,	Approximete Intervel Betwoen State Intervel Betwoen State Intervel Betwoen State Intervel Betwoen State Intervel Between State Intervel Between State Intervel Between State Intervel Between State Intervel Between State Intervel Between State Intervel Between State Intervel Between Intervel Betw
cal ser	fedical Certification: To Be Completed by Physician/Medical	Immediate Cause (Final disease or condition rasulting in death)  Sequantially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lest  Pert II. Other significant conditions  25. Was case referred to medical exeminer? 1   Yes 2   Vio    27. Menner of Death 1   Naturel   5   Panding investigating investigating investigating investigating investigating investigating investigating   2   Accident   3   Suicide   6   Could not determined   29e. Cartifier (Check only one)	e. EXTREME  b	PREMAT Due to (or as a Due to (or as a Due to (or es e  ut not resulting  nt 2 = ER/O y Year) 28b.  ury - At home, f f my knowledg axeminetion ei	utpetient 3 DOA Time of Injury M 1 a, deeth occurred at the indor invastigation, in m	26. Pleca of Da.  26. Pleca of Da.  Othar: 4 \( \text{Nursing F} \)  Nolumber 1 \( \text{Yes} \) 2 \( \text{No} \)  ca  et time, date end plece by optnion, deeth occurs.	23b. Did to 1 Ye 24e. Wes a perion 1 Ye ath (Check only on the Check only on the Superior of the Check only on the Check only on the Check only on the Check only on the Check only on the Check only on the Check only on the Check only on the Check only on the Check only on the Check only on the Check only on the Check on the Chec	obacco usa co es 2 No	Approximete Intervel Betwo Onset end Dr. Ons



State of Maryland / Department of Health and Mental Hygiene Q &

						Certific	ate of	Death	, 1	Reg. No.	70 2	1450
Ph	ysicia	ın l	Decedant'a Nama (First, Middle, La	st)					2. Data of De Month	ath Day	Year 3.1	Tima of Death
	Medic	_	ALEXANDRA	GRANHOL	M				SEPTEMB	ER 10.		:47 a.m
	amin	-	4a. Facility Nama (If not institution, given	a street and number	)			4b. City, Town, or	Location of Deatl	4c. County	y of Death	
			GREATER BALTI	MORE MEDI	CAL CENT	ΓER		TOWSON		BA	LTIMORE	
Fun	nera!		5. Social Security Number 6. S	Sex 7.A I□M 2∑()F	ga (In yes last b	Mon	ndar 1 Yaa ths Days			th v. Year)	9. Birthplaca (	Stata or Foreign
Dire	ctor		. 00/07	I M 2W F	X	Yrs.		1 34	9/10			(LAND
pu *		-	Usual Rasidance of Decedant  10a. Steta 10b. County		100 City Tou	vn or Location					1.0.1.1	
anylan	I B	_		IMORE		S-GLEN						sida City Limits
the M	nonthed	25		THURE	SPARI							Yas 2 No
€ €	9	Director	10e. Street and Number			10f	. Zip Coda			10g. Citizan of	What Country?	
23a	19	2	9F WINDMILL C	HASE			211	.52		US.	A	
or the	Exa	by Funeral	11. Maritat Status  1 ☼ Navar Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	12. Was Decedan Armed Forces 1 ☐ Yas 2 ☐ If Yas, Giva Yaar or Datas:	? No		ecedant of specify Cu as 20 No	Hispanic Origin? (S ban, Maxican, Puar Specify:	Specify Yas or No to Rican, atc.)	14. Rad Bia Specif	ce - Amarican Inc ck, Whita, atc. y: WHITF	tian,
72 hours	lical	Completed	15. Decedant's E (Specify only highest gra	ducation	168	Decedant's	Usual Occu	pation	dia	16b. Kind of B	usinass/Industry	
within ene.	Me C		Elemantary/Secondary (0-12)	Coilege (1-4or	5+)	lifa. DO NO	T usa retir	e during most of wo	rking			
d wil	ä	5	NONE				NONE			NO	NE	
d 2 should be filed v h and Mental Hygie 7 is marked other t	vant	Be	17. Father's Nama (First, Middle, Last	)				18. Mothar's Na	ma (First, Middle,	Maiden Suman	na)	
ould be Mental	fic a	20	ALBERT (UN	KNOWN)	GRANI	IOLM		JENNIF	ER (UN	KNOWN)	LYON	
2 sho and h	TI.		19a. Informant's Name/Raietionship (	Type, Print)	19	b. Mailing Add	rass (Stree	et end Number or R	ural Routa Numb	er, City or Town	, Stete, Zip Code	)
end 2 ealth m 27 i	or tre		G.B.M.C. (ST	TAFF)	6	701 N	. CHA	RLES ST.	, TOWSO	N, MARY	LAND, 2	1204
of Hear	or other traumatic avant,		20a. Mathod of Disposition		0 000 04.	of Disposition	(Name of	ace)	Date	20c. Location	City or Town, S	tata
Pege ent c	2		1 ☐ Burial 2 ☐ Cramation 3 ☐ 4 ☐ Donation 5 ☐ Othar (Special		l I			REMATOR	7 0 14	OS DAT	TO MD	2120
permit. Peges Department of Important: If N	in a		21. Signature of Funarai Sarvice Licar		OKLL			ass of Facility	3-14-	90 DAL	IIO., MD	.,2120
permit. Peges 1 er Department of Hea Important: If Itam:	oug oug		P.S. Run	-		HE	NRY	W. JENK RK ROAD				
Physic /Med Exami	lical iner		tmmediate Ceuse (Final disaasa or condition rasulting in daath)	a. EXTREM	E PREMAT		of):				1	at and Death
icate be executed physician and	el-transit	Examine	Sequentially list conditions, if any, leading to immediate	b	Due to (or as a	consequanca	of):					
in gr	e es the bu	Medical	Sequentially list conditions, if any, laading to immediate causa. Entar Underlying Cause (Disease or injury that initiated evants rasuiting in daath) Last	c	Dua to (or as a	consaquance	of):				i	
death ce	detached for us	Physician										
0 0	ped	S	Part tt. Other significant condittone of	ontributing to death I	but not rasuiting	in tha undariyi	ng causa g	ivan in Part I.	23b. Dld	tobacco use co	ntribute to the o	ause of death
thet the	Jetac								1 🗆	Yee 2 No	3 Probably	4 Unknow
aw requires is been sign	2	Completed by								an autopsy rmed?	24b. Ware au available completi of death	prior to on of cause
or Attending Physician: The after death. Director: After this certificate h	page	5							10	Yas 2 No	1 🗆 Yas	No DE
iclan: The		Be	25. Was casa rafarred to medical					26. Place of De	eth (Check only o	ona)		
Physician: this certific	direc	2	axaminar? 1 ☐ Yes 2 ☐ No	Hospital: 1 💢 Inpati	iant 2 ER/O	utpatient 3	DOA	ther:	doma 5 ☐ Rasio		nar (Specify)	-
g Physer this	Dera		27. Mennar of Deeth	28e. Data of Inj (Month, Da		Time of	28c. Inj			how injury occur		
Attending ir death. actor: After	, e fu		1 Netural 5 ☐ Pending 2 ☐ Accidant investigation		ay rear;	Injury M		Yes 2 No				
al or Attendi	ed in by th	Certification:	3 ☐ Suicida 6 ☐ Could not b 4 ☐ Homicide determined	28a. Place of in	jury - At homa, f tc. (Specify)	arm, street, fe	ctory, office		28f. Location (: City or To		ber or Rural Rou	te Number,
To the Hospital Within 24 hours To the Funeral	pletely fill	edical	29a. Certifiar 1 Certifying Ph (Check only one) 1 Medicat Exam	ysician: To the best ntner: On the basis of and mannar s	of axamination ar	a, daath occur nd/or invastiga	red at tha t tion, in my	ima, dete end place opinion, daath occu	a, and dua to tha urred at tha tima,	cause(s) end madata and placa,	annar es stated. and dua to tha c	ause(s)
To the within 2	E COM	Σ	29b. Signatura and titia of certifiar	mon	Y		29c. Licar	D23368			d (Month, Day, )	(ear)
			30. Nama and address of person who SIEW-JYU WONG	/	/		TDEET	DALTIMO	DE MADVI	I AND 2	1204	

State Registrar 31. Dete filed (Month, Dey, Year)

					Certifi	icate of	Death	1	Reg. No.		
hysicią	an	Decedent's Neme (First, Middle, I						2. Date of De Month	Dey	Yeer	3. Time of Death
Medic	al	ALLISON  4a. Facility Name (If not Institution, g	GRANH				4b. City, Town, or	SEPTEME		1996	2:54 a.n
amin	er	GREATER BALT			CENTED			Location of Deat		y of Deeth	
al					lest birthday) If	Under 1 Yea				9. Birtho	Les la la la la la la la la la la la la la
or		NONE	1□M 2D(F	0	Yrs. Mo	onths Deys	Hours Mir			Coun	RYLAND
		Usuel Residence of Decedent  10a. Stete 10b. County		10c. Ci	ty, Town or Locatio	on				1	0d. Inside City Limits
	to	MARYLAND BALTI	MORE	SPA	RKS-GLENC	OF					1 ☐ Yes 2 ☐ No
Ì	Director	10e. Street and Number				Of. Zip Code			10g. Citizen of	What Cour	ntry?
	a D	9F WINDMILL	CHASE			21152	2		USA		
	by Funeral	11. Meritel Stetus  1 ☑ Never Merried 2 ☐ Merried  3 ☐ Widowed 4 ☐ Divorced	12. Wes Decede Armed Force 1 Tyes 2 If Yes, Give Year or Dete	es? Ø No	If Yes	Decedent of s, specify Cu Yes 21X No	Hispanic Origin? (ben, Mexican, Pue	Specify Yes or No rto Rican, etc.)	0- 14. Re Bie	ce - Americ eck, White, fy: WHIT	etc.
1	Pa	15. Decedent's		98:	16e. Decedent's	s Usuel Occu	unetion		18b. Kind of E		
	Completed	(Specify only highest ( Elementery/Secondery (0-12)	rade completed)	or 5:\	(Give kind	of work done VOT use retir	e during most of wo	orking	TOD. TAILO OF E	universiti	
	E	NONE	College (1-4	or 5+)		NONE			NO	NE	
	Be	17. Fether's Neme (First, Middle, La	st)				18. Mother's Ne	eme (First, Middle			
	10	ALBERT (U	NKNOWN)	GRANE	IOLM		JENNI	FER (	UNKNOWN	) LY0	N
		19e. Informent's Neme/Reletionship	(Type, Print)		19b. Melling Ad	ddress (Stree	et and Number or F	Rural Route Numb	er, City or Town	, Stete, Zip	Code)
		G.B.M.C.	(STAFF)		6701 1	N.CHA	RLES ST	. TOWS	ON, MAR	YLAN	D,21204
		20e. Method of Disposition 1 ☐ Buriai 文章Cremetion 3 4 ☐ Donetion 5 ☐ Other (Spec	☐Removel from Ste	ete (	Piece of Disposition cametery, cremetor REEN MOT	ry or other pl	,	Dete Y 9-14	20c. Location -96 BA		own, Stete , MD . , 2120
any injury or once.		21. Signeture of Funerei Service Lic	ensee		22. Nei	me and Add					
	-	P. A. Len	>		490	HENRY	W. JEN RK ROAD	BALTIN	ORE, MA		MPANY AND, 21212
an		23a. Part1. Enter the disease, or co shock, or heart failure. List on	mplications thet cau ly one ceuse on eec	sed the deel h line.	490	HENRY	W. JEN	BALTIN	ORE, MA		
-		23a. Part1. Enter the disease, or co shock, or heert feilure. List on Immediate Cause (Final			th. Do not enter the	HENRY 05 YO1 e mode of dy	W. JEN	BALTIN	ORE, MA	RYLA	AND, 21212 Approximete Interval Between Onset and Deeth
al		23a. Part1. Enter the disease, or co shock, or heart feilure. List on		EME PR	th. Do not enter the	HENRY D5 YO1 e mode of dy	W. JEN	BALTIN	ORE, MA	RYLA	AND, 21212 Approximate Interval Between
al er	ner	23a. Part1. Enter the disease, or co shock, or heert feilure. List on Immediate Cause (Final disease or condition		EME PR	th. Do not enter the	HENRY D5 YO1 e mode of dy	W. JEN	BALTIN	ORE, MA	RYLA	AND, 21212 Approximete Interval Between Onset and Deeth
al er	Examiner	23a. Part1. Enter the disease, or co shock, or heert feilure. List on Immediate Cause (Final disease or condition resulting in deeth)  Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying		EME PR	th. Do not enter the	Y ce of):	W. JEN	BALTIN	ORE, MA	RYLA	AND, 21212 Approximete Interval Between Onset and Deeth
cal ner	· 60	23a. Part1. Enter the disease, or co shock, or heert feilure. List on Immediate Cause (Final disease or condition resulting in deeth)  Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initialed events		Due to (c	th. Do not enter the	Y ce of):	W. JEN	BALTIN	ORE, MA	RYLA	AND, 21212 Approximete Interval Between Onset and Deeth
cal ner	· 60	23a. Part1. Enter the disease, or conshock, or heert feilure. List on Immediate Cause (Final disease or condition resulting in deeth)  Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury		Due to (c	th. Do not enter the	Y ce of):	W. JEN	BALTIN	ORE, MA	RYLA	AND, 21212 Approximete Interval Between Onset and Deeth
ner nee as the bund-transit	· 60	23a. Part1. Enter the disease, or co shock, or heert feilure. List on Immediate Cause (Final disease or condition resulting in deeth)  Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initialed events	e. EXTR	Due to (c	th. Do not enter the REMATURIT or es e consequence or es e consequ	Y ce of):	W. JEN	, BALTIN	AORE, MA	1	AND, 21212 Approximete Interval Between Onset and Deeth
al er	Physician/Medical	23a. Part1. Enter the disease, or co shock, or heert feilure. List on Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initialed events resulting in death) Last	e. EXTR	Due to (c	th. Do not enter the REMATURIT or es e consequence or es e consequ	Y ce of):	W. JEN	, BALTIN ec or respiretory e	AORE, MA	NRYLA	AND, 21212 Approximate Interval Between Onset and Deeth H 44 min
al er	by Physician/Medical	23a. Part1. Enter the disease, or co shock, or heert feilure. List on Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initialed events resulting in death) Last	e. EXTR	Due to (c	th. Do not enter the REMATURIT or es e consequence or es e consequ	Y ce of):	W. JEN	23b. Did	forest, M/	ontribute to	AND, 21212 Approximate Interval Between Conset and Deeth H 44 min
	by Physician/Medical	23a. Part1. Enter the disease, or co shock, or heert feilure. List on Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initialed events resulting in death) Last	e. EXTR	Due to (c	th. Do not enter the REMATURIT or es e consequence or es e consequ	Y ce of):	W. JEN	23b. Did	Tobacco use co	ontribute to	AND, 21212 Approximate Interval Between Onset and Deeth H 44 min  to the cause of death? bably 4 Unknown ere sutopsy findings allable prior to
r	Completed by Physician/Medical	23a. Part1. Enter the disease, or co shock, or heert feilure. List on Immediate Cause (Final disease or condition resulting in deeth)  Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initialed events resulting in deeth) Last  Pert ii. Other eignificant conditions	e. EXTR	Due to (c	th. Do not enter the REMATURIT or es e consequence or es e consequ	Y ce of):	W. JEN	23b. Dld	Tobacco use co	ontribute to	AND, 21212 Approximate Interval Between Onset and Deeth H 44 min  to the cause of death? bably 4 Unknown ere sutopsy findings allable prior to mpletion of cause
	Be Completed by Physician/Medical	23a. Part1. Enter the disease, or co shock, or heert feilure. List on Immediate Cause (Final disease or condition resulting in deeth)  Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initialed events resulting in deeth) Last  Pert II. Other eignificant conditions  25. Wes cese referred to medical exeminer?	e. EXTR	Due to (c	th. Do not enter the REMATURIT or es e consequence or es e consequ	Y ce of):  Le of):  Le of):	W. JEN RK ROAD ring, such es cerdie	23b. Did 1 24a. Wes perfection of the perfection	tobacco use colyee 2 No sen autopsyomed?	ontribute to 3 Proi	AND, 21212 Approximate Interval Between Onset and Deeth Onset and Deeth H 44 min  to the cause of death? bebly 4 Unknown ere sutopsy findings aliable prior to mpletion of cause death?  Yes 20 No
al er	To Be Completed by Physician/Medical	23a. Part1. Enter the disease, or co shock, or heert feilure. List on Immediate Cause (Final disease or condition resulting in deeth)  Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initialed events resulting in deeth) Last  Pert II. Other eignificant conditions  25. Wes case referred to medical exeminer?	e. EXTR	Due to (c	th. Do not enter the REMATURIT or es e consequence or es e consequ	Y ce of):  ce of):  lying ceuse g	W. JEN RK ROAD ring, such es cerdie given in Part I.  28. Place of De rither: 4 \square Nursing	23b. Did 1 24a. Wes perfu	Tobacco use college 2 No sen autopsyomed?  Yes 2 No none)	ontribute to 3 Proi	AND, 21212 Approximate Interval Between Onset and Deeth Onset and Deeth H 44 min  to the cause of death? bebly 4 Unknown ere sutopsy findings aliable prior to mpletion of cause death?  Yes 20 No
cal	To Be Completed by Physician/Medical	23a. Part1. Enter the disease, or co shock, or heert feilure. List on Immediate Cause (Final disease or condition resulting in deeth)  Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initialed events resulting in deeth) Last  Pert iii. Other eignificant conditions  25. Wes case referred to medical exeminer? 1   Yes 2   No  27. Menner of Death	e. EXTR	Due to (c	th. Do not enter the REMATURIT or es e consequence or es e consequ	Y ce of):  ce of):  ce of):  diplopad    28c. Injured    28c.	W. JEN RK ROAD ring, such es cerdie given in Part I.  28. Place of De rither: 4 \square Nursing	23b. Did 1 24a. Wes perfu	tobacco use colyee 2 No sen autopsyomed?	ontribute to 3 Proi	AND, 21212 Approximate Interval Between Onset and Deeth Onset and Deeth H 44 min  to the cause of death? bebly 4 Unknown ere sutopsy findings aliable prior to mpletion of cause death?  Yes 20 No
al director, page 2 should be detached for use as the bur	o Be Completed by Physician/Medical	23a. Part1. Enter the disease, or co shock, or heert feilure. List on Immediate Cause (Final disease or condition resulting in deeth)  Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initialed events resulting in deeth) Last  Pert II. Other eignificant conditions  25. Was case referred to medical exemine?  1 Yes 2 No  27. Menner of Death	e. EXTR	Due to (c	th. Do not enter the REMATURIT or es e consequence or es e consequ	Y ce of):  De of):  De of):  De of):  De of):  De of):	W. JEN RK ROAD  All RK ROAD  All RK ROAD  All RAM  All RA	23b. Did 1 24a. Wes perful eeth (Check only Home 5 Res	Tobacco use colline 2 No sen autopsy ormed?  Yes 2 No one) idence 8 Othor how injury occur	ontribute to 3 Proi	AND, 21212 Approximate Interval Between Onset and Deeth Onset and Deeth H 44 min  to the cause of death? bebly 4 Unknown ere sutopsy findings aliable prior to mpletion of cause death?  Yes 20 No

29b. Signeture end title of certifier

29c, License number

29d. Dete signed (Month, Day, Year)

D23368

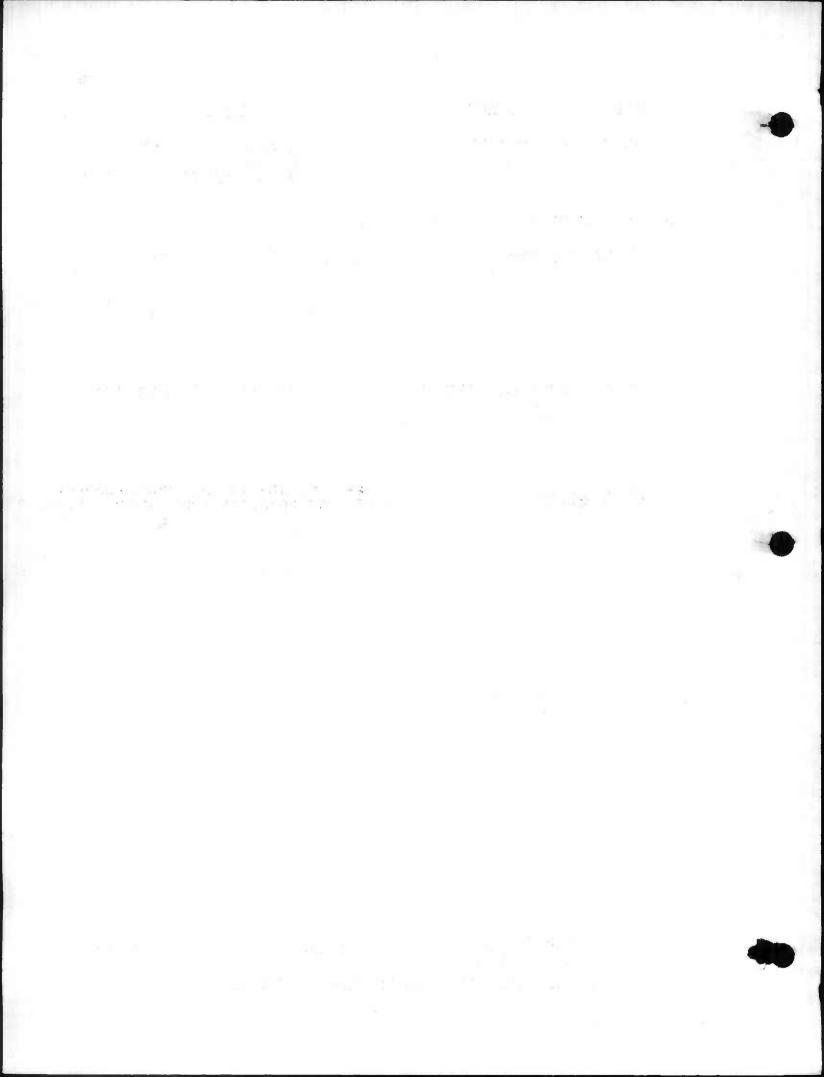
9/11/96

30. Name and address of person who completed cause of death (item 23e) (Type, Print)

SIEW-JYU WONG, M.D. 6701 N. Charles Street, Baltimore, MD 21204

State Registrar 31. Dete filed (Month, Dey, Year) SEP 17 1996

32. Registrer's Signeture



Film 6739 item 26 per DR. 9-19-96 rja

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. ITEMS: 18. & 19a, PER F'.H. State of Maryland / Department of Health and Mental Hygiene 27500 FILM G-739 9/17/96 t.t Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth **Physician** Month 0.301 m HARRIS GAYLL Sept-4b. City, Town, or Location of Death 15 /Medical 4a. Fecility Name (If not institution, give street and number) 4c. County of Deet Examiner Da chester 5. Social Security Number If Under 1 Year | ff Under 24 Hrs. 6. Sex 8. Date of Birth Month, Day, Year 165 26 1951 Birthplace (State or Foreign Country) 7. Age (In yrs. last birthday) **Funeral** Deys 1□M 20XF 215-54-4866 Yrs Director Usual Residence of Decedent permit. Pages 1 and 2 should be filed within 72 hours effer death with the Maryland Department of Health and Mentel Hygiene.
Important: If than 27 1s marked other than "natural", or frame 222-222. 10a, State 10b. County 10c. City, Townor Location 10d. Inside City Limits N Salto 1 Nes 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? U.S. 4001. orchester 21207 Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 2 No If Yes, Give Yeer or Detes: Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Stetus 14. Race - American Indien, Black, White, etc. 1 Never Merried 2 Married 1□ Yes 2 No Black 3 ☐ Widowed 4 Divorced g Specify: Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry College (1-4or 5+) Elementary/Secondary (0-12) - Employed tome 17\_Father'a Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Jr. mag HYMAN anif ash 0 10 19a. Informant's Name/Relationship (Type, P 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)
400 Dirchestler Rd Balto, and 212 nother 4001 Durchesther naggie 20a. Method of Disposition 20b. Place of Disposition (Name of cametery, prematory or other place) Date 20c, Location - City or Town, State alialas Rurial 2 Cremation 3 Removal from State Wood lawn, Woodlawn 4 □ Donetion 5 □ Other (Specify) Cemeter 22. Name and Address of Fecility
Mach F. If west 4300 wabash hart1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, nock, or heart faiture. List only him cause on each line. Approximate Intervel Between Onset and Death Physician /Medical Immediate Cause (Final Lung Cancer disease or condition resulting In death) Examiner Due to (or as a consequence of): the buriel-transit Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last pue Due to (or as a consequence of): on of Vital Records, P.O. Box 68760. 8 Physician/Medical Due to (or as a consequence of) 89 ō signed by the at d be deteched for Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown by 24b. Were autopsy findings avellable prior to completion of cause of death? Completed 24a. Wes an autopsy performed? peen : certificate 1 Yes 2 No 1 ☐ Yes 2 ☐ No Be 25. Wes case referred to medical examiner? 26. Place of Deeth (Check only one) Other: 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 1 ☐ Yes 2 No 1 ☐ Inpatient - 1 ☐ DOA Sil 27. Manner of Deeth 28a. Dete of Injury (Month, Dey Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? Medical Certification: Affisi 1 Natural 2 Accident 5 Pending Investigation 1 ☐ Yes 2 ☐ No 3 Suicide 6 Could not be Placa of Injury - At home, farm, street, fectory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide To the Hospital Within 24 hours To the Funeral 15 Certifying Phyalcian: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) and manner as stated.
2 Madical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier 29b. Signeture end title of certifier 29d. Date signed (Month, Day, Year) wobe 30. Name and address of person who completed cause of death (Item 23e) (Type, Print) 3333 CALVERT ST #107 SAME MD 21218 31. Date filed (Month, Dey, Year) 32. Registrar's Signature State SEP17 Registrar DHMH 16 Rev 6/95

•